



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #42

Draft Agenda

Date: July 31, 2024 (2024/25-02)

Time: 9:15 a.m. to 12:00 p.m.

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

**Excerpt from the Health Professions Procedural Code
Regulated Health Professions Act.**

COLLEGE

College is body corporate

2. (1) The College is a body corporate without share capital with all the powers of a natural person.

Corporations Act

(2) The *Corporations Act* does not apply in respect to the College. 1991, c. 18, Sched. 2, s. 2.

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.

Objects of College

3. (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
 - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

(2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

COUNCIL MEETING #42
July 31, 2024
9:15 a.m. to 12:00 p.m.
DRAFT AGENDA

Sect/No.	Action	Item	Page	Responsible
0	Pre-Meeting Networking (8:00 am to 9:00 am)			
	Networking	Information networking for Council members (8:45-9:15am)	--	All
1	Call to Order and Welcome			
1.01	Procedure	Call to Order	--	J. Sokoloski
1.02	Discussion	Meeting Norms	4-6	
1.03	Discussion	"High Five" – Process for identifying consensus	7	
2	Consent Agenda			
2.01	Approval	i. Draft Meeting Minutes of May 29, 2024	8-14	J. Sokoloski
		ii. Committee Reports	15-30	
		iii. Information Items	31-79	
3	Approval of Agenda and Conflicts of Interest			
3.01	Approval	Review of Main Agenda	3	J. Sokoloski
3.02	Discussion	Declarations of Conflict of Interest	80-81	
4	Monitoring Reports			
4.01	Acceptance	Report of the Council Chair	82	J. Sokoloski
4.02	Acceptance	Report on Regulatory Operations for June 2024	83-94	A Parr
4.03	Acceptance	Annual Report on Operational Performance for 2023-24	94-134	A Parr
4.04	Acceptance	Annual Committee Reports	135-155	J. Sokoloski
5	Council Governance Policy Confirmation			
5.01	Discussion	Policy Issues Arising from Monitoring Reports ¹	--	B. Sullivan
5.02	Discussion	Executive Limitations Policies Detailed Review (Part 1)	--	
6	Regular Business			
6.01	Acceptance	Audit Committee Report on Draft Financial Statements	156-157	B. Dyson
6.02	Approval	Auditor's Report and Audited Financial Statements	158-175	T. Kriens
6.03	Approval	Appointment of the Auditor for 2024-25	--	B. Dyson
6.04	Decision	Committee Appointments	176	A. Parr
7	Council Education			
7.01	Education	Council Evaluation Report	177-187	S. Verrecchia
8	In-Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC)			
8.01	Decision	To move in to an in-camera session	--	J. Sokoloski
8.02	Decision	CEO Performance Evaluation 2023-2024	--	J. Sokoloski
8.03	Motion	To move out of the in-camera session	--	J. Sokoloski
9	Other Business			
9.01	TBD		--	
10	Evaluation and Next Meeting			
10.01	Discussion	Meeting Evaluation (Click here to complete the evaluation)	On-line	J. Sokoloski
10.02	Discussion	Next Meeting – September 25, 2024	--	
11	Adjournment			
11.01	Decision	Motion to Adjourn	--	J. Sokoloski

¹ Council considers the information provided in the monitoring reports and whether any changes or updates may be required to the Governance policies (Ends, Governance Process, CEO-Council Linkage, Executive Limitations policies)

Zoom Meeting
Council of the College of Naturopaths of Ontario

Meeting Norms

General Norms

1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer their ideas and resources
9. Each member will take responsibility for the work of the team
10. We'll respect team meeting times by starting on time, returning from breaks promptly and, avoid unnecessary interruptions
11. We'll stay focused on our goals and avoid getting sidetracked

Additional Norms for Virtual Meetings

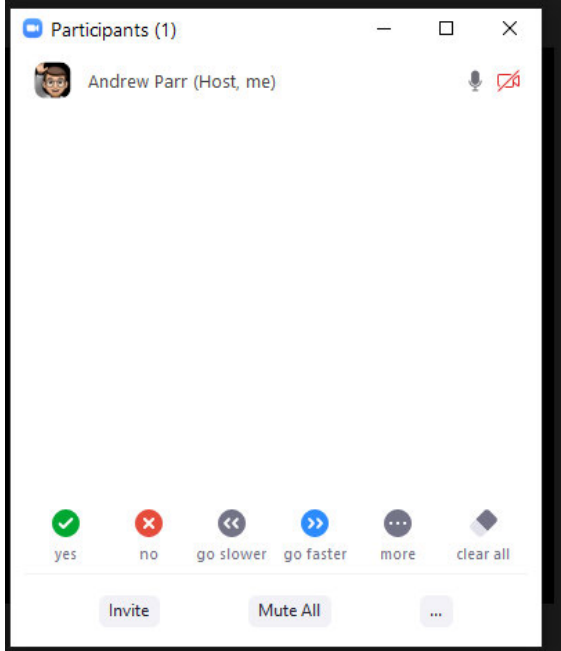
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must take an emergency telephone call, we will ensure that we are on mute and we will stop streaming our video

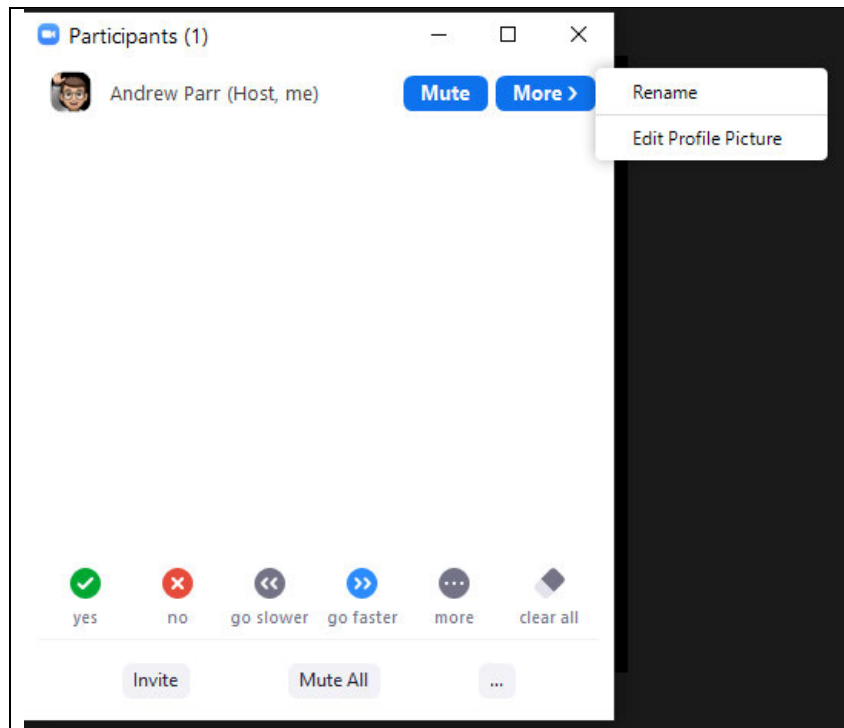
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting host or the entire group.

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
			

Other Helpful Tips

	<ul style="list-style-type: none"> • Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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The screenshot shows a Zoom meeting window titled "Participants (1)". The host, Andrew Parr, is listed with a "Mute" button and a "More >" button. A dropdown menu is open over the "More >" button, showing "Rename" and "Edit Profile Picture" options. At the bottom of the window, there are several controls: a "yes" button with a green checkmark, a "no" button with a red X, "go slower" and "go faster" buttons with double arrows, a "more" button with three dots, and a "clear all" button with a trash icon. Below these are "Invite" and "Mute All" buttons, and a small "..." button.

- Hover over your name on the Participants list to get more options
- You can rename yourself to your proper name
- You can add or change a profile picture.

Zoom Meeting
Council of the College of Naturopaths of Ontario

Using “High Five” to Seek Consensus



Image provided courtesy of Facilitations First Inc.

We will, at times, use this technique to test to see whether the Council has reached a consensus.

When asked you would show:

- 1 finger – this means you hate it!
- 2 fingers – this means you like it but many changes are required.
- 3 fingers – this means I like it but 1-2 changes are required.
- 4 fingers – this means you can live with it as is.
- 5 fingers – this means you love it 100%.

In the interests of streamlining the process, for virtual meetings, rather than showing your fingers or hands, we will ask you to complete a poll.



The College of Naturopaths of Ontario

**Council Meeting
May 29, 2024**

**Video Conference
DRAFT MINUTES**

Council		
Present		Regrets
Dr. Felicia Assenza, ND (1:1)		Tiffany Lloyd (0:1)
Mr. Dean Catherwood (1:1)		Dr. Jacob Scheer, ND (0:1)
Dr. Amy Dobbie, ND (1:1)*		
Mr. Brook Dyson (1:1)		
Ms. Lisa Fenton (1:1)		
Ms. Sarah Griffiths-Savolaine (1:1)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (1:1)		
Dr. Denis Marier, ND (1:1)		
Mr. Paul Phillion (1:1)		
Dr. Jordan Sokoloski, ND (1:1)		
Dr. Erin Walsh (Psota), ND (1:1)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:16 a.m. He welcomed everyone to the meeting and recognized newly elected Council members Dr. Felicia Assenza, ND of Hamilton, District 2, Dr. Erin Walsh (Psota), ND of Toronto, District 4, and Dr. Brenda

Lessard-Rhead, ND (Inactive) of Aurora, District 6. As well as, the re-appointment of Public Member Mr. Paul Philion of Sudbury, Ontario to the Council for a second three-year term beginning on July 8, 2024.

The Chair also noted that the meeting was being live streamed via YouTube to the College's website.

2. Executive Committee Elections

2.01 Council Chair

Upon the submission deadline for nominations, only one nomination was received, Dr. Jordan Sokoloski, ND. Therefore, by acclamation he has been elected to the position of Council Chair.

2.02 Council Vice-Chair

Upon the submission deadline for nominations, only one nomination was received, Mr. Dean Catherwood. Therefore, by acclamation he has been elected to the position of Council Vice-Chair.

2.03 Officer-at-Large Public member

Upon the submission deadline for nominations, only one nomination was received, Mr. Paul Philion. Therefore, by acclamation he has been elected to the position of Officer-at-Large Public member.

2.04 Officers-at-Large Professional members

Upon the submission deadline for nominations, only two nominations were received, Dr. Amy Dobbie, ND, and Dr. Denis Marier, ND. Therefore, by acclamation they have been elected to the positions of Officer-at-Large Professional members.

3. Consent Agenda

3.01 Review of Consent Agenda

The Consent Agenda was circulated to members of Council in advance of the meeting. The Chair asked if there were any items to move to the main agenda for discussion. There were none.

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Denis Marier
SECOND:	Dean Catherwood
CARRIED.	

4. Main Agenda

4.01 Review of the Main Agenda

A draft of the Main Agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The Chair asked if there were any items to be added to the agenda or any amendments. Mr. Andrew Parr, CEO, advised the Council that line items (i) and (ii) within Item 6.01 be struck from the agenda.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Paul Philion
SECOND:	Lisa Fenton
CARRIED.	

4.02 Declarations of Conflicts of Interest

The Chair reminded the Council members of the updated Declarations of Conflict-of-Interest process. A summary of the Annual Conflict of Interest Questionnaires completed by Council members has been included to increase transparency and accountability initiatives, and to align with the College Performance Measure Framework Report (CPMF) launched by the Ministry of Health.

5. Monitoring Reports

5.01 Report of the Council Chair

The Report of the Council Chair was circulated in advance of the meeting. The Chair reviewed the report briefly with Council. He welcomed and responded to questions from the Council.

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Philion
CARRIED.	

5.02 Report on Regulatory Operations for March 2024 from the Chief Executive Officer (CEO)

The Report on Regulatory Operations from the CEO and corresponding Briefing Note were circulated in advance of the meeting. Mr. Andrew Parr, CEO, presented the highlights from the report and responded to questions that arose during the discussion that followed.

5.03 Report on Regulatory Operations for April 2024 from the Chief Executive Officer (CEO)

The Report on Regulatory Operations from the CEO and corresponding Briefing Note were circulated in advance of the meeting. Mr. Andrew Parr, CEO, presented the highlights from the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the reports on Regulatory Operations for March and April 2024 from the CEO.
MOVED:	Brenda Lessard-Rhead
SECOND:	Paul Philion
CARRIED.	

5.04 Variance Report and Unaudited Financial Statements for Q4

A Variance Report and the Unaudited Financial statements ending March 31, 2024 (Q4) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarters. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the fourth quarter as presented.
MOVED:	Amy Dobbie
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6. Council Governance Policy Confirmation

6.01 Review/Issues Arising

Council members were asked if they had any questions or matters to note with respect to the policies based on the reports received. No issues were noted at this time.

6.02 Detailed Review (as per GP08) – Committee Terms of Reference

The members of the Council were placed into three separate breakout rooms to discuss scenarios based on the Terms of Reference for the Discipline Committee, Quality Assurance Committee and the Inquiries, Complaints and Reports Committee. Afterwards, the Council members shared their results with one another based on the exercise.

Afterwards, Council members were asked if there were any members who wished to discuss the Committee Terms of Reference. Dr. Brenda Lessard-Rhead, ND (Inactive), Governance Policy Review Committee (GPRC) Chair, provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the Committee Terms of Reference as presented.
MOVED:	Denis Marier
SECOND:	Amy Dobbie
CARRIED.	

6.03 Policy Review - Governance Policies GP13 to GP19

Council members were asked if there were any members who wished to discuss the Governance Policies GP13 to GP19. Dr. Lessard-Rhead, ND (Inactive), GPRC Chair, provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to GP13-19 inclusive as presented.
MOVED:	Erin Psota
SECOND:	Dean Catherwood
CARRIED.	

6.04 College of Dental Hygienists of Ontario (CDHO) Report on Governance

The Chair noted for Council that the CDHO had recently received a report on its governance by Sir Harry Cayton and Deanna Williams, and because they use a Policy Governance model for its Council, it was important that our Council consider any implications for its approach based on the recommendations in the report. Therefore, asked Mr. Parr, CEO, to send the report to the GPRC for their review and to present findings to Council at the meeting today.

Dr. Lessard-Rhead, ND (Inactive), GPRC Chair, provided a detailed overview of the two main issues that arose from the report and presented the recommendations relating to the Policy Governance Model and the Standards of Good Governance, and responded to any questions that arose during the discussion.

After an in depth discussion, the Council agreed with the GPRC’s recommendation that further action on the College governance model is not required at this time

MOTION:	To accept the GPRC findings that no further action is required by the Council relating to the recommendations in the CDHO Report.
MOVED:	Denis Marier
SECOND:	Dean Catherwood
CARRIED.	

7. Business

7.01 Proposed by-law Amendments

A briefing note and corresponding document providing the proposed by-law amendments were included in the materials circulated in advance of the meeting. Mr. Parr provided a detailed overview of the proposed changes and responded to any questions that arose.

MOTION:	To authorize that no consultation is required on the proposed by-laws changes and that the Council approves the proposed by-law amendments as presented.
MOVED:	Denis Marier
SECOND:	Dean Catherwood
CARRIED.	

7.02 Committee Appointments

A briefing note and corresponding document providing the proposed 2024-2025 fiscal year Committee appointments were included in the materials circulated in advance of the meeting.

The committee composition for the Exams Appeals Committee was amended to have only one Council Member who is also a professional member. Mr. Parr responded to any questions that arose.

MOTION:	To approve the proposed Committee appointments as amended.
MOVED:	Brenda Lessard-Rhead
SECOND:	Denis Marier
CARRIED.	

8. Council Education

8.01 Program Briefing – Discipline

A Briefing Note highlighting the Discipline Processes was circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, attended the meeting to responded to any questions asked by Council.

8.02 Program Briefing – ICRC

A Briefing Note highlighting the Complaints and Reports Processes was circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, attended the meeting to responded to any questions asked by Council.

9. Other Business

The Chair asked if there was any other business to be brought before the meeting ended. There was none.

10. Meeting Evaluation and Next Meeting

10.01 Evaluation

The Chair advised the Council members that a link will be provided within the chat feature via Zoom for each member to copy and paste into a web browser to complete an evaluation form immediately following the end of the meeting.

10.02 Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for July 31, 2024. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:10 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Brenda Lessard-Rhead
SECOND:	Erin Psota

Recorded by: Monika Zingaro
Human Resources & Administration Coordinator
May 29, 2024

MEMORANDUM

DATE: July 31, 2024

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

Please find attached the Committee Reports for item 2.01 (iii) of the Consent Agenda. The following reports are included:

1. Audit Committee
2. Discipline Committee
3. Equity, Diversity and Inclusion Committee
4. Examination Appeals Committee
5. Executive Committee
6. Governance Committee
7. Governance Policy Review Committee
8. Inquiries, Complaints and Reports Committee
9. Inspection Committee
10. Patient Relations Committee
11. Quality Assurance Committee
12. Registration Committee
13. Standards Committee

In order to increase the College's accountability and transparency, all Committee Chairs were asked to submit a report, even if the Committee had not met during the reporting period. Please note the Discipline/Fitness to Practise Committee Chair was not required to submit a report in order to preserve the independent nature of these Committees; however, the Chair has voluntarily provided a report for Council's information.

AUDIT COMMITTEE REPORT
Period of May 1, 2024, to June 30, 2024

This serves as the chair report of the Audit Committee for the period May 1, 2024, to June 30, 2024. The Audit Committee met by teleconference on June 11, 2024, to review and approve the Auditor's Engagement letter, Audit Scope letter, and Audit Planning letter in preparation for the College's upcoming audit.

The Committee's follow up meeting is scheduled for July 18, 2024, to review the completed draft audit statements.

Respectfully submitted,

Brook Dyson
Chair
July 9, 2024



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT Period of May 1, 2024 to June 30, 2024

The Discipline Committee (DC) is independent of Council and has no legal obligation to submit bimonthly reports addressing matters of importance to the Committee. However, in the interest of transparency and to acknowledge Committee members' involvement in the discipline process, the Chair is pleased to provide this report to Council.

This report is for the period from 1 May to 30 June 2024 and provides a summary of the hearings held during that time as well as any new matters referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of June 30, 2024, there were two ongoing discipline matters before the Committee (DC22-04 and 22-05).

Discipline Hearings and Decision & Reasons

There were no hearings held or Decision and Reasons released during the reporting period.

New Referrals

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

Committee Meetings and Training

There were no Committee meetings held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND

Chair

17 July 2024

EQUITY, DIVERSITY, INCLUSION AND BELONGING COMMITTEE REPORT

Period of May 1, 2024 to June 30, 2024

For the reporting period of May 1 to June 30, 2024, the Equity, Diversity, and Inclusion Committee (EDIC) met once on June 12, 2024. The Committee reviewed feedback from the EDIB Lens Tool survey and continues to encourage College Committees to utilize the tool during their meetings. The Committee reviewed a summary of information provided by HPRO's EDI Working Group and discussed the potential creation of a land acknowledgement statement for the College. The Committee also reviewed and discussed the HPRO EDI Glossary of terms and were concerned that several of the definitions included language that may be considered biased.

The Committee is scheduled to meet on October 9, 2024.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-Chair
July 2024

Dr. Shelley Burns, ND
Co-Chair
July 2024



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT

May 1 - June 30, 2024

The Committee meets on an as-needed basis, based on received exam appeals, those that would require deliberation and decision, or needed appeals-related policy review.

The Exam Appeals Committee met on June 26, 2024 to discuss an appeal resulting from the March 7, 2024 Ontario Biomedical Exam.

The Committee determined that sufficient evidence existed to substantiate granting the appeal and allowing the failed attempt not to count as one of three allocated in legislation for successful completion of the exam.

After thorough deliberation, the Committee felt that the decision was reasonable, impartial, conscious of equity, diversity and inclusion principles, while ultimately considering public safety.

Respectfully,

Rick Olazabal, ND (Inactive)

Chair

Exam Appeals Committee

July 8, 2024



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of May 1, 2024 to June 30, 2024

This serves as the Chair report of the Executive Committee for the period of May 1 to June 30, 2024.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
17 July 2024

GOVERNANCE COMMITTEE REPORT
Period of May 1, 2024 to June 30, 2024

For the reporting period of May 1 to June 30, 2024, Governance Committee met once, on May 16th. At that meeting, the Committee dealt with the following business:

1. a request submitted by a volunteer to have their per-diem expense claims reviewed and approved;
2. a review and update of the In Conversation With (ICW) session (highlighting the Volunteer Program) at which two of the Committee's members had presented; and,
3. approval of the appointment of a volunteer applicant to operational committees of the College.

I would like to take the opportunity to thank Committee members and staff for their time, effort and participation.

Respectfully submitted,
Hanno Weinberger, Chair
July 2024

GOVERNANCE POLICY REVIEW COMMITTEE REPORT

For the period May 1, 2024 to June 30, 2024

Meetings and Attendance

During this period, the Governance Policy Review Committee met on two occasions via teleconference, on May 7, 2024 and May 17, 2024 respectively. There were no concerns regarding quorum.

Activities Undertaken

At its May 7th meeting, the Committee first considered and decided upon its approach to facilitating the Councils' review of the Governance Process Policies- Terms of Reference for Committees at its upcoming meeting on May 29, 2024.

The Committee next considered the feedback from Committees on proposed amendments to their Terms of Reference and agreed upon amended versions to be submitted to Council for approval.

Finally, the Committee also reviewed and discussed possible changes to the Governance Process Policies GP13- GP19 and agreed upon amended versions to be submitted to Council for their approval.

At its May 17th meeting, the Committee reviewed a report by external consultants on their review of the governance of the College of Dental Hygienists of Ontario, as well as a corresponding Grey Areas Newsletter article reviewing the said report. The Committee then discussed and decided upon what related information should be shared with Council at their next meeting.

Next Meeting Date:

July 9, 2024

Respectfully submitted:

Barry Sullivan
Chair
July 16, 2024.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of May 1, 2024 to June 30, 2024

Between May 1 and June 30, 2024, the Inquiries, Complaints and Reports Committee held two regular online meetings – May 2 and June 6.

May 2, 2024: 6 matters were reviewed, ICRC members drafted 1 report for an ongoing investigation and approved 1 Decision and Reasons.

June 6, 2024: 9 matters were reviewed, ICRC members drafted 2 reports for ongoing investigations, and approved 1 Decision and Reasons.

Meetings continue to be well-attended and productive in the online format.

Respectfully submitted,

Dr. Erin Psota, ND
Chair, Inquiries, Complaints and Reports Committee
July 8th, 2024

IVIT Inspection Committee Report
Period of May 1st, 2024 to June 30th, 2024

Committee Update

The Inspection Committee has met twice by teleconference on May 23rd, and June 27th, 2024.

Inspection Outcomes

Part I new premises:

- 2 passed with a total of 4 recommendations
- 2 pass with 1 condition and 10 recommendations

Part II new premises:

- 2 passed with a total of 5 recommendations
- 1 pass with 1 condition and 1 recommendation
- 1 pass with 2 conditions and 9 recommendations

Inspection outcomes in response to submissions received:

Submissions were received from three premises that had a preliminary outcome of a pass with conditions. Following a review of the submission the final outcome for all three was a pass. Two premises that received a preliminary outcome of a pass with conditions did not make a submission, the final outcome for these premises was a pass with conditions.

Type 1 Occurrence Reports

Type 1 occurrence reports included two reports of the administration of an emergency drug to a patient immediately after IVIT was performed and two reports of a referral to emergency services within 5 days following IVIT. In all cases no further action was required.

Type 2 Occurrence Summary

Type 2 occurrence annual reports – 168 premises reported 150 adverse drug reactions and four unscheduled treatments. Please see the memo submitted with a complete summary of the Type 2 occurrence information for the reporting period from March 2, 2023 to March 1, 2024.

I hope everyone is enjoying a safe and healthy summer. It is a pleasure to once again help as the IVIT inspection committee chair. Our committee is a great team and we learn something new every meeting. I look forward to our next meeting!

Respectfully submitted,

Dr Sean Armstrong ND
Chair
July 17th, 2024

PATIENT RELATIONS COMMITTEE CHAIR REPORT
Period of May 1, 2024 to June 30, 2024

During the reporting period the Patient Relations Committee was scheduled to meet once on May 8, 2024. It was decided that the Committee meeting schedule would be adjusted in that the Committee would defer the meeting until August and simply receive an update on the status of the funding for therapy and counselling.

The Committee's next scheduled meeting is August 14, 2024.

Respectfully submitted

Dr. Gudrun Welder, ND
Chair
July 2024

QUALITY ASSURANCE COMMITTEE REPORT

For the period May 1, 2024 to June 30, 2024

Meetings and Attendance

Since the date of our last report to Council in May, the Quality Assurance Committee has met on two occasions, via teleconference on May 21st and June 25th, respectively. There were no concerns regarding quorum.

Activities Undertaken

Over these past two meetings, the Committee continued with its regular ongoing review and approval where appropriate, of new and previously submitted CE category A credit applications.

In addition, at its **May** meeting, the Committee reviewed and discussed the information contained in the annual report on the Peer and Practice Assessment component of the QA Program for 2023/24, as presented by staff.

The Committee also reviewed and made decisions with respect to 4 Peer and Practice Assessment date extension requests.

At its **June** meeting, the Committee also reviewed and discussed the recent update to the Terms of Reference.

The Committee also reviewed and made decisions with respect to one CE Reporting amendment request and 13 Peer and Practice Assessment date- extension requests, respectively.

In addition, the Committee considered and made a decision with respect to what action would be taken in the case of one Registrant, given their submission on how the discrepancies identified in their Peer and Practice Assessment could be addressed.

Finally, after considering updated information from staff, the Committee made a decision in the matter of a Registrant who, while part of the recent Group III CE Reporting cycle, has consistently failed to meet program requirements.

Next Meeting Date

August 20, 2024.

Respectfully submitted by,

Barry Sullivan, Chair,
July 10, 2024.

REGISTRATION COMMITTEE REPORT

Period of May 1, 2024 to June 30, 2024

At the time of this report, the Registration Committee met twice on May 22, 2024 and June 19, 2024.

Applications For Registration

The Committee reviewed one application for registration under subsection 3(4) of the Registration Regulation to determine eligibility for registration with the College.

Applications For Registration

The Committee reviewed two applications for registration under subsections 5(2) and 5(4)(a) of the Registration Regulation to determine eligibility for registration with the College.

Exam Remediation – Ontario Clinical Sciences Exam

The Committee reviewed and set plans of exam remediation for one candidate who had made two unsuccessful attempts at the Ontario Clinical Sciences Examination, in accordance with subsection 5(4)(b)(ii) of the Registration Regulation.

Exam Remediation – Ontario Biomedical Exam

The Committee reviewed and set plans of exam remediation for **six** candidates who had made two unsuccessful attempts at the Ontario Clinical Sciences Examination, in accordance with subsection 5(4)(b)(ii) of the Registration Regulation.

Draft Amendments – Examination Appeals Policy

The Committee reviewed amendments to the Examination Appeals policy, namely the addition of criteria and a process for the acceptance and deliberation of exam violation decision appeals. Additionally, updates to policy terminology and language were proposed to align with other College examination policies.

Per Diems & Expense Policy

The Committee reviewed the changes to the per diems & expense policy.

Registration Committee Terms of Reference

The Committee reviewed the Amended Terms of Reference for the Registration Committee, as approved by Council at its May 29, 2024 meeting.

Class Change Application Inactive to General (over two years) under subsection 10(6) of the Registration Regulation

The Committee reviewed the Registrant's class change application from Inactive to General (over 2 years) under subsection 10(6)(i) of the Registration Regulation.

Exam Remediation (PLAR Applicant) – Ontario Clinical Sciences Examination

The Registration Committee reviewed any training or education, or combination thereof, that a PLAR applicant is required to complete prior to sitting their third and final attempt at the examination.

Exam Remediation (Extension) – Ontario Clinical Sciences Examination

The Registration Committee reviewed an extension request for the completion of exam remediation in accordance with subsection 5(4)(b)(ii) of the Registration Regulation.

Respectfully submitted,
Dr. Danielle O'Connor ND
Chair
Registration Committee
July 15, 2024

STANDARDS COMMITTEE REPORT
Period of May 1, 2024 to June 30, 2024

During the reporting period the Standards Committee met once on May 15, 2024.

The Committee reviewed the feedback from the various College Committees on the proposed amendments to the Standards of Practice. The Committee finalized the amendments to the Standards and requested that College staff create the supporting materials and initiate a public consultation.

The Committee was originally next scheduled to meet on August 28, 2024 but agreed to cancel this meeting until the conclusion of the public consultation of the standards in the fall.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
July 2024

MEMORANDUM

DATE: July 24, 2024

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

As part of the Consent Agenda, the Council is provided several items for its information. Typically, these items are provided because they are relevant to the regulatory process or provide background to matters previously discussed by the Council.

To ensure that Council members, stakeholders and members of the public who might view these materials understand the reason these materials are being provided, an index of the materials and a very brief note as to its relevance is provided below.

As a reminder, Council members can ask that any item included in the Consent Agenda be moved to the main agenda if they believe the items warrants some discussion. This includes the items provided for information.

No.	Name	Description
1.	Grey Areas (No. 291 & 292)	Gray Areas is a monthly newsletter and commentary from our legal firm, Steinecke Maciura LeBlanc on issues affecting professional regulation. The issues for this past quarter are provided to Council in each Consent Agenda package.
2.	Legislative Update (May 2024, June 2024)	This is an update provide by Richard Steinecke to the members of the Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO). The updates identify legislation or regulations pertaining to regulations that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda Package.

3. Registrant Data For the first time, the College collected new data from registrants about their practises, including the number of controlled acts being performed, formats of their practices and the number of patients and patient visits they had in 2023.
4. Type 2 Occurrences The final data relating to the Type 2 Occurrence Reports for 2023-24 has been included for the Council's information.
5. Council Meeting Evaluation Tables summarizing the responses of Council member's feedback from the May 2024 Council meeting.
6. Regulatory Education Program Summaries of the Evaluations from the May and June REP events are provided.
7. Policy Amendments The Council recently amended the Terms of Reference for the Statutory Committees delegating them the authority to oversee the administration of their relevant programs. As such, the Committees are now authorized to amend Program Policies, however, these must be disclosed to the Council.

In this section, amendments to the Examination Appeals Policy are provided.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

sml-law.com/resources/grey-areas/

Big Minds

by Erica Richler

June 2024 - No. 291

Ralph Waldo Emerson wrote: “a foolish consistency is the hobgoblin of little minds.” Regulators of professions and industries dwell in inconsistency. Many registrants practice their profession within a system that is often beyond their control. Yet regulators usually only have jurisdiction over a registrants’ individual actions and oversee only individual registrants despite trying to address failures flowing from the work of teams. Even when the errors are primarily the result of individual action, change is often best achieved through a safe, confidential, no-blame culture. Yet regulators operate a publicly transparent, “at fault” discipline process.

To manage these contradictions, regulators administer several seemingly incongruous regulatory tools such as a fault-finding complaints and discipline system, a neutral mediation of consumer concerns, a rehabilitative incapacity regime, a supportive quality assurance program, a transparent and comprehensive public register, and a helpful practice advisory service.

Two recent UK publications illustrate the challenge for regulators as they try to navigate this confusing world.

The first is a blog by Anna van der Gaag, Visiting Professor, Ethics and Regulation, University of Surrey entitled [Safety Nets and Sledgehammers](#) published by the Professional Standards Authority. The blog summarizes a recent roundtable discussion about various safety culture initiatives taking place in the UK. The author notes that:

[safety culture initiatives] have a number of things in common. The first is a focus on learning from errors and understanding and acting with a focus on system failures rather than individual failures in order to make improvements.

Further:

There was consensus that the most risky workplaces are often ‘anxiety spaces’ – characterised by high accountability and low levels of psychological safety. These

workplaces tend to have low staff retention rates and poorer outcomes for patients.

Thus:

safety culture initiatives are about creating a learning environment in which all parties are involved, respected, seen as equals, with a view to restoring and re-building what is broken. They tie in with the principles of speaking up, increasing cultural competence and striving for equality and diversity. *[citations removed]*

The author notes the contradictory position that regulators find themselves in:

And here lies the contrast. Alongside this we have built a system of individual redress in UK health professional regulation that is adversarial for all parties. Regulating 'in the public interest' can engender the very thing that is toxic to learning and health care safety and improvement – fear, some would say terror, even... Adversarial approaches by definition precipitate defensiveness, and defensiveness suppresses learning. *[citations removed]*

The blog identifies the most needed role of regulators as follows:

In the very rare cases of deliberate harm, intent to deceive, boundary violations and exploitation of power, individual accountability and swift regulatory action will always be required.

Anecdotally, our perception is that many regulators have at least partially incorporated this viewpoint, rarely referring simple "standards of practice" cases to discipline. Rather they use rigorous quality assurance

programs to address standards issues on a systemic level. Even complaints screening bodies use remedial outcomes to address "mistakes", including serious ones. However, while quality assurance measures tend to be confidential, remedial outcomes for complaints are becoming increasingly public.

The second publication is a research study on teamwork commissioned by the regulator for physicians in the United Kingdom, the General Medical Council (GMC). The final report, entitled [*Teamworking: Understanding barriers and enablers to supportive teams in UK health systems*](#), contains the results of extensive interviews on the topic.

Some of the results might confirm generally held views on how teamwork operates. For example:

We found a range of enablers for effective teamwork... Key factors included ensuring the time and structures are in place to allow teams to meet regularly, a positive and supportive culture, effective communication, leaders who are understanding and approachable, clearly defined roles and respect for all team members, and continuity and experience of those in newer roles.

In terms of hindrances to teamwork:

Barriers to effective teamwork included high service demands and work pressures, power imbalances and negative hierarchy, a lack of inductions and support for those new to teams and organisations, poor communication, poor leadership, a lack of mutual respect, a lack of appreciation and understanding of the needs of differing groups within teams, and finally Equality, Diversity and Inclusion (EDI) issues...

On the hierarchy point, the report says:

Power imbalance and negative hierarchy were raised as major barriers to effective teamworking. Where hierarchy was perceived to be a big issue, this led to intimidating and often toxic or bullying cultures. This then led to issues with speaking up and ultimately led to errors and poor patient outcomes.

The report also discusses the implications of this research on regulators. For example, it notes that rigid rules by regulators (or funders for the service and employers), can disrupt effective teamwork. One example given relates to rules by employers/funders prohibiting physicians from speaking with paramedics bringing patients into a hospital, with the goal of reducing EMS down time, which rule is harmful to patient health. “Fear” of the regulator is seen as contributing to this sort of disruption.

More specifically, the report notes that teamwork dynamics may not be taught in the education programs for some internationally trained practitioners. This reinforces the GMC’s cutting-edge work developing this important non-clinical skill through voluntary courses offered to internationally trained practitioners.

The report recognizes that the GMC has limited ability to influence teams that are formed in local settings. The report goes on to state:

However, the GMC could consider better promotion of the need for teamworking standards to be met and support organisations to resolve

some of the issues facing doctors throughout medical education and training. Most of the current standards and policies in place relating to teamwork are also aimed at individuals, rather than for whole teams. The GMC tends to focus on setting standards and supporting those in newer roles or those new to the UK, yet this research shows that those in more senior positions also need support.

The upshot of these two publications is that regulators should be aware that they are only one part of the public protection panorama and that they are frequently employing inconsistent tools to protect the public. However, regulators should not necessarily try to eliminate these contradictions but instead must try to manage them well. It takes a nuanced communication and application of these tools to facilitate the best possible outcome for the public. Ensuring that registrants, and the public, appreciate the multiple roles served by regulators helps enormously.

A siloed approach by regulatory staff and committees working in only one program area (e.g., complaints and discipline) can be detrimental to the effectiveness of the regulator. For example, an adversarial approach to mistakes by registrants may not achieve superior long-term outcomes for the public.

Regulators need big minds.

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please visit our website to subscribe: <https://sml-law.com/resources/grey-areas/>

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

sml-law.com/resources/grey-areas/

Whistleblowers and Regulators Part 1

by Anastasia-Maria Hountalas

July 2024 - No. 292

Whistleblowers are insiders within an organization who disclose apparent wrongdoing to outsiders because the organization is unable or unwilling to address the issue. The motivation of the whistleblower can be altruistic, for personal advantage, or to be disruptive (or a combination thereof). Often, but not always, whistleblowers want to keep their identities confidential.

The relationship between whistleblowers and regulators is often ambiguous. Conceptually the three most common contexts are:

1. Whistleblowers who make disclosure to regulators about a regulated person or entity.
2. Regulated entities who report whistleblowers to the regulator for improper whistleblowing activities.
3. Insiders within a regulator who blow the whistle about the actions of the regulator.

This article contains reflections on the first context, disclosure to regulators. A subsequent *Grey Areas* will discuss the other two contexts.

Whistleblower Disclosure to Regulators

Regulators have a strong interest in receiving reports of unprofessional behaviour by registrants. Such information enables the regulator to investigate and address concerns that might harm the public.

In fact, many regulators have provisions requiring registrants to report some or all instances of professional misconduct coming to their attention. Some regulators even have provisions requiring certain non-registrants (e.g., employers in cases of sexual abuse) to report misconduct to the regulator. Indeed, some registrants have a duty to report

themselves in certain circumstances (e.g., criminal charges or findings), although self-reports are beyond the scope of this article.

While this article focuses on voluntary reports by whistleblowers, some of the points also apply to mandatory reports.

Confidentiality Expectations

Issues arise when a whistleblower, who has no duty to make a report voluntarily, discloses misconduct to the regulator. Many whistleblowers have a high expectation that their identity will be protected to avoid repercussions or retaliation. Regulators are often unable to provide assurances of complete confidentiality because of their disclosure obligations to registrants who are the subject of regulatory action. It is important for regulators, in their initial communications, to clearly and accurately convey the limits of the confidentiality they can provide. In fact, it might be prudent to present this information on the regulator's website in an easily located place for potential whistleblowers.

Regulators who anticipate frequent whistleblower reports might seek legislative amendments or other mechanisms (e.g., a confidential informant program) to enhance the degree of confidentiality that can be offered.

Alternatively, regulators could develop processes to receive whistleblower reports anonymously. Anonymous reports are much more challenging to rely on. However, if there is sufficient detail contained in the report, it could form reasonable and probable grounds to

appoint an investigator. In addition, the information could remain available in case new concerns arise in the future.

Managing Retaliation Against Whistleblowers

Another issue is where the whistleblower experiences repercussions or retaliation. This can take many forms including terminating the whistleblower's employment, making a formal complaint against them, issuing statements attacking their credibility or character, or commencing civil proceedings against them (e.g., for defamation).

It is important that regulators do not provide assurances to the whistleblower that they might ultimately be unable or unwilling to fulfil. For example, advising a whistleblower that they will pay to defend them in civil court is expensive and may, with the discovery of additional information, be imprudent. Regulators might develop, in advance, the wording of any assurances that they will offer.

However, regulators do have some options that they may wish to pursue where there is retaliation. Many regulators consider it to be professional misconduct for registrants to threaten or implement retaliatory measures. Some regulators proactively inform registrants of the duty not to retaliate. Regulators might even publish this obligation to the profession. In exceptional circumstances a regulator can act as an intervenor in any proceedings brought by the registrant or might even provide or fund legal counsel for the whistleblower.

Payment to Whistleblowers

A few regulators pay a reward to whistleblowers. This is most common where misconduct occurs in secret, especially if the misconduct might never otherwise become known. For example, [some securities regulators](#) offer such rewards.

Where the whistleblower is paid, their value as a witness may diminish in light of their non-altruistic motivation. Thus, such rewards are more common where the whistleblower can point the regulator to other evidence, such as documents, that can establish the misconduct.

Needless to say, some registrants can develop a less collaborative attitude towards their regulator when it pays whistleblowers for information.

Transparency

There is value in regulators collecting and publishing aggregate data on their whistleblower activities. In the United Kingdom, such reports are mandated for health and care regulators. The purpose of such a report, as stated in their [2023 joint report](#), is described as follows:

The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to

assure individuals who blow the whistle that action is taken in respect of their disclosures.

For example, the report from the dental regulator stated in part:

Of the 82 whistleblowing concerns we received:

- 31 cases were closed with no further action. Of these 31 cases, nine were merged with other live cases, and 22 were closed with no further action as there was not enough information provided to progress further.
- 9 cases have been referred to the Case Examiners.
- 42 cases are still at Assessment stage.

Of the 82 cases received, 47 were received from dental professionals, 16 were from non-registrants (who were employed in dentistry) and 19 were anonymous.

Conclusion

There are advantages to regulators formalizing their process for receiving and acting on whistleblower reports. Such policies and procedures can assist whistleblowers in coming forward, foster fewer unexpected repercussions for whistleblowers, and enable better use of the information obtained.

FOR MORE INFORMATION

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From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 190, Working for Workers Five Act, 2024 – (Government Bill – passed second reading and referred to the Standing Committee on Finance and Economic Affairs) – Bill 190 amends a number of statutes including “the Fair Access to Regulated Professions and Compulsory Trades Act, 2006 to add new sections requiring regulated professions to have policies respecting what alternatives to the documentation of qualifications that is normally required will be acceptable and to have plans addressing how they will enable multiple registration processes to take place concurrently. The sections also include requirements respecting the contents of the policies and plans and other related provisions.” In addition, the *Employment Standards Act* would be amended to “[p]rohibit an employer from requiring an employee to provide a sick note from a qualified health practitioner to show evidence of entitlement to ESA's sick leave. Employers would retain the ability to require evidence reasonable in the circumstances, but not a sick note from a qualified health practitioner.”

Bill 171, Enhancing Professional Care for Animals Act, 2024 – (Government Bill – third reading debate) – Bill 171 replaces and modernizes the current *Veterinarians Act*. Veterinary technicians are regulated by the College. Instead of a prohibition on unlicensed persons practising “veterinary medicine”, there is a scope of practice statement and restrictions on performing authorized acts (similar to the controlled acts model under the *Regulated Health Professions Act*). There are exceptions to the authorized acts restrictions for chiropractors, pharmacists, and potentially other professions as can be set out in the regulations. There are also significant updates to the licensing, complaints, discipline, and fitness to practise processes and a formal quality assurance program receives statutory recognition.

Bill 166, Strengthening Accountability and Student Supports Act, 2024 – (Government Bill – passed third reading and received Royal Assent) – In Bill 166, “Every college and university is required to have a student mental health policy that describes the programs, policies, services and supports available at the college or university in respect of student mental health. Every college and university (are) required to have policies and rules to address and combat racism and hate, including but not limited to anti-Indigenous racism, anti-Black racism, antisemitism and Islamophobia.”

Bill 194, Strengthening Cyber Security and Building Trust in the Public Sector Act, 2024 - (Government Bill – second reading debate) – Bill 194 sets out a framework for regulating the use of artificial intelligence (AI) by the public sector. The details remain unknown as they will depend on the regulations to be developed. However, the rules will likely involve disclosure to the public of how AI is being used by the organization (and its third-party suppliers), security measures, perhaps some limits on the use of AI for certain purposes, and the need for an actual individual to oversee the use of AI. While this Bill will not directly affect RHPA colleges because neither the *Freedom of Information and Protection of Privacy Act* nor the *Municipal Freedom of Information and Protection of Privacy Act* applies to them (and those are the “public institutions” impacted by the Bill), it likely will be a forerunner of future legislation that will.

Proclamations

(www.ontario.ca/search/ontario-gazette)

There were no relevant proclamations this month.

Regulations

(<https://www.ontario.ca/laws> Source Law - Regulations as Filed)

Ontario College of Teachers Act – The Ministry of Education has reintroduced the mathematics proficiency test for registering teachers, effective February 1, 2025. The previous regulation was the subject of extensive litigation on its potentially discriminatory nature. The previous regulation was eventually found to be valid. ([O. Reg. 204/24](#))

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Fixing Long-Term Care Act, 2021 – The proposed regulation amendment would extend current temporary measures to give licensees “flexibility to hire an individual to work as resident support personnel providing personal support services to low-risk residents without meeting personal support workers educational requirements if they are of the reasonable opinion that the individual has the adequate skills and qualifications to perform their duties and the Director of Nursing and Personal Care is of the reasonable opinion that the individual can safely provide services based on residents' care needs.” Comments are due by June 15, 2024.

Personal Health Information Protection Act, 2004 – The proposed regulations would require “require operators of accredited community pharmacies and integrated community health services centres to contribute certain personal health information to the EHR as requested by Ontario Health and in accordance with OH's interoperability specifications.” Comments are due by July 24, 2024.

Condominium Act, 1998 – The proposed regulation would expand the jurisdiction of the Condominium Authority Tribunal allowing online dispute resolution for disputes related to owners' meetings (e.g., requisitioning meetings, notice requirements). Comments are due by July 11, 2024.

Bonus Features

These include some of the items that appear in our blog:
(www.sml-law.com/blog-regulation-pro/)

Information-Sharing Protocol for Northern Ireland

The health and social care regulators of Northern Ireland (which includes some UK-wide regulators) have entered into a [formal protocol](#) for sharing of information (“intelligence”) about risks of harm to the public. The risk could relate to an individual practitioner or institution or could be systemic. Specific examples are not given, but presumably they might include things like a significant infection control breach or predatory misconduct. The protocol calls for biannual meetings to discuss issues in general and the ability to call an Emergency Concerns Meeting to address a specific risk. Other institutions, such as the Department of Health, can be invited. The 22-page protocol includes forms to be used and a patient-risk scoring matrix.

Status of UK Review of Use of Criminal Reference Checks by Regulators

Most UK regulators do not currently require criminal reference checks. Many rely on self-reporting by registrants and the fact that many employers, particularly those providing services to vulnerable clients, conduct such checks. The oversight body (Professional Standards Authority, the PSA) is conducting [research and consultations](#) on the issue. The primary concern is about registrants who are self-employed working with vulnerable clients. Information sharing by regulators and the PSA is also seen as a possible mitigating factor. There are also pending legislative changes to consider. The equitable impact of a policy change is just mentioned in passing, although the discussion assumes that only relevant criminal interactions will be relied upon.

Spot the Difference

In [Leontowicz v The College of Physicians and Surgeons of Ontario](#), 2024 CanLII 36942 (ON HPARB), an applicant was denied registration by the regulator for physicians for one incident of violent sex that went beyond the consent provided and left the woman bruised.

In [Applicant 18 \(Re\)](#), 2024 LSBC 12 (CanLII), an applicant was granted permission to be an articling student despite engaging in a period of extensive sexual harassment. The regulator’s decision says, in part, “Over the next months, the nature of the Applicant’s messages [on Snapchat] became more sexual and escalated to having a more violent sexual nature. Undeterred by the Complainant blocking his Snapchat account, the Applicant created four or five new anonymous Snapchat accounts and continued to send unwelcome, explicit, threatening and aggressive sexual content, including nude photos of himself.” The woman left campus and had panic attacks for months.

Both applicants were students at the time of the events. Both incidents occurred years ago. Both sought professional help. Both suggested that they were now of good character. Both offered letters of reference (the medical applicant providing more such letters). Was the difference in outcomes because of the

difference in professions (medicine versus law), because of the difference in the nature and extent of the apologies offered, because only one involved physical violence, and/or something else? Note that the legal applicant's name was also not disclosed.

Intent, Cutting and Pasting, and Joint Submissions

Courts have been found in recent years of dispensing with hard and fast rules and using a contextual approach of whether, "in all of the circumstances" the conduct at issue is unacceptable. That phrase seems to be replacing the previous chestnut of "it depends". In [*Xiao-Phillips v Law Society of Saskatchewan*](#), 2024 SKCA 44 (CanLII), this contextual approach is used in several issues.

There, a lawyer was disciplined for repeated examples of making frivolous and vexatious arguments in court and for incompetent behaviour involving clients and adjudicators. The most significant issue, according to the Court, was whether the lawyer had to know that their conduct was frivolous and vexatious in order for a finding to be made. The Court said the lawyer did not have to be subjectively aware that their arguments were frivolous and vexatious. However, the Court also said that it was not sufficient for the arguments to be legally incorrect. Rather, a contextual approach of examining all of the circumstances was required in order to determine whether the arguments were disciplinable. The Court found that there was no palpable and overriding error by the discipline panel which held that the arguments were so baseless as to be obviously inappropriate or the product of wilful blindness by the lawyer.

Another issue of concern was that the discipline panel had cut and pasted large portions of the written brief of the prosecuting counsel in its reasons for decision. The Court indicated that this could be an issue if, in all of the circumstances, it created an appearance that the panel had not made its own determinations. However, in this case, most of the excerpts were of a factual nature on matters that were not disputed. For each finding the panel had created its own explanation as to the basis for its conclusions. The Court also drew some solace from the panel's evaluation of the evidence and issues where it had dismissed two of the allegations, indicating independent decision making. While expressing caution about copying large swaths of a party's submissions, the Court concluded that the panel had made its own independent assessment on each allegation.

The Court also made some interesting comments about how discipline panels should approach joint submissions on sanction. First, the Court suggested that the deferential approach likely only applies where the joint submission is accompanied by an admission of the allegations. The rationale for the deference includes that the registrant has given up their right to dispute the allegations and have a hearing. In this case, the joint submission was made after the allegations were proved at a lengthy and disputed hearing. Second, the Court noted that procedural fairness was provided by the panel. The panel expressed its concerns to the parties about the joint submission and provided opportunities for the parties to introduce further evidence and make additional submissions. Third, the Court concluded that the panel gave detailed reasons as to why the joint submission would cause a reasonable and informed public to lose confidence in the regulation of the profession.

As a result, the Court upheld a 71-day suspension (albeit one already served in an interim order) where the joint submission involved no suspension.

Protecting Parallel Criminal Proceedings

Regulators are often uncertain about proceeding with discipline allegations, even serious ones, when there are parallel criminal proceedings. The regulator does not wish to interfere with the criminal process. In addition, it is sometimes difficult for the regulator to obtain evidence where the police have already gathered it. Also, as a practical matter, if a criminal finding is made, the regulator often can rely on it rather than having to prove the allegations at a contested hearing. However, unless a suitable interim order or agreement can be reached, the protection of the public by the regulator may be compromised by waiting for the outcome of the criminal matter.

Quebec's highest court has provided some guidance in [R. c. Zarow](#), 2024 QCCA 441 (CanLII). There, a health practitioner was disciplined for allegations of sexual abuse of a patient. To protect the parallel criminal proceedings on charges of sexual assault, several confidentiality orders were made by the discipline panel preventing public access to the proceedings and outcome. Despite these orders, the regulator's syndic provided a copy of the discipline decision and reasons finding the practitioner guilty of professional misconduct to the police and complainant. The issue was whether the criminal proceedings should be stayed as an abuse of process because of that disclosure.

The Court found the breach of the confidentiality orders to be very serious but determined that it was premature to stay the criminal prosecution. There was potential for prejudice in two ways. First, the defence of the practitioner was revealed. Second, the complainant might now be tainted with this additional knowledge.

The Court placed the disclosure in context. Regulators have a right, and even a duty, to protect the public even where there are parallel criminal proceedings. Prior disclosure of an accused's defence is not uncommon. Indeed, such disclosure can be required in regulatory proceedings. The open court principle for disciplinary hearings often, rightly, results in public access even where there are parallel criminal proceedings. The confidentiality orders made in this case are not required in every (or even most) cases. The possible tainting of the complainant was not a basis for a blanket finding of prejudice to the accused. The Court left the issue of whether there was actual prejudice to be determined by the trial judge when all of the circumstances were better known.

Regulators should receive some assurance from this decision that proceeding with discipline matters, where there are parallel criminal proceedings, is generally acceptable. Also, whether any protective orders should be made in the discipline proceeding will depend on the circumstances giving due regard to the important principle of open hearings.

Misinformation as a Basis for Limiting Charter Rights

A frequent discussion at the courts in recent years is how regulators are to balance interests protected by the *Canadian Charter of Rights and Freedoms* against unprofessional conduct. One basis for limiting

Charter free expression rights is where the registrant’s comments are degrading and demeaning such that they may harm the public and compromise public confidence in the profession: [Peterson v. College of Psychologists of Ontario](#), 2023 ONSC 4685 (CanLII), <https://canlii.ca/t/jzvdv>.

Another recent decision of Ontario’s Divisional Court adds another criterion – where the expression contains misinformation, particularly misinformation that has the potential to cause harm to the public: [Gill v. Health Professions Appeal and Review Board](#), 2024 ONSC 2588 (CanLII). A physician had posted scores of comments on social media related to COVID. There were multiple complaints and a broader Registrar’s investigation into the posts. The regulator did not take action on the vast majority of the posts, even though some were strongly worded and critical of health policies and the stance taken by other physicians. However, the regulator did take issue with three posts that contained misinformation about the effectiveness of lockdowns, the value of vaccines, and an assertion that contact tracing, testing, and isolation processes were “counter productive”. The regulator found that there was no credible evidence to support those statements. The physician was not referred to discipline, but was issued a remedial caution, which was upheld by the Review Board (for complaints at least).

On judicial review, the Court provided guidance to regulators balancing *Charter* rights against professional expectations. While indicating that it was necessary for the regulator to address, with robustness, the competing *Charter* rights, it did not hold the regulator to the same standard that would be expected of a court dealing with the same issue. The Court noted that the regulator had considered the freedom of expression of the physician and allowed considerable latitude to the comments made. The regulator specifically upheld the rights of physicians to criticize public health measures. The Court agreed that, in the circumstances, drawing the line at misinformation was reasonable. The Court also observed that there could be more than one acceptable place to “draw the line”.

The Court noted that the degree of justification required was affected by what was at stake for the registrant. Here, the intervention was an educational caution, not disciplinary proceedings, which gave more leeway for the regulator in its balancing obligations, even though the outcome was entered on the public register (and, apparently, actively distributed to health care institutions).

The Court accepted that, given the status of physicians and the context, it was not paternalistic speculation for the regulator to be concerned that the comments were potentially dangerous to members of the public who might choose not to comply with public health measures.

The Court also accepted that reposting a comment on social media could reasonably be seen, in the circumstances, as endorsing it.

On a more technical point, the Court observed that there was no method within the legislative scheme to combine multiple complaints and a Registrar’s investigation into a single process even when their content overlaps. As such, the regulator’s choice to place the overlapping files before the same screening panel on the same day provided an effective and fair method of ensuring a consistent and coordinated outcome.

This decision provides additional guidance to regulators when addressing *Charter* rights or, even, *Charter* values.

Delaying Registration

There has been a recent emphasis on the need to process registration applications quickly. In Ontario, legislative timelines are imposed on regulators. The impact of delays on applicants, and on the public needing access to services, can be considerable.

This principle was part of the Court's discussion in [*Law Society of Ontario v. A.A.*](#), 2024 ONSC 2681 (CanLII). There was evidence that AA, an applicant for registration, had sexually abused three children in 2009. However, the tribunal (both hearing and appeal levels) concluded that the applicant was currently of good character and directed that he be registered with one condition: he could not meet with children alone.

The regulator sought judicial review of that decision as well as an interim order staying the registration of the applicant. (Initiating judicial review did not halt the effect of the tribunal's decision.)

The Court granted the stay. There was a serious issue to be determined, in part because of the apparent inconsistency in finding that the applicant was currently of good character but still imposing a condition.

The Court also found that there was irreparable harm in that the public would not be protected if the applicant practised and a Court later found that the good character requirement had not been met. That type of harm could not be remedied.

Interestingly, the Court also said that public confidence should not be conflated with public opinion. The regulator had filed many social media posts expressing concern about the decision to register the applicant. The Court said:

I agree with AA that negative public reactions to media reports of a Law Society decision do not establish irreparable harm. In fact, focusing on negative comments on social media (which may or may not be based on an accurate understanding of the Law Society's legislative mandate and jurisprudence on the good character requirements) distracts from the real issue, namely whether the public interest will be irreparably harmed if a stay is not granted.

The Court also said that the balance of convenience favoured the regulator. The public interest outweighed the obvious harm that would be suffered by the applicant if registration was further delayed. The Court was influenced by the fact that an expedited hearing date was obtained for this summer.

However, the Court was concerned about the regulator's delay of three weeks between the tribunal's final decision and its bringing of the motion for a stay, commenting that the regulator should have brought the motion immediately. The Court was also concerned that no steps had been taken to begin the paperwork for registering the applicant so that it could occur immediately should the motion for a stay have been unsuccessful. As a result, the Court declined to award costs to the regulator.

Timeliness expectations in the registration process for regulators have never been higher.

From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 171, Enhancing Professional Care for Animals Act, 2024 – (Government Bill – passed third reading and received Royal Assent) Bill 171 replaces and modernizes the current *Veterinarians Act*. Veterinary technicians are regulated by the College. Instead of a prohibition on unlicensed persons practising “veterinary medicine”, there is a scope of practice statement and restrictions on performing authorized acts (similar to the controlled acts model under the *Regulated Health Professions Act*). There are exceptions to the authorized acts restrictions for chiropractors, pharmacists, and potentially other professions as can be set out in the regulations. There are also significant updates to the licensing, complaints, discipline, and fitness to practise processes, and a formal quality assurance program receives statutory recognition.

Proclamations

(www.ontario.ca/search/ontario-gazette)

Personal Health Information Protection Act, Local Health System Integration Act, Fixing Long-Term Care Act, and Connecting Care Act – On June 28th, certain amendments were proclaimed into force including those relating to the replacement of Health Integration Networks. There were also several regulations enacted to support this change.

Drug and Pharmacies Act – On October 1, 2024, provisions relating to registered pharmacy students and intern technicians come into force.

Health and Supportive Care Providers Oversight Authority Act – On December 1, 2024, the bulk of this *Act* operationalizing the Authority comes into force. In addition, some consequential amendments to other legislation, including the *Regulated Health Professions Act* (e.g., exceptions to the confidentiality provisions, mandatory reporting obligations for registrants), take effect.

Medicine Act – On April 1, 2025, provisions relating to physician assistants come into force.

Regulations

(<https://www.ontario.ca/laws> Source Law - Regulations as Filed)

Pharmacy Act – The general regulation is completely rewritten, especially the provisions relating to registration and quality assurance. The regulation takes effect on October 1, 2024. ([O. Reg. 256/24](#)).

Opticianry Act – The professional misconduct regulation was largely rewritten. The regulation takes effect on July 1, 2024. ([O. Reg. 230/24](#))

Midwifery Act – The professional misconduct regulation has been completely rewritten. The regulation takes effect on July 1, 2024. ([O. Reg. 229/24](#))

Massage Therapy Act – The general regulation has been largely rewritten, especially the professional misconduct definition. The regulation takes effect on July 1, 2024. ([O. Reg. 228/24](#))

Denturism Act – The professional misconduct regulation was largely rewritten. The regulation takes effect on July 1, 2024. ([O. Reg. 227/24](#))

Audiology and Speech-Language Pathology Act – The professional misconduct regulation was largely rewritten. The regulation takes effect on July 1, 2024. ([O. Reg. 226/24](#))

Psychology and Applied Behaviour Analysis Act – The registration regulation related to the emergency class of registration is rewritten, taking effect on July 1, 2024. ([O. Reg. 225/24](#))

Medicine Act – The professional misconduct regulation is amended to add physician assistants to the conduct unbecoming definition. The general regulation related to quality assurance and controlled acts and the registration regulation are also amended to address physician assistants. The regulations take effect on April 1, 2025. ([O. Reg. 220/24](#), [O. Reg. 221/24](#), and [O. Reg. 222/24](#))

Health and Supportive Care Providers Oversight Authority Act – Several regulations are enacted to operationalize the work of the Authority. The regulations take effect on the Act's proclamation date, appearing to be December 1, 2024. [[O. Reg. 211/24](#) (funding for therapy/counselling), [O. Reg. 212/24](#) (discipline/appeals), [O. Reg. 213/24](#) (rules for advisory committees), [O. Reg. 214/24](#) (Personal Support Worker Advisory Committee), [O. Reg. 215/24](#) (Code of Ethics), [O. Reg. 216/24](#) (visual marks), [O. Reg. 217/24](#) (registration), [O. Reg. 218/24](#) (register), and [O. Reg. 219/24](#) (complaints)]

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Personal Health Information Protection Act, 2004 – The proposed regulations would “require operators of accredited community pharmacies and integrated community health services centres to contribute certain personal health information to the (electronic health record) EHR as requested by Ontario Health (OH) and in accordance with OH's interoperability specifications.” Comments are due by July 24, 2024.

Condominium Act, 1998 – The proposed regulation would expand the jurisdiction of the Condominium Authority Tribunal allowing online dispute resolution for disputes related to owners' meetings (e.g., requisitioning meetings, notice requirements). Comments are due by July 11, 2024.

Bonus Features

These include some of the items that appear in our blog:
(www.sml-law.com/blog-regulation-pro/)

Seven-Year Delay Is Not Too Long

The Alberta Court of Appeal upheld a refusal to grant a stay of discipline proceedings for lengthy delay of seven years for first allegation of unprofessional examination of a female patient and four years for subsequent complaints of a similar nature. The Court said:

With respect to the question of delay, the Council Review Panel considered a number of contextual factors. It noted “[t]here was a period of lengthy delay for the first complaint, which [had] been acknowledged by the Complaints Director.” However, it did not find the delay to be inordinate in all the circumstances, which included: i) two additional complaints made within a short period of time in 2018 that created concerns for the Complaints Director about a possible pattern of misconduct and added time and complexity in addressing what were serious allegations; and, ii) the effect the COVID-19 pandemic had on scheduling.

As to the issue of prejudice, the Council Review Panel accepted that the appellant had presented evidence of health issues but was not satisfied he had established significant prejudice arising from the delay as required. It found the Hearing Tribunal’s assessment that the appellant’s affidavit contained “bare assertions” reasonable. It also considered other evidence in the record, including evidence of a motor vehicle accident and related litigation that the appellant had not addressed.

On this record, it is difficult to find fault in the conclusions reached.

The Court did not condone the delay and said that the registrant could raise the issue during the hearing itself. There could be remedies short of a stay of the proceedings. See: [Skjodt v College of Physicians & Surgeons of Alberta](#), 2024 ABCA 206 (CanLII).

Specific Deterrence and Punishment

The Professions Tribunal in Quebec has set aside a \$30,000 fine against an accountant on the basis that the fine was imposed as punishment. The accountant had not met auditing standards for a series of financial statements over three years. The sanction included a three-month suspension, a fine of \$30,000 and \$60,000 in costs. The hearing panel concluded that since the accountant was retiring permanently there was no risk of reoccurrence. However, in addition to imposing the “usual” three-month suspension, which would have no practical effect on the accountant, the panel imposed the fine to “make sure” the accountant would not be tempted to

do anything like this again. The Professions Tribunal concluded that, in the circumstances, the fine was intended to punish the registrant and set it aside. It upheld the suspension and costs. See: [Beaulieu c. Chartered professional accountants \(Ordre des\)](#), 2024 QCTP 34 (CanLII).

Imaging Digital Devices

The authority and process for investigators to access and copy the electronic devices of registrants is an evolving area of law for regulators. This discipline panel decision provides a detailed analysis of the issues that might be useful for other regulators: [College of Physicians and Surgeons of Ontario v. Khulbe](#), 2024 ONPSDT 17 (CanLII).

The regulator received information alleging that a physician engaged in sexual behaviour and failed to maintain boundaries with a patient and former patient. The information indicated that some relevant communications had been conducted electronically.

The regulator wished to “image” (i.e., copy the contents of) the physician’s electronic devices. The investigators arrived at the physician’s office unannounced, provided a copy of their appointment documents, and advised the physician to contact legal counsel. The investigators did not take a formal statement from the physician (although the physician did make some incriminating statements before legal counsel arrived). The investigators waited until legal counsel appeared before imaging the devices, including the physician’s “personal” devices. A third party was retained to conduct the actual imaging and to retain the information independently of the regulator. The third-party representatives were formally appointed as investigators.

The physician sought to exclude the information obtained from the devices from use at her subsequent discipline hearing. The panel rejected the first argument that the physician had been “detained” by the investigators contrary to sections 9 and 10(b) of the *Canadian Charter of Rights and Freedoms*. The panel concluded that, regardless of what the physician might have subjectively felt, objectively she had not been detained. Despite being under a duty to answer questions (i.e., provide the passwords for her devices), the investigators were not police officers, they had not constrained her movements, and they waited until she spoke with legal counsel before accessing the devices. [One distinction between this profession and many others is that there is a reasonable expectation that most physicians are able to access legal counsel promptly.]

The panel also found that there had been no unreasonable search and seizure contrary to section 8 of the *Charter*. The panel did find that there was a reasonable expectation of privacy in the physician’s electronic communications with patients and former patients. Particularly in small communities, physicians can reasonably have personal communications with patients (e.g., if they belong to the same social networks). However, the regulatory regime authorizes investigators to access such information, when relevant to an investigation, based on an investigator’s appointment made on reasonable and probable grounds and which, in this case, was approved by a statutory committee.

The panel found that trying to distinguish between personal and work devices was not feasible. Registrants do use work devices for personal communications and those personal communications ought to be protected when irrelevant. And many registrants also use personal devices for practice-related purposes. In any event, in this investigation, personal communications with the patient were the focus of the investigation.

The panel was further reassured by the safeguards employed when searching the devices. They included using a third party to hold and conduct the searches of the information. The search terms used were likely to retrieve relevant information (e.g., the names and phone numbers of the patients). Indeed, the investigators consulted with defence counsel on the search terms in advance. Even then, the third party was directed to exclude irrelevant information and communications between the physician and her legal counsel.

The physician also argued that the regulator had exceeded the terms of the consent and the agreement (relating to ongoing involvement of the physician's counsel in the search process) it made with the physician's lawyer at the time of the imaging. However, the panel found that the investigators had acted on the basis of their legal authority and that they had not agreed to the disputed terms.

Pending greater judicial guidance, the approach taken by the panel in this case might be of non-binding assistance to other regulators.

Preventing Trauma

The principle of open hearings has taken on greater significance in recent years. It is rare for the privacy interests of a party to regulatory proceedings to meet the stringent public interest test for anonymizing their name. However, in a recent Ontario Divisional Court decision, the risk of trauma to the children of an applicant for registration was seen as justifying a temporary order.

In [Law Society of Ontario v. A.A.](#), 2024 ONSC 3102 (CanLII), an applicant for registration acknowledged sexually abusing several children in 2009. However, the tribunal (both hearing and appeal levels) concluded that the applicant was currently of good character and directed that he be registered with one condition: he could not meet with children alone. The regulator sought judicial review. The issue in this motion was whether the anonymization of the applicant's identity should continue in the court proceedings.

The evidence was that the applicant's children did not know of the abuse committed by their father. The Court accepted that their learning of their father's earlier conduct would be traumatizing. The Court specifically found on the evidence that the applicant and his former spouse had not withheld this information from their children as a means of protecting the privacy of the applicant. The Court found that a temporary order requiring anonymization until the application could be heard by the full court resulted in a minimal infringement of the open court

principle. The public would have access to all information other than the identity of the applicant (and his family).

However, the Court telegraphed that the order might well not continue if the applicant was successful in obtaining registration:

The impact of an anonymization order will be quite different, however, if AA is successful and is entitled to be licensed. The Law Society has an obligation to regulate in the public interest: *Law Society Act*, R.S.O. 1990, c. L.8, s. 4.2. Part of the public interest necessarily involves notifying the public of misconduct by lawyer (and paralegal) licensees so the public can make an informed decision whether to hire a particular lawyer. The Law Society maintains a public directory of lawyer and paralegal licensees. The directory says whether the licensee has a “regulatory history” and provides details of that history. The directory is one way the Law Society can give notice to the public that a licensee has engaged in misconduct in the past.

Disclosing AA’s identity will take on much greater significance if he is successful on the judicial review application and the Appeal Division’s finding that he is of good character is upheld. Subject to any further appeal, AA would then be entitled to be licensed. The Law Society would then have a very strong interest, consistent with its statutory mandate, in having the anonymization order lifted so the public could make an informed decision about whether to retain AA with the full knowledge of what he has done. If, however, the Law Society is successful in its judicial review application and AA does not meet the criteria for a license, the public interest in AA’s identity may be significantly reduced.

Because of the unique circumstances of this case, it is unlikely that there will be an opening of the floodgates resulting in frequent anonymization orders to protect the family of registrants in regulatory proceedings.

Incarceration for Civil Contempt for Unauthorized Practice

There is significant discretion in imposing a penalty for civil contempt of court for breaching an order prohibiting the unauthorized use of title, holding out, and performing controlled acts. The Court in [*Royal College of Dental Surgeons of Ontario v. Alsoma*](#), 2024 ONSC 1924, gave guidance on how that discretion can be exercised.

Mr. Alsoma, an unregistered individual, operated and managed a dental practice. In 2018, he consented to the regulator obtaining a civil court order prohibiting him from calling himself “Doctor” or from holding himself out as a dentist. A complaint was subsequently filed with the regulator about the dental care provided by Mr. Alsoma. An investigation revealed that Mr. Alsoma had repeatedly performed procedures in a speciality area of dentistry related to implants. The Court accepted that the 2018 consent order had been breached and that Mr. Alsoma had also performed controlled acts.

The Court imposed a penalty consisting of 45 days of house arrest, 100 hours of community service, a fine of \$10,000, future compliance with the prohibition, cooperation with the regulator monitoring compliance, and substantial indemnity costs payable to the regulator of \$31,807.

In fashioning this penalty, the Court made the following points:

- The purpose of the penalty is to ensure compliance with court orders and respect for the courts and the principle of the rule of law.
- Courts should consider alternatives to imprisonment whenever possible.
- In this case there were several aggravating factors and no mitigating factors. The breach of the consent order, which was designed to maintain public health, was flagrant, intentional, and repeated. The breach involved specialized dental care that requires additional training by dentists. The breach was worsened by the absence of records which created further health risks for the patient. There was actual harm to a patient, not just a theoretical risk of harm. Mr. Alsoma showed no remorse and had not admitted the breach.
- In the circumstances, the penalty was proportionate and measured, and was designed to achieve the goals of denunciation and general and specific deterrence.
- The amount of the fine in this case was related to the profit made by Mr. Alsoma in the treatment of the patient.
- The fine was payable to the government, not the patient or the regulator, to avoid an appearance that it was a form of civil damages.
- The costs reflected the legal expenses incurred by the regulator. This amount of costs was indicated by the nature of the contempt and supported the deterrent effect of the order. However, the Court declined to order payment of the costs of the investigation in the circumstances of this case.

The penalty for contempt of court in this case accounted for the deliberate and intentional nature of the breach and the concern about possible future breaches even though this was a first-time violation of the order.

Requests to Admit – A Powerful Tool

Many discipline tribunals have rules permitting a party to request that the other party admit non-contentious facts or the authenticity of documents. However, if the other party chooses not to be cooperative, they could refuse to make the admission with the only traditional consequence being liability to pay (or reduce their claim for) costs at the end of the hearing.

The recent Ontario Divisional Court decision in [*Khan v. Law Society of Ontario*](#), 2024 ONSC 3092 (CanLII), may change that. The allegations were serious, including participation in mortgage fraud and misappropriation of trust funds. The evidence involved many documents. The regulator served a request to admit upon the lawyer containing 484 paragraphs and agreement as to the

authenticity of 310 documents. The lawyer responded with a generic refusal without responding specifically to the factual issues. The discipline tribunal, on a pre-hearing motion, found that the lawyer had not responded appropriately to the request to admit and ruled that the regulator could proceed at the hearing on the basis that the lawyer was deemed to admit the posited facts and the authenticity of the documents. At the hearing a finding was made against the lawyer. The appeal to the Appeal Tribunal and the Divisional Court on the use of the deemed admissions was unsuccessful.

The Court concluded that the lawyer refused to engage with the admissions process despite being given multiple opportunities to do so. Many of the requests to admit were not controversial as they related to publicly available documents or facts from the lawyer's own files. There was no reviewable error in deeming the facts to be admitted and the documents to be authentic.

The Court substantially adopted the reasons of the Appeal Tribunal. Those reasons made the following points:

- There is no procedural unfairness or reversal of the onus of proof inherent in a rule providing for a request to admit. This was true even where the rule required that reasons be given for refusing to admit a fact or the authenticity of a document.
- Where a party admits (or is deemed to admit) the authenticity of a document, the requesting party is not prevented from challenging that document as a forgery. The admission only binds the party making (or deemed to be making) it.
- Admitting the authenticity of a document does not mean that the party is acknowledging the truth of its contents or its relevance to the hearing.

On a separate point, the Court did not require each member of the panel to physically sign a decision and reasons document where the chair signs it "on behalf" of the panel.

Regulators may wish to review their rules to ensure that it supports a vigorous request to admit process, including an obligation on the parties to give reasons where it does not admit the facts or the authenticity of the documents. In addition, the rules should provide for a means to make (or rule upon) deemed admissions where the process is not followed. While the request to admit process can be time consuming on its own, it should enable the significant narrowing of the issues at the hearing itself.

Registrant Declared Data for January 1, 2023 - December 31, 2023

Controlled Acts Performed in 2023

- Moving the joints of the spine (manipulation): 236 registrants
- Puncturing the dermis (acupuncture): 1286 registrants
- Blood samples- ND exams: 80 registrants
- Internal examinations: 232 registrants

- Administering substances by IVIT: 258 registrants (includes two who have not met the SOP for IVIT – in total, 355 registrants were authorized to perform IVIT as of March 31, 2024)

- Prescribing a drug: 704 registrants (includes 13 who have not met the SOP for Prescribing – in total, 861 registrants were authorized to prescribe as of March 31, 2024)

- Compounding a drug (including for IVIT): 248 registrants (includes two who have not met SOP for Prescribing)
- Administering substances by inhalation: 210 registrants (includes three who have not met SOP for Prescribing)
- Administering substances by non-IVIT injection: 585 registrants (includes seven who have not met the SOP for Prescribing)
- Dispensing a drug: 183 registrants (includes seven who have not met the SOP for Prescribing)
- Selling a drug: 178 registrants (includes 13 who have not met the SOP for Prescribing)

Practice Method in 2023

Telepractice (independent)	236	
Brick-and-mortar (independent)	471	
Multi-disciplinary	675	
Clinic with 1 or more other NDs	256	
Did not see patients (non-clinical)	41	9 registrants had a non-clinical TCL on their certificate of registration as of March 31, 2024
Not in the GC in 2023	127	

Patient/Patient Visit Information (2023)

Average total # of patients	553
Average total # of patient visits	646



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 24, 2024
TO: Council members
FROM: Dr. Mary-Ellen McKenna, ND (Retired)
RE: Type 2 Occurrence Annual Report Summary

The following is being provided to Council members for information purposes.

Type 2 Occurrence Annual Reports Summary

The designated Registrants for all applicable premises (168) submitted their Type 2 Occurrence Annual Report for the reporting period of March 2, 2023 to March 1, 2024.

The General Regulation defines Type 2 occurrences 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.

Below is the summary of reports received for the past two reporting periods.

Number of Premises Reporting		Number of Premises Reporting a Type 2 Occurrence	
2023	2024	2023	2024
178	168	34 (19%)	31 (18%)

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Adverse Drug Reactions							
Total		Mild		Moderate		Severe	
2023	2024	2023	2024	2023	2024	2023	2024
162	150	123	118	39	31	0	1

Infections	
2023	2024
1*	0

Unscheduled Treatments	
2023	2024
4	4

*One case of influenza was reported.

Unscheduled Treatments

The *General Regulation* states that Type 2 occurrences include unscheduled treatments of a patient by a Registrant occurring within five days after a procedure was performed at the premises. The reporting form instructs the designated Registrant to report any unscheduled naturopathic treatments regardless of whether they were clearly a direct result of receiving IVIT.

Unscheduled Treatments	Condition	Total	Delegation Yes	Delegation No
Increased water, electrolytes, supplemented with GABA	Anxiety	1	1	
Referred for ultrasound	Pain at insertion site	1		1
Reassurance	Anxiety about discomfort at the insertion site	2	2	

Adverse Drug Reactions

An adverse drug reaction is defined as a harmful and unintended response by a patient to a drug or substance, or combination of drugs or substances that occurs at doses normally used or tested in humans for the diagnosis, treatment or prevention of a disease or the modifications of organic function.

Adverse Drug Reactions	Total	Severity	Delegation	
			Yes	No
Anxiety	4	Mild		2
		Moderate	1	1
Diarrhea	1	Moderate		1
Dizziness	6	Mild	5	1
Elevated AST	1	Mild		1
Fatigue	2	Moderate		2
Fever	4	Mild		4
Headache	10	Mild	3	3
		Moderate	3	1
Hypertension	3	Mild	3	
Hypoglycemia	2	Mild		2
Infusion site extravasation	42	Mild	3	39
Insomnia	1	Moderate		1
Joint pain and swelling	1	Mild	1	
Maculo-papular rash	9	Mild	1	8
Nausea	15	Mild		5
		Moderate	9	1
Phlebitis	12	Mild	2	9
		Severe	1	
Pre-syncope	3	Mild		1
		Moderate	2	
Pruritis	1	Mild	1	
Shakiness	1	Mild		1
Shivering	1	Mild		1
Shortness of breath	2	Mild	2	
Syncope	2	Mild	2	
Tingling sensation	1	Mild	1	
Urinary incontinence	1	Moderate		1
Urticaria	3	Mild	1	2
		Moderate		
Vomiting	22	Mild	7	7
		Moderate	4	4

Summary of adverse drug reactions regarding severity and delegation

Mild - Delegation: No = 86, Yes = 32
Moderate - Delegation: No = 12, Yes = 19
Severe – Delegation: No = 0, Yes = 1

A total of 52 adverse drug reactions occurred when the IVIT was delivered through a delegation compared to 98 that occurred when there was no delegation in place.

Summary of iv bags compounded and administered

A total of 154 Type 2 occurrences were reported to have happened during 87,150 IV administrations. This is a 0.18% rate of Type 2 occurrences during the 2024 reporting period, which is the same rate of occurrence as in the prior reporting period.

IV bags compounded	
2023	2024
90,522	90,916
IV bags administered	
2023	2024
90,153	87,150



The College of Naturopaths of Ontario

**Council Meeting Evaluation
May 2024
10 Evaluations Received**

Topic	Question	Scoring	Rating
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not at all essential to 5 - Very Essential.	4@5 4@4 2@3	4.2
Achieve Objectives?	Please rate how well you feel the meeting met the intended objectives using the following scale: 1 - Not at all met to 5 - All objectives met.	10@5	5
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	5@5 3@4 1@3 1@2	4.2
Meeting Materials	Please rate how helpful you feel the meeting materials for today's meeting were using the following scale: 1 - Not at all helpful to 5 - Very helpful.	7@5 3@4	4.7
Right People	Please rate the degree to which you felt the right people were in attendance at today's meeting using the following scale: 1 - None of the right people were here to 5 - All of the right people were here.	8@5 2@4	4.8
Your Preparedness	Please rate how you feel your own level of preparedness was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	5@5 3@4 1@3 1@2	4.2
Group Preparedness	Please rate how you feel the level of preparedness of your Council colleagues was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	5@5 5@4	4.5
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	5@5 5@4	4.5
What worked well?	From the following list, please select the elements of today's meeting that worked well.		
	Meeting agenda		7/10
	Council member attendance		10/10

	Council member participation	9/10
	Facilitation (removal of barriers)	9/10
	Ability to have meaningful discussions	9/10
	Deliberations reflect the public interest	10/10
	Decisions reflect the public interest	10/10
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.	
	Meeting agenda	3/10
	Council member attendance	0/10
	Council member participation	1/10
	Facilitation (removal of barriers)	1/10
	Ability to have meaningful discussions	1/10
	Deliberations reflect the public interest	0/10
	Decisions reflect the public interest	0/10
Things we should do	(None)	
Final Feedback	I liked the breakout groups. Helped with overall engagement in tedious work, better understanding overall in previous terms of reference and why changes were being made. And Brenda asked tricky questions!	
	There was a black screen with the phone number [REDACTED] that was not explained or addressed, and I would have preferred to know who that was (without having to reveal my trust issues publicly. lol).	
	Sending materials with more advance notice (even some sections, if it's not all available early) would allow for more adequate preparation time.	
	The Chair does an excellent job of facilitating the meeting. I would like to request that Council meeting recordings be available to view after the fact.	
	Although I was unable to participate due to technical difficulties, I found the Term of Reference session quite insulting and potentially a waste of time. As Council members we are not expected to memorize every document but we are expected to know where to find the policies. Putting Council members on the spot to answer questions in a public forum, (sentence redacted per GP02). If this is the new way this Council is going to operate then I need to make a decision on future participation.	
	The breakout session format was a good change of pace and improved understanding of terms of reference.	
	The breakout rooms caused some delay. Liked the interaction but the process was stressful.	
	I found the meeting productive and informative, with the exception of the portion of the meeting reserved to review the Terms of Reference of committees. I felt that this part of the meeting was a total misuse of my time. I am not sure why we were quizzed on the intricate details surrounding the composition and quorum of committees. As a council member, and therefore a committee member, i do not believe that I need to be able to recite the intricate details that we were asked to review and present on. I do need to know where to find this information. (Paragraph redacted (GP02.02))	

	the meeting was a productive use of my time in trying to achieve that goal.
	I hope that we do not have a repeat of this at future council meetings.
	After the conclusion of the current ongoing discipline matters, would it be prudent to discuss the financial impact of disputed discipline investigations have on the College?

Comparison of Evaluations by Meeting 2024-2025

Topic	2023/24 Overall	2024-2025						
		May 2024	July 2024	Sept 2024	Nov 2024	Jan 2025	Mar 2025	Ave
Were issues discussed essential? 1 – Not at all essential to 5 – Very Essential.	4.6	4.2						4.2
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	4.8	5						5
Time Management 1 - Not at all managed to 5 - Very well managed.	4.5	4.2						4.2
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	4.8	4.7						4.7
Right People 1 - None of the right people to 5 - All of the right people.	4.8	4.8						4.8
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	4.5	4.2						4.2
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	4.3	4.5						4.5
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	4.7	4.5						4.5
Number of Evaluations	7.3	10						10

Evaluation Report
 Drugs and Substances
 May 13, 2024

Attendance		
Registered	Participants	No. of Evaluations
302	202	31

Evaluations & Feedback			
Topic	Question	Data	Overall
Relevance of topics	How satisfied were you with the relevancy of the topics covered: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 1@3 6@4 24@5	4.74
Satisfaction?	How satisfied were you with this event using the following scale: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 2@3 9@4 20@5	4.58
Event Planning	Please rate how you feel the event was planning using the following scale: 1 - Not at all well planned 5 - Very well planned.	0@1 1@2 2@3 7@4 21@5	4.55
Recommend to others	How likely are you to recommend to other individuals to attend a future event using the following scale: 1 – Very unlikely 5 – Very likely.	0@1 1@2 0@3 10@4 20@5	4.58
Event objectives	How do you feel about whether this event met is objectives using the following scale: 1 – Not met at all. 5 – Entirely met.	0@1 0@2 2@3 11@4 18@5	4.51
Time management	How well do you feel that the time was managed for this event using the following scale: 1 - Not managed well at all 5 – Very well managed.	0@1 0@2 2@3 10@4 19@5	4.54

Speakers/Presenters	How understandable and relatable were the speakers for this event using the following scale: 1 - Not at all understandable or relatable 5 – Highly understandable and relatable.	0@1 1@2 1@3 5@4 24@5	4.68
Would you attend another REP event?	Yes No	31@yes 0@No	
What Worked Well?	Thank you so much! This session was very informative!		
	Stayed on topic and timing was good.		
	Everything was very clear and well organized. Made learning simple.		
	The information was presented clearly and concisely.		
	Understanding the regulatory backgrounds; as well as concrete examples of specific substances		
	Polls were good. Interesting content.		
	1. Detailed slides to follow along with while the content was being discussed. 2. Someone else (non-presenter) answering questions in the chat during the presentation. 3. Examples, when provided, were very helpful. 4. Knowing that a recording will be available in a week or so. This presentation clarified a lot of information; however, I didn't absorb all of it given the quick transition from patient care to this presentation (not your fault). I look forward to listening to the recording to solidify what I learned.		
	Andrew was great at teasing out some of the obvious places that NDs can get confused or lack clarity and his way of highlighting this through the poll questions was great!		
	Helped clinical context focus, (opposed to just a full hour of deep dive into regulatory legislation).		
	the topic is very relevant, clear information.		
	Well organized.		
	Differentiation between drugs and substances Link to the drugs and substances tables on the CONO website was useful Andrew showed interest and enthusiasm for the subject, highlighted relevance for NDs as well as rationale for different parts of the regulation, e.g. increasing doses of vitamin A and D becoming more of a risk for patients, hence the need for a prescription/drug status.		
	Learned a lot about the topic.		
	I thought the content and pace were good and the information useful. Particularly liked the discussion as to the future at the end and what CONO is doing alongside OAND.		
	Pleasant, clear, interesting		
Disabling of everyone's video and audio			
Informative topic, to the point and concise. Liked the polls			
Well organized and to the point			
Areas of Improvement	Lots of information - could have used an additional 15-30 min.		
	A bit more detail regarding the drugs to prescribe themselves.		
	There was a bit of confusion as to the start time, and the duration was not clear when I signed up (I assumed it would be 1 hour long, but this was not specified).		
	Generally, it would be good to have these sessions at different times in the week as having it on Mondays around noon will be good for some NDs but		

	<p>not for others. Holding a few sessions on another day (e.g. as was done for session 1 on Friday) would be helpful.</p>
	<p>Depth for time. Some parts could have been discussed longer given the depth but time did not allow. Totally understandable though! You can't make these sessions too long. Perhaps "drugs and substances" is too much to cover all at once in the allotted time, so having this topic divided into two or three parts could allow for all that great information to sink in. It's so hard to balance depth with limited time. So I say this from a place of kindness and understanding. The recording will help. All of this feedback could be different after I listen to the recording so please keep that in mind.</p>
	<p>Ran very smooth, not much to improve on.</p>
	<p>The moderator did not do a good job at relating the questions being asked on the chat. when he tried paraphrasing the questions on the chat, left out important information that were asked by participants</p>
	<p>I wish it was longer.</p>
	<p>It could be helpful to include objectives with evaluation form to be able to more accurately assess how well they were met.</p>
	<p>I was hoping for a review of practical applications of prescribing especially for NDT and BHRT (what is the definition of bioidentical estrogen?) and the public safety concerns related to the prescribing scope.</p>
	<p>Questions on Pol were poorly formulated (tricky and confusing).</p>
	<p>Wasn't entirely clear regarding the issue of combined products and what this means when it comes to a prescription. For example, i've always treated the idea of a prescription for Vit D when the single agent use is 2500+ IU per day. In cases where i have a number of products come together to total near or over that i haven't treated this as a prescription. It's not entirely clear how to deal with this. For instance if someone is taking a Osteoporosis product on their own that provides 1000 iu of D3, then i add a fish oil which contains another 1000 iu and then they are also taking a combination product of Vit K2 +D3 which adds another 1000 iu per day for a total of 3000 iu. However, i have only recommended 2000 and they are already taking 1000. IS this a prescription scenario and if so, how is this handled? Alternatively, if i'm the one recommending the three or possibly four products which provides a combined level over 2500 iu/day of Vit D3 is this then a prescription. Confusing both with respect to how to communicate this to a patient and particularly how to draft a prescription for this. Any feedback on this would be very helpful.</p>
Future topics/speakers	<p>I would love the college to provide courses on how to effectively prescribe the substances we can prescribed once we have the prescription license such as hormones like estrogen, progesterone and thyroid; as these topics are not covered on the prescription course.</p>
	<p>- Charting & ND audit prep. - Substances session part 2</p>
	<p>More detail regarding the prescribing course/steps to getting a prescribing license; especially timeline.</p>
	<p>Labs and lab tests.</p>
	<p>Regulations around having friendships and doctor-patient relationships as an ND in a small community.</p>
	<p>Charting! How to chart in ways that are efficient while meeting the regulations.</p>
	<p>Ideas on how to navigate patients who don't want to follow conventional medicine and put themselves at risk! How to protect them and ourselves.</p>

Other Feedback	Thank you for making these!
	If you can provide us a copy of note in an easy way = just a link on the webinar screen, would be great!
	Would love another session on prescribing as there was a lot of details to cover
	Overall it was informative.
	I mentioned this above, but I'll copy it here. Perhaps the topic of "drugs and substances" is too much to cover all at once and/or in the allotted time. Having this topic divided into two or three parts could allow for deeper understanding, more questions, and even real examples (from both sides). Thanks for allowing space for this feedback. Overall, it was very thorough and I learned a lot so thanks! I look forward to learning more through you!
	Thank you for creating this opportunity for NDs!
	Thanks for offering this!
	I wish the prescription exam had a higher component of education and testing on the substances that we can actually prescribed as NDs.
	Thank you.
	I enjoyed the talk.
	Perhaps someone could get back to me about this question: what is the definition of bioidentical estrogen and which specific drugs available in Ontario pharmacies qualify (Vagifem, Estrodot, Estrogel) besides compounded topicals and suppositories.
	I don't prescribe drugs but was happy to learn about it nevertheless.
	All sessions I attended were very well done and informative. Excellent information on the subjects.
	Love the free CE hours and that it is from CONO. Especially regarding Jurisprudence. Would love to see some IVIT hours also.
	Good to have these options available and i hope to attend many more. Thank you for running this.
Much appreciation for this outreach.	

Comparison of REP Attendance & Evaluations 2024

KPI	March	April	May	June	July	Aug	Nov	Dec	Ave.
Registrations	212	252	302						255
Attendees	128	164	202						164
No. of Evaluations	24 (19%)	35 (21%)	31 (15%)						18%
Relevance of topics	4.95	4.77	4.74						4.82
Satisfaction?	4.95	4.74	4.58						4.76
Event Planning	4.95	4.74	4.55						4.75
Recommend to others	4.92	4.77	4.58						4.76
Event objectives	4.88	4.74	4.51						4.71
Time management	4.88	4.82	4.54						4.75
Speakers/Presenters	5.0	4.77	4.68						4.82
# would attend another	24/24	35/35	31/31						100%

Evaluation Report
 Regulated Health Professionals and the Patient's Pathway
 June 10, 2024

Attendance		
Registered	Participants	No. of Evaluations
236	161	21


Evaluations & Feedback			
Topic	Question	Data	Overall
Relevance of topics	How satisfied were you with the relevancy of the topics covered: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 3@3 8@4 10@5	4.33
Satisfaction?	How satisfied were you with this event using the following scale: 1 - Not satisfied at all 5 - Very satisfied.	0@1 1@2 4@3 8@4 8@5	4.10
Event Planning	Please rate how you feel the event was planning using the following scale: 1 - Not at all well planned 5 - Very well planned.	0@1 0@2 2@3 8@4 11@5	4.42
Recommend to others	How likely are you to recommend to other individuals to attend a future event using the following scale: 1 – Very unlikely 5 – Very likely.	0@1 0@2 3@3 5@4 13@5	4.48
Event objectives	How do you feel about whether this event met is objectives using the following scale: 1 – Not met at all. 5 – Entirely met.	0@1 0@2 3@3 7@4 11@5	4.38
Time management	How well do you feel that the time was managed for this event using the following scale: 1 - Not managed well at all 5 – Very well managed.	0@1 0@2 1@3 4@4 16@5	4.71

Speakers/Presenters	How understandable and relatable were the speakers for this event using the following scale: 1 - Not at all understandable or relatable 5 – Highly understandable and relatable.	0@1 0@2 4@3 8@4 9@5	4.24
Would you attend another REP event?	Yes No	21@yes 0@No	
What Worked Well?	<p>It was clear and nice to have a ministry person speak with us</p> <p>the questions during the presentations are a good way to make the info less dry and more applicable</p> <p>Review of role of regulatory bodies</p> <p>It was as usually good very educational session.</p> <p>Relevant information overall.</p> <p>I think important slides were not covered during the presentation and some questions from the participants were not answered accordingly.</p> <p>It was good, appreciate the free sessions</p> <p>Well organized. Interactive approach from the very start made it interesting and engaging. Time management was great.</p> <p>Good high-level overview, but content seemed fairly basic for the audience</p> <p>The session was very well paced and the content helped to put the regulatory topics into perspective.</p> <p>I feel like it was interesting to hear the perspective of another organization, as well as recognize some of the commonalities and differences.</p> <p>I liked the format</p> <p>The pace of presentation was great and not dry at all - all the examples were very relatable.</p>		
Areas of Improvement	<p>I didn't necessarily learn anything new from this one</p> <p>At the end of the session there should be at least 30 mins allocated to QA</p> <p>Some of the poll questions could have been fine-tuned. Giving for example 7 choices seemed unnecessary.</p> <p>Allow more time for discussion.</p> <p>Answering questions. 2 very pertinent questioned were asked and I did not feel the answers were satisfactory. I felt was based more on opinion then objective facts. I think this would have been a time for the speaker to admit answer is not straightforward and possible take time to research and report back.</p> <p>Speaker was certainly qualified to present, but seemed a little biased and acting on the best interests of the provincial government (eg. talked a lot about the ideal state but less empathetic or realistic towards actual barriers and challenges NDs face)</p> <p>I thought the panelist did a great job</p>		
Future topics/speakers	<p>working on different models naturopathic medicine practices Example :working one on one versus group wellness How the different ways the regulations adapts to the practice</p> <p>Lab test related area.</p> <p>More access to diagnostic imaging like X ray and ultra sound Easy path to refer to specialists</p> <p>practitioner audit prep/ reminders dos & Donts</p>		

	Would there be possibility to learn from other regulatory colleges? I think I'm this could be tricky but I've been interacting more with different types of providers as of late and it's been incredibly educational to understand their regulatory frameworks, lessons learned for best practices, etc.
	Record Keeping - ways of making it efficient while meeting standards.
Other Feedback	Keep doing what you do so well!
	Very informative
	Great webinar
	Specific guidance on collaboration would have been helpful. Including a discussion of the prescribing requirement to inform patient's MD of a new prescription. It would have been helpful to clarify guidance when the patient has no MD or has multiple specialists.
	Excellent presenters and very educational
	Overall positive experience.
	Thank you for the presentation.
	It was interesting information, but at the same time felt like a re-hash of information that we all know (or should know at this point), so I don't feel that there were really any take-aways for me to change how I practice.
	Appreciate the opportunity to accumulate free CE credits in Jurisprudence.
	No further feedback really - it was good to connect and have a high-level discussion on the topic, and earn a jurisprudence CE credit, but can't say I really 'learned' much that I would apply to my practice
	I think these are great, thank you for putting them in
	It is really nice to learn from our regulatory body. The free CE hours are incredible. Thanks.
	Thank you for running these sessions.

Comparison of REP Attendance & Evaluations 2024


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Satisfaction?	4.95	4.74	4.58	4.10					4.59
Event Planning	4.95	4.74	4.55	4.42					4.67
Recommend to others	4.92	4.77	4.58	4.48					4.69
Event objectives	4.88	4.74	4.51	4.38					4.63
Time management	4.88	4.82	4.54	4.71					4.74
Speakers/Presenters	5.0	4.77	4.68	4.25					4.68
# would attend another	24/24	35/35	31/31	21/21					100%

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Examination Appeals Policy	Policy No. EX05.0304
		Page No. 1

Intent/Purpose To establish a policy governing the handling of examination appeals filed with the College of Naturopaths of Ontario (the College).

Definitions	<u>Act</u>	<u>Means the <i>Naturopathy Act, 2007</i>, as amended from time to time.</u>
	<u>Biomedical Examination</u>	<u>Means a Council approved registration examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions, and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.</u>
	By-laws	Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	<u>Chief Executive officer (CEO)</u>	<u>Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.</u>
	Clinical (Practical) Examinations	Means Council approved clinical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practice naturopathy in the province of Ontario.
	<u>Clinical Sciences Examination</u>	<u>Means a Council approved examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.</u>
	<u>Chief Executive Officer (CEO)</u>	<u>Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.</u>
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario <u>as established under the Act and governed by the RHPA.</u> as established under the <i>Naturopathy Act, 2007</i> and governed by the <i>Regulated Health Professions Act, 1991</i>.
	Council	<u>Means the Council of the College as established pursuant to</u>


DATE APPROVED	DATE LAST REVISED
April 25, 2018	May 25, 2022

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Examination Appeals Policy	Policy No. EX05.0304
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~~section 6 of the Act Means the governing body of the College as established under section 6(1) of the *Naturopathy Act, 2007* and the by-laws of the College.~~

Environmental Irregularity	Means a substantial irregularity in the testing environment in which the examination was completed which has a material adverse impact on a candidate's examination performance.
Examination Appeals Committee	Means the non-statutory committee of the <u>Council of the</u> College responsible for receiving, reviewing and disposing of candidate appeals of the <u>Biomedical Examination, Clinical Sciences Examination, -Clinical (Practical) Examinations, Intravenous Infusion Therapy Examination or Ontario Prescribing and Therapeutics Examination</u> due to (an) unsuccessful exam attempt(s).
Examination Violation	Means a contravention of the College's Examination Rules of Conduct.
Incident Reporting Form	Means a form used to collect relevant information about a procedural irregularity, environmental irregularity, perception of undue bias or examination violation having occurred during an examination.
Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a Registrant's competencies to perform IVIT safely, competently and ethically.
Prescribing and Therapeutics Examination	Means a two-part examination approved by the Council of the College that includes both written and oral components which tests a Registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.
Procedural Irregularity	Means a substantial irregularity in the administration of the examination which has a material adverse impact on a candidate's examination performance.
Registrant	Means a person registered with the College as defined in section 1(1) of the Code.
Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
RHPA	Means the <i>Regulated Health Professions Act, 1991</i> , S.O. 1991, c. 18, as amended from time to time.
Supporting Documentation	Means documentation upon which the appeal intends to rely to demonstrate that a procedural or environmental exam -irregularity

DATE APPROVED	DATE LAST REVISED
April 25, 2018	May 25, 2022


 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Examination Appeals Policy	Policy No. EX05.0304
		Page No. 3

or incident of undue bias occurred during the administration of an examination. This includes, but is not limited to, overview documents which present relevant information and facts regarding the irregularity or experienced bias, and eye-witness testimonies.

Undue Bias Means an unfair judgement or opinion of a candidate based on, but not limited to, gender, creed, ethnicity or disability by a College representative, which has a material adverse impact on a candidate's examination performance.

General	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the Ontario Human Rights Code and the College's Examinations Policy and Examination Rules of Conduct.
	Grounds for an Exam Appeal	Exam appeals are limited solely to questions concerning procedural irregularities, environmental irregularities or undue bias which could have affected a candidate's examination performance or the integrity of the examination process.
Exam Appeal	Incident Reporting	Candidates who feel that a procedural or environmental irregularity, or incident related to undue bias occurred and may have affected the results of their examination(s) must fill out an Incident Reporting Form with a College representative, no more than <u>within</u> 48 hours following the <u>completion of the examination sitting</u> . Examiners/invigilators and/or exam staff must also complete an Incident Reporting Form if they are witness to or feel that a procedural or environmental irregularity, or incident related to undue bias, occurred during the examination administration. Incident Reporting forms will be kept on file by the College for reference in case of an appeal.
	Exam Appeal Request	Appeal requests must be made in writing and must: <ul style="list-style-type: none"> outline the procedural or environmental irregularities, or perceived undue bias at issue; note the fact that an Incident Reporting Form was completed, signed and submitted to a College representative within 48 hours of the exam, and; provide facts which demonstrate that the procedural or environmental irregularities and/or undue bias noted had an adverse impact on the candidate's examination performance;
	Timeframes for Submissions	Exam appeals must be received within thirty <u>30</u> calendar days following the release of exam results. The thirty <u>30</u> -day period runs from the date noted <u>issued</u> on the results notice. Appeals received after this period cannot be considered.

DATE APPROVED	DATE LAST REVISED
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 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
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Supporting Documentation Any supporting documentation the candidate wishes to have reviewed must be submitted at the time of submission of the exam appeal request.

Appeal Fee A candidate seeking to appeal an examination shall be charged the examination appeal fee as set out in the by-laws for review of the appeal.

Exam Appeal Review Process

Initial Review Exam appeal requests which, at face value, meet the exam appeal criteria (grounds and supporting documentation) will be ~~submitted~~ **referred** by the CEO or their designate to the Examination Appeals Committee for review. Exam appeal requests which do not meet the College's grounds for an exam appeal, and/or do not follow the procedures and/or requirements of this policy will not be ~~considered~~ **referred to** by the Examination Appeals Committee **for consideration**.

Notification of Appeal Review Within 14 **business** days of the College's receipt of an exam appeal request, the CEO or their designate will notify the candidate in writing with respect to the status of their **exam appeal** request.


If the exam appeal request is ~~refused-not referred~~ by the CEO, the candidate will be notified that the appeal will not be considered by the Examination Appeals Committee **and will set out one of the for one of the** following reasons **for not referring the appeal request**:

- the procedures and/or requirements outlined in this policy were not followed;
- the procedures and/or grounds of the appeal are not based on the circumstances or grounds necessary for a valid appeal; or
- the request to appeal does not possess sufficient information or facts necessary to support those circumstances or grounds.

If the exam appeal request is referred by the CEO to the Examination Appeals Committee, the candidate will be notified of:

- the referral of their exam appeal request to the Examination Appeals Committee;
- the fact that the Examination Appeals Committee possesses the authority to invite other persons to provide, to the Committee, relevant information concerning the circumstantial events on the day of the completion of the examination in question and any other relevant information, including but not limited to submissions provided by the candidate and Incident Reporting Form(s) on file with the College;
- the procedures to be followed at the meeting of the Examination Appeals Committee;
- the timeframe in which a decision will be rendered.

DATE APPROVED	DATE LAST REVISED
April 25, 2018	May 25, 2022

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
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Committee Deliberation

The Examination Appeals Committee will review the following documentation, where available, in deliberating an exam appeal request:

- ~~t~~The Incident Reporting Form(s);
- ~~t~~The candidate's exam appeal letter;
- ~~s~~Statements from the College concerning the examination process relevant to each case and candidate data;
- ~~r~~Reports from examiners, invigilators and/or exam staff;
- ~~a~~Any other material, documentation or information which the Committee determines necessary, relevant and appropriate.

Notification of Outcome

~~Decision outcomes made by the Examination Appeals Committee will be sent to the candidate by email within 60 business days of receipt of the examination appeal request.~~

Exam Violation Decision Appeals

General

Exam violation determinations are made by the CEO, following the process set out in the Examinations Policy. Candidates who are determined by the CEO to have committed an exam violation and who have therefore had a failing grade issued for the exam session of note, may seek to appeal this decision.

Grounds for an Exam Violation Decision Appeal

Exam violation decision appeals are limited solely to questions concerning a procedural irregularity, or undue bias which occurred during the review and disposal of an exam violation allegation which the candidate believes adversely impacted the decision rendered.

Exam Violation Decision Appeal Review Process

Exam Violation Decision Appeal Request

Appeal requests must be made in writing and must:

- outline the procedures that were not followed, or the perceived bias at issue within the exam violation allegation review, and;
- provide facts to support a procedural irregularity or bias having occurred.

Appeal Fee

A candidate seeking to appeal an examination violation decision shall be charged the examination appeal fee as set out in the by-laws for review of the appeal.

Timeframe for Submission


Exam violation decision appeals must be received within 30 calendar days following the date the candidate was issued the CEO's Notice of Exam Violation Allegation Decision letter. Appeals received after this period cannot be considered.

Notification of Appeal Review

Within 14 business days of the College's receipt of an exam violation decision appeal request, the CEO or their designate will notify the candidate in writing with respect to the status of their request.

If the exam violation appeal request is not referred by the CEO, the candidate will be notified that the appeal will not be considered by

DATE APPROVED	DATE LAST REVISED
April 25, 2018	May 25, 2022

 The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Examination Appeals Policy	Policy No. EX05.0304
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the Examination Appeals Committee and will set out one of the following reasons for not referring the appeal request:

- the procedures and/or requirements outlined in this policy were not followed.
- the procedures and/or grounds of the appeal are not based on the circumstances or grounds necessary for a valid appeal, or
- the request to appeal does not possess sufficient information or facts necessary to support those circumstances or grounds.

If the exam violation decision appeal request is referred by the CEO to the Examination Appeals Committee, the candidate will be notified of:

- the fact that the Examination Appeals Committee possesses the authority to invite other persons to provide, to the Committee, relevant information concerning the circumstantial events in question, and any other relevant information, including but not limited to submissions provided by the candidate and Incident Reporting Form(s) on file with the College
- the procedures to be followed at the meeting of the Examination Appeals Committee, and the timeframe in which a decision will be rendered

Committee Deliberation

The Examination Appeals Committee will review the following documentation, where available, in deliberating an exam violation decision appeal request:

- the Exam Incident report and evidence in relation to the exam violation allegation;
- the Notice of Exam Violation Allegation and investigative findings, including the candidate's formal response to the allegation;
- the candidate's appeal letter and supporting documentation.
- statements from the College concerning the examination allegation review and decision process that was followed, and
- any other material, documentation, or information which the Committee determines necessary, relevant, and appropriate.

Exam Appeal & Exam Violation Decision Appeal Outcomes


General

In no instance will a candidate who has failed an examination be deemed to have passed the examination.

Notification of Outcome

Decision outcomes made by the Examination Appeals Committee will be sent to the candidate by email within 60 business days of receipt of the appeal request.

DATE APPROVED	DATE LAST REVISED
April 25, 2018	May 25, 2022

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Appeal Granted

If the Examination Appeals Committee's decision is to grant the ~~exam~~-appeal, the Committee has the authority to make the following decisions:

- ~~To~~ allow the candidate to re-sit the examination without the appealed attempt being counted as one of three permitted attempts, and/or;
- ~~To~~ allow the candidate to re-sit the examination at an adjusted fee.

Appeal Denied

If the Examination Appeals Committee's decision is to deny the ~~exam~~-appeal, no further action will be taken by the Committee on the matter and the candidate will be notified.

~~P:\G-Corp\C.11-Corp Plcy Procdrs\11.04- Professional Practice And Program Policies\11.04.05- Program Policies\Examinations\APPROVED\06.05- Examination Appeals Policy.Docx~~

DATE APPROVED	DATE LAST REVISED
April 25, 2018	May 25, 2022



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2024-2025**

Each year, the Council members are required to complete an annual Conflict of Interest Declaration that identify where real or perceived conflicts of interest may arise.

As set out in the College by-laws, a conflict of interest is:

16.01 Definition

For the purposes of this article, a conflict of interest exists where a reasonable person would conclude that a Council or Committee member’s personal or financial interest may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, and direct or indirect.

Using an Annual Declaration Form, the College canvasses Council members about the potential for conflict in four areas:

- Based on positions to which they are elected or appointed;
- Based on interests or entities that they own or possess;
- Based on interests from which they receive financial compensation or benefit;
- Based on any existing relationships that could compromise their judgement or decision-making.

The following potential conflicts have been declared by the Council members for the period April 1, 2024 to March 31, 2025.

Elected or Appointed Positions

Council Member	Interest	Explanation
Dr. Amy Dobbie, ND	City Councilor (Family Member)	Father is an elected city councilor for the City of Quinte West. Does not believe it is a conflict – made a note of it in case.

Interests or Entities Owned

Council Member	Interest	Explanation
Dr. Brenda Lessard-Rhead, ND (inactive)	Partner of BRB CE Group	I am a partner of the business BRB CE Group, which provides continuing education courses for Naturopathic Doctors, through live conferences as well as online recorded webinars and audio recordings.

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
	None	

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2024-25 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Dr. Felicia Assenza, ND	May 29, 2024	July 9, 2024	None
Dean Catherwood	May 29, 2024	July 8, 2024	None
Dr. Amy Dobbie, ND	May 29, 2024	July 5, 2024	Yes
Brook Dyson	May 29, 2024	July 8, 2024	None
Lisa Fenton	May 29, 2024	July 5, 2024	None
Sarah Griffiths-Savolaine	May 29, 2024		
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 29, 2024	July 5, 2024	Yes
Dr. Denis Marier	May 29, 2024	July 5, 2024	None
Paul Phillion	May 29, 2024	July 5, 2024	None
Dr. Jacob Scheer, ND	May 29, 2024	July 5, 2024	None
Dr. Jordan Sokoloski, ND	May 29, 2024	July 8, 2024	None
Dr. Erin Walsh (Psota), ND	May 29, 2024	July 5, 2024	None

A copy of each Council members' Annual Declaration Form is available here on the [College's website](#).

Updated: July 9, 2024

¹ Each year, the Council begins anew in May at its first Council meeting. This date will typically be the date of the first Council meeting in the cycle unless the individual was elected or appointed.



The College of Naturopaths of Ontario

**Report from the Council Chair
Period of May 1, 2024 to June 30, 2024**

This is the first Chair's Report of six for the current Council cycle and provides information for the period from May 1, 2024 to June 30, 2024.

As I enter the last year of my eligible term as Council Chair, I once again want to thank all of Council for your support. It is an honour to serve as your Chair and I look forward to another year of diligent and conscientious work.

In May, Andrew and I met with the senior leadership team at the OAND and became acquainted with their Chair, Dr. Audrey Sasson, ND. We discussed several items including the upcoming changes to the consultation program. We will meet again in September.

At the end of May, Andrew, Rebecca and I held an orientation session for the new Council members who began their term this cycle. We covered topics such as the mandate of the College, the roles and responsibilities of Council members, our governance model and Council meeting procedures.

Andrew and I continue to correspond regularly and meet at least monthly via Zoom to discuss matters related to governance and strategy. Things continue to be busy and regular communication between us has been valuable.

As always, please don't hesitate to reach out to me should you have any questions or wish to discuss anything related to our work.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
17 July 2024

REGULATORY OPERATIONS REPORT HIGHLIGHTS

This report is provided as of June 30, 2024, and provides data for the period of April 1, 2024, to June 30, 2024 inclusive, the first quarter of the fiscal year. Please note that not every section of the full report is discussed below but only those areas which are believed to be of importance to highlight for the Council.

1.1 Registration

Registrants

As of June 30, 2024, the College had 1722 registrants. Most significant in this reporting period is the number of suspensions and reinstatements in May which is typical for that time of year as the annual renewal cycle has ended.

1.2 Entry-to-Practice

Applications for Registration

Although there have been 19 new applications for registration in the first quarter and 11 that were on-going from the prior year however, 26 certificates were issued this year leaving 4 applications in process.

Referrals to the Registration Committee

In June 2024 there was one referral of an application to the Registration Committee. The committee disposed of that referral and ordered a certificate of registration to be issued.

1.6 Inspection Program

Premises

In the first quarter, nine new premises were registered under the Inspection Program, however, four existing premises were de-registered. Seven new premises, Part I inspections were delivered, and five premises completed Part II of the inspection.

Occurrence Reports

A total of four Type 1 Occurrence reports were received in the first quarter, none of which the Inspection Committee determined required further action. All of the 168 premises filed their annual Type 2 Occurrence Reports.

1.7 Complaints and Reports

Complaint and Reports Data

At the end of the first quarter, six new complaints were received and two new reports initiated, while six files were closed by the ICRC. There were 24 active files at the end of June 2024.

There were no referrals to either the Discipline or Fitness to Practice Committees and there are presently 19 ongoing matters before the ICRC.

Interim Orders

The ICRC did not impose any interim orders in April 2024; however, two such orders remain in place from the prior years.

1.9 Hearings

There are presently two ongoing matters before panels of the Discipline Committee, both are contested hearings that began in the prior fiscal year.

1.10 Regulatory Guidance and Education

Regulatory Guidance

At the end of the first quarter, we have had 186 inquiries, nearly split evenly between telephone and email inquiries. The top three inquiries related to scope of practice, Telepractice and delegation/referrals with honourable mentions for fees/billing and advertising.

Regulatory Education

One Regulatory Education Program session was held in each of May and June. The May session topic was Drugs and Substances with a total of 202 attendees. The June session topic was Regulated Health Professionals and the Patient Pathway for which we welcomed Allison Henry from the Ministry of Health as our presenter. A total of 161 people participated in that session. At the end of the first quarter, 527 people have attended these sessions.

At the end of the quarter, a total of 71 registrations for the recorded sessions had been received.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
July 2024



Report on Regulatory Operations

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.1 Regulatory Activity: Registration														
Registrants (Total)														1938
General Class (Total)														1722
	<i>In Good Standing</i>	8	15	0										1710
	<i>Suspended</i>	-1	-2	0										12
Inactive Class (Total)														188
	<i>In Good Standing</i>	-1	-7	0										177
	<i>Suspended</i>	1	2	0										11
Emergency Class (Total)														0
	<i>In Good Standing</i>	0	0	0										0
	<i>Suspended</i>	0	0	0										0
Life Registrants														28
	<i>In Good Standing</i>	0	0	0										28
	<i>Suspended</i>	0	0	0										0

Changes in Registration Status Processed (Total)														59
Suspensions		21	7	1										29
Resignations		1	0	1										2
Revocations		0	6	0										6
Reinstatements		19	1	1										21
Class Changes (Total)														1
	General Class to Inactive Class	0	0	1										1
	Inactive Class to General Class	0	0	0										0
	Any Class to Life Registrant Status	0	0	0										0
	Emergency Class to General Class	0	0	0										0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD	
Professional Corporations (Total)														127	
	New applications approved	1	0	0										1	
	Resigned/Desolved	0	0	0										0	
	Revoked	0	0	0										0	
PC Renewals in 2024-25															
	Not Yet Renewed in this period														100
	Renewed	7	8	11										26	
	Revoked	0	0	0										0	
	Resigned/Dissolved	0	0	0										0	

1.2 Regulatory Activity: Entry-to-Practise														
Total ETP Applications On-Going														4
	New applications received	15	1	3										19
	Certificates issued	8	16	2										26
Applications Currently before the Registration Committee														0
	New referrals	0	0	1										1
	Decisions Issued	0	0	1										1
Registration Committee Outcomes														1
	Approved	0	0	1										1
	Approved – TCLs	0	0	0										0
	Approved – Exams required	0	0	0										0
	Approved – Education required	0	0	0										0
	Denied	0	0	0										0
Prior Learning and Recognition Program Activities in Process														1
	New applications received	0	0	0										0
	Decisions rendered on applications	0	0	0										0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.3 Regulatory Activity: Examinations														
Examinations Conducted														
Ontario Clinical Sciences Examination														
Exam sittings scheduled		0	0	0										0
Exam sittings held		0	0	0										0
Number of candidates sitting exam		0	0	0										0
Ontario Biomedical Examination														
Exam sittings scheduled		0	0	0										0
Exam sittings held		0	0	0										0
Number of candidates sitting exam		0	0	0										0
Ontario Clinical Practical Examination														
Exam sittings scheduled		0	0	0										0
Exam sittings held		0	0	0										0
Number of candidates sitting exam		0	0	0										0
Ontario Therapeutic Prescribing Examination														
Exam sittings scheduled		1	0	0										1
Exam sittings held		1	0	0										1
Number of candidates sitting exam		47	0	0										47
Ontario Intravenous Infusion Examination														
Exam sittings scheduled		0	1	0										1
Exam sittings held		0	1	0										1
Number of candidates sitting exam		0	19	0										19
Examination Appeals														
Ontario Clinical Sciences Examination Appeals (Total)														0
Appeals Filed		0	0	0										0
Appeals Granted		0	0	0										0
Appeals Denied		0	0	0										0
Ontario Biomedical Examination Appeals (Total)														1
Appeals Filed		1	0	0										1
Appeals Granted		0	0	1										1
Appeals Denied		0	0	0										0
Ontario Clinical Practical Examination Appeals (Total)														0
Appeals Filed		0	0	0										0
Appeals Granted		0	0	0										0
Appeals Denied		0	0	0										0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Ontario Therapeutic Prescribing Examination														0
Appeals Filed		0	0	0										0
Appeals Granted		0	0	0										0
Appeals Denied		0	0	0										0
Ontario Intravenous Infusion Examination Appeals (Total)														0
Appeals Filed		0	0	0										0
Appeals Granted		0	0	0										0
Appeals Denied		0	0	0										0

Exam Questions Developed (Total)														104
CSE questions developed		0	104	0										104
BME questions developed		0	0	0										0

1.4 Regulatory Activity: Patient Relations														
Funding applications														
New applications Received														0
Funding application approved		0	0	0										0
Funding application declined		0	0	0										0
Number of Active Files														1
Funding Provided		\$0	\$1560	400										\$1,960

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)														143
Pool selected by QAC														
Deferred, moved to inactive or retired (removed from		0	-3	-4										-7
Assessments ordered by QAC, i.e. outside of random pool		1	0	0										1
Total Number of Assessment for the Year.														144
Completed (Y-T-D)		1	0	0										1

Quality Assurance Committee Reviews														
Assessments reviewed by Committee														3
Satisfactory Outcome		1	0	0										1
Ordered Outcome (SCERP, TCL, etc.)		2	0	0										2

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
CE Reporting														
Number in group		0	0	0										0
Number received		0	0	0										0
Number of CE Reports with deficiencies		0	0	0										

QAC Referrals to ICRC		0	0	1										1
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1.6 Regulatory Activity: Inspection Program														
Registered Premises (Total Current)														163
Total Registered from prior year (as of May 1)														158
Newly registered		5	2	2										9
De-registered		3	1	0										4

Inspections of Premises														
New Premises														
Part I Completed		4	1	2										7
Part II Completed		1	2	2										5
5-year Anniversary Inspections														
Premises requiring 5-year inspection														17
Completed		0	0	1										1

Inspection Outcomes														
New premises-outcomes (Parts I & II)														
Passed		3	4	3										10
Pass with conditions		4	1	3										8
Failed		0	0	0										0
5-year Anniversary Inspection Outcomes														
Passed		2	0	0										2
Pass with conditions		1	1	0										2
Failed		0	0	0										0

Regulatory Activity	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Type 1 Occurrence Reports (Total Reported)													4
Patient referred to emergency	0	1	1										2
Patient died	0	0	0										0
Emergency drug administered	0	1	1										2
Type 2 Occurrence Reports (Outstanding)													0
Total Reports Required to be filed.	0												168
Reports Received	149	19	0										168
1.7 Regulatory Activity: Complaints and Reports													
Complaints and Reports (Total On-going)													24
Complaints carried forward from prior period(s)													13
Reports carried forward from prior period(s)													5
New Complaints	2	4	0										6
New Reports	0	2	0										2
Matters returned by HPARB	0	0	0										0
Complaints completed	3	1	0										4
Reports completed	1	0	1										2
Files in Alternate Dispute Resolution (In process)													0
ADR Files from Prior Period													1
New files referred to ADR	0	0	0										0
Files resolved at ADR	1	0	0										1
ICRC Outcomes (files may have multiple outcomes)													
Take no further action	0	0	0										0
Letter of Counsel	0	1	0										1
Oral Caution	0	0	0										0
Specified Continuing Education and Remediation	3	0	0										3
Letter of Counsel & SCERP	0	0	0										0
Oral Caution & SCERP	0	0	1										1
Acknowledgement & Undertaking	0	0	0										0
Referral to Fitness to Practise Committee	0	0	0										0
Referral to Discipline Committee	0	0	0										0
Frivolous & Vexatious	0	0	0										0
Resolved through ADR	1	0	0										1
Withdrawn by Complainant	0	0	0										0

Regulatory Activity	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Interim Orders (Currently In Place)													2
Orders issued in prior period													2
New Interim Orders - TCLs Applied	0	0	0										0
New Interim Orders - Suspended	0	0	0										0
Interim Orders Removed	0	0	0										0

Summary of concerns (files may have multiple concerns)													
Advertising/Social Media	0	1	0										1
Billing and Fees	1	0	0										1
Communication	0	0	0										0
Competence/Patient Care	2	2	0										4
Fraud	0	0	0										0
Professional Conduct & behaviour	0	1	0										1
Record Keeping	0	0	0										0
Sexual Abuse/Harassment/Professional Boundaries	0	0	0										0
Delegation	0	0	0										0
Unauthorized Practice/Scope of Practice	0	3	0										3
Failure to comply with an Order	0	0	0										0
Inappropriate/ineffective treatment	0	0	0										0
Conflict of Interest	0	0	0										0
Lab Testing	0	0	0										0
QA Program Compliance	0	0	0										0
Cease & Desist Compliance	0	0	0										0
Failure to Cooperate	0	0	0										0
Practising while Suspended	0	0	0										0
Unprofessional/Unbecoming Conduct	0	0	0										0
Other	0	0	0										0

1.8 Regulatory Activity: Unauthorized Practitioners													
Cease and Desist Letters (Unsigned/Outstanding)													5
Letters Outstanding from Prior Period													3
Letters Issued	2	2											4
Letters signed back by practitioner	1	1											2

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Injunctions from Court														
Injunctions in place from prior year														2
Applications Outstanding from prior year		-1												0
New Applications Filed		0	0	0										0
Applications approved by the Court		1	0	0										1
Applications denied by the Court		0	0	0										0
1.9 Regulatory Activity: Hearings														
Matters Referred by ICRC														
Referrals to the Discipline Committee (Total)														2
Referrals from prior period														2
New referrals		0	0	0										0
Matters concluded		0	0	0										0
Referrals to the Fitness to Practise Committee (Total)														0
Referrals from prior period														0
New referrals		0	0	0										0
Matters concluded		0	0	0										0
Disciplinary Matters														
Pre-hearing conferences														
Outstanding from prior year														0
Scheduled		0	0	0										0
Completed		0	0	0										0
Discipline hearings														
Ongoing from Prior Year														2
Contested hearing completed		0	0	0										0
Uncontested hearings completed		0	0	0										0
Outcomes of Contested Matters														
Findings made		0	0	0										0
No findings made		0	0	0										0
FTP Hearings														
Finding of incapacitated		0	0	0										0
No finding made		0	0	0										0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.10 Regulatory Activity: Regulatory Guidance & Education														
Regulatory Guidance														
Inquiries Received (Total)														186
E-mail		33	39	26										98
Telephone		16	41	31										88
Most Common Topics of Inquiries														
Telepractice		3	11	4										18
Record Keeping		1	7	5										13
Scope of Practice		4	11	8										23
Injections		1	3	3										7
Patient Visits		0	1	0										1
Delegations and Referrals		5	6	4										15
Laboratory Testing		4	3	1										8
Consent and Privacy		5	3	1										9
Conflict of Interest		1	1	2										4
Prescribing		1	0	2										3
Fees and Billing		1	4	9										14
Inspection Program		4	2	3										9
Endorsements		0	1	0										1
Graduates working for NDs		3	3	0										6
Continuing Education		1	2	0										3
Advertising		1	6	7										14
Notifying Patients when Moving		3	1	0										4
Completing Forms and Letters for Patients		1	1	0										2
Registration and CPR		0	4	0										4

Regulatory Education Program														
Live Sessions														
Session Delivered		1	1	1										3
Registrations		252	302	236										790
Attendees		164	202	161										527
Recorded Sessions														
Registrations		16	14	41										71

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.11 Regulatory Activity: HPARB Appeals														
Registration Committee Decisions before HPARB														0
Appeals carried forward from prior period														0
New appeals filed with HPARB		0	0	0										0
Files where HPARB rendered decision		0	0	0										0
HPARB Decisions on RC Matters														
Upheld		0	0	0										0
Returned		0	0	0										0
Overturned		0	0	0										0
ICRC Decisions before HPARB (Total current)														5
Appeals carried forward from prior period														3
New appeals filed with HPARB		2	0	0										2
Files where HPARB rendered decision		0	0	0										0
HPARB Decisions on ICRC Matters														
Upheld		0	0	0										0
Returned		0	0	0										0
Overturned		0	0	0										0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.12 Regulatory Activity: HRT0 Matters														
Matters filed against the College														
Matters in progress from prior period(s)														1
New matters		0	0	0										0
Matters where HRT0 rendered a decision		0	0	0										0
HRT0 Decisions on Matters														
In favour of applicant		0	0	0										0
In favour of College		0	0	0										0

Report on Operations – Final Report

APRIL 1, 2023 TO MARCH 31, 2024

I. INTRODUCTION TO THE OPERATIONAL PLAN FOR 2023-2027

The coming four years of operations will be realigned and re-prioritized to match the Council's new Strategic Plan and Ends Statements. Much of what the College does is set out in the legislative framework governing the College and the profession. These continue to be reflected in this operational plan given the substantial financial and human resources required to meet these obligations.

Unlike the Operational Plan of the last several years, this plan is organized within the strategic objectives and priorities established by the Council. This is intended to allow the Council and the reader to understand which initiatives being undertaken are supporting which objectives and priorities. It is acknowledged that some initiatives may support more than one strategic priority. While this will be noted, the initiatives will be set out only one time and, in the area, where it is identified as the major operational priority.

We will continue to focus on excellence in regulation, ensuring we fulfill our core mandate to protect the public, and oversee the practice of naturopathy. Operations will focus on ensuring we clearly define our goals, evaluate our progress, and success in achieving them. Very specific initiatives have been identified to meet the objectives identified above.

II. STRATEGIC OBJECTIVES AND PRIORITIES OF THE COUNCIL

On January 25, 2023, the Council approved its Strategic Plan and Ends Statements. These are as follows:

Objective 1: The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.

- Related priorities:
1. The College engages its system partners to further their understanding and trust in the College and the profession.
 2. The College engages its Registrants and the public to further their understanding and trust in the College and the profession.
 3. The College relies on a risk-based approach to proactively regulate the profession.

Objective 2: Naturopathic Doctors are trusted because they are effectively regulated.

- Related priorities:
1. Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.
 2. Registrants and the public are aware of and adhere to the standards by which NDs are governed.
 3. Registrants are held accountable for their decisions and actions.
 4. Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care.
 5. The College examines the regulatory model to maximize the public protection benefit to Ontarians.

Each of the priorities has been numbered for ease of reference. The numbers are intended to reflect the order the Council has laid them and are not indicative of priorities within the objectives.

III. PURPOSEFUL ENGAGEMENT OF STAKEHOLDERS

The Council's first of two overall objectives it has established is that the College will engage, through collaboration and education, its stakeholders and will do so with purpose. The stated purpose is to ensure that they understand the role of the College and trust the College to perform its regulatory role. It specifically states:

1. The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.

The following operational activities will be undertaken in support of this objective and its related priorities.

1.1	The College engages its system partners to further their understanding and trust in the College and the profession.
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The College’s systems partners will include the Ministry of Health (MOH), Ontario Association of Naturopathic Doctors (OAND), the Canadian College of Naturopathic Medicine (CCNM), Health Professions Regulators of Ontario (HPRO), and Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). The relationship with each system partner will be unique such that one approach will not fit all. Two activities will be undertaken in support of this priority. The overall focus of this priority is to provide education and collaboration opportunities.

1.1.1	Individualized System Partner Engagement							
The College will engage with each of its system partners on a regularized basis as an opportunity to discuss issues of mutual concern or importance within the regulatory system.			<ul style="list-style-type: none"> • Meetings will be scheduled with each system partner at a frequency and timing that meets the needs of each partner and the College. • The College will oversee the process of scheduling, agenda development, meeting minutes (where agreed upon) and development of meeting highlights to be released for transparency purposes. Each agenda will be focused on education of each stakeholder by each stakeholder and seeking opportunities to collaborate in the broader public interest. 					
Timeframe:	All 4 Planning Years			Responsible:	Chief Executive Officer			
Year-to-date outcomes:	Two meetings with the leadership of the OAND were held this year and four meetings between the OAND/CoNO CEOs have been held. The OAND also joined the College in presenting an <i>In Conversation With</i> on the different roles played by the College and the Association. One meeting was held with the leadership of CCNM. The Ministry of Health joined the College in presenting an <i>In Conversation With</i> session in April 2023 and several informal discussions have been held with the Health Workforce Regulatory Oversight Branch.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

1.1.2	System Partners' Forum	
<p>The College will develop and launch a System Partners' Forum where all system partners will be invited to participate and to focus on issues that are or may be arising (based on risk-based data) in the regulatory system with the intent of developing risk mitigating opportunities.</p>		<ul style="list-style-type: none"> • Meetings will be arranged a minimum of twice per year, with those who wish to attend. • The College will oversee the process of scheduling, agenda development, meeting minutes (where agreed upon) and development of meeting highlights to be released for transparency purposes.
Timeframe:	All 4 Planning Years	Responsible: Chief Executive Officer
Year-to-date outcomes:	The System Partner Forum has been reconfigured to a Working Group. Terms of Reference have been drafted and shared with system partners for feedback.	
Year-to-date rating:	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed <input type="checkbox"/> To be deferred	
Commentary:		

1.2 The College engages its Registrants and the public to further their understanding and trust in the College and the profession.

Although this priority focuses on engagement of both the Registrants of the College and the public, it is intended that this engagement will focus on education and collaboration. There are a number of activities in which the College engages that will fall within this priority; however, many of these can and will be augmented to improve the overall effectiveness and impact that they have.

1.2.1	In Conversation With Program	
<p>The College will continue to deliver its <i>In Conversation With</i> series, a fireside chat concept that engages both the public and Registrants on key issues in regulation. This series will continue to focus on questions posed by attendees to be responsive to the needs of these groups.</p>		<ul style="list-style-type: none"> • A minimum of four ICW events will be offered each year. • Topics will be developed by the College and the sessions, whenever possible, will include a volunteer/staff partnership as a means of allowing the Registrants and public to see themselves involved in these sessions.
Timeframe:	All 4 Planning Years	Responsible: Communications
Year-to-date outcomes:	Five In Conversation With sessions were held on topics relating to how regulation works (April 2023 with the Ministry of Health), the inspection program (June 2023), mandatory reporting (September 2023), the role of the College and the Association (November 2023) and volunteering (March 2024).	

Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

1.2.2	Consultation Program							
<p>The College will continue to engage the public and its Registrants in consultation on key issues and initiatives; however, an augmented process will be introduced that allows the public and the Registrants to hear directly from the College about the intent and outcomes of the regulatory changes under consultation.</p>				<ul style="list-style-type: none"> • The College will release consultation documents on each significant change being proposed to the regulatory framework, albeit regulations, by-laws, Council policies. • Feedback will be sought through written and on-line opportunities. • The College will invite the public and Registrants to attend free information sessions about the consultation topic as an opportunity for the College to provide education and allow participants to gain a fulsome understanding of what is being proposed and to provide meaningful feedback. • The College will establish an on-going mechanism for Registrants and the Public to provide feedback with respect to the tables of permitted drugs and substances within the General Regulation so that the College can ensure that they are accurate and up-to-date and work with the Association to allow it to consider changes that may reflect a change in scope of practice. 				
Timeframe:	All 4 Planning Years				Responsible:	Chief Executive Officer		
Year-to-date outcomes:	Three consultations were completed this year, proposed amendments to the by-laws, proposed amendments to the Registration Policy (Currency) and new data collection requirements.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

1.2.3	Regulatory Education Program (REP)							
<p>The College will develop and launch a new Regulatory Education Program that provides detailed education into regulatory issues and concerns. The REP will be informed both by current issues as well as</p>				<ul style="list-style-type: none"> • A Request for Proposals will be issued annually seeking topic presenters from among the professions. • A minimum of eight sessions will be offered on-line annually at no cost to Registrants. 				

by data derived from the Risk-based Regulation Program of the College.		<ul style="list-style-type: none"> The Quality Assurance Committee will be asked to consider awarding continuing education credits to these sessions as appropriate. 	
Timeframe:	All 4 Planning Years	Responsible:	Chief Executive Officer
Year-to-date outcomes:	<p>Six Regulatory Education Program sessions were developed by the College and delivered in partnership with Registrants of the College. They include:</p> <ul style="list-style-type: none"> - Consent (July 7, 2023) - Scope of Practice (August 14, 2023) - Advertising (September 18, 2023) - Telepractice (October 20, 2023) - Sexual abuse (December 4, 2023) - Complaints & Investigations (March 11, 2024) <p>A slate of eight sessions was planned for the following fiscal year and an announcement made in February 2024.</p>		
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed <input type="checkbox"/> To be deferred
Commentary:	Sessions have been very well received by Registrants, based on evaluations received and overall, the number of attendees has increased steadily over the reporting period.		

1.2.4	On-going Corporate Communications		
The College will maintain a program of outbound communications and messaging to Registrants, public and stakeholders through defined program elements.		<ul style="list-style-type: none"> Registrants and stakeholders of the College will be informed of the College's on-going work and new developments through: <ul style="list-style-type: none"> o The iNformeD e-newsletter; o The Blog and News sections of the College's website; o Accuracy and currency of the College's website; and o The College's social media channels. 	
Timeframe:	All 4 Planning Years	Responsible:	Communications
Year-to-date outcomes:	Twelve editions of iNformeD were published and delivered to all Registrants of the College. The website continued to be updated regularly and monthly posts to the College's social media accounts were also made.		
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed <input type="checkbox"/> To be deferred
Commentary:			

1.3	The College relies on a risk-based approach to proactively regulate the profession.
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Risk-based regulation is intended to alter the regulatory landscape from one that is primarily reactive (complaint and report driven) to one that is pro-active. It is intended to use information and data from the College’s regulatory activities as a means of identifying current and emerging risks to the public and to develop appropriate mechanisms (education, information, research) to mitigate those risks. Research remains conflicted in terms of specific measures that can be used from within the regulatory system; however, it is believed that an overall systemic approach will provide sufficient information to allow risks to be identified and risk mitigation techniques to be deployed.

1.3.1	Risk-based Regulation Program Development						
The College will finalize its Risk-based regulation approach and present the final concept to the Council during the first year of this plan.				<ul style="list-style-type: none"> The plan will be developed and articulated in writing and will include input from system partners, the public and Registrants. The Senior Management Team of the College will present the final plan to the Council no later than March 2024. 			
Timeframe:	2023-2024			Responsible:	Chief Executive Officer		
Year-to-date outcomes:	The Risk-based Regulation Program outline was finalized and delivered to the Council at its March 2024 meeting where it was accepted. Changes to the next Information Return for Registrants were made and implemented in time for the February 2024 release of the annual renewals. A consultation was held on additional data proposed to be collected.						
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred			
Commentary:							

1.3.2	Risk-based Regulation Program Implementation						
The risk-based regulatory approach will be implemented by developing and launching the necessary mechanisms to collect and interpret the data.				<ul style="list-style-type: none"> Data will be collected and assembled in raw form. The data will be presented to system partners for discussion and enunciation of the inherent risks to the public identified. Appropriate mitigation techniques will be identified and delivered. 			
Timeframe:	2024-2027			Responsible:	Chief Executive Officer		
Year-to-date outcomes:	Implementation is not scheduled to occur in this program year.						
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input type="checkbox"/> Completed	<input checked="" type="checkbox"/> To be deferred			
Commentary:							

IV. EFFECTIVE REGULATION LEADS TO TRUST IN THE PROFESSION.

The Council' second of two overall objectives focus on effective regulation of the profession with the intention that the regulation will increase the trust the public has in the profession itself. It specifically states:

2. Naturopathic Doctors are trusted because they are effectively regulated.

Although the Council has identified five priority activities in support of this strategic objective, there are a number of on-going corporate activities that are necessary in order to accomplish “**effective regulation**”. For the College to regulate, it must have:

- A. A functioning Council that operates under the principles of good governance.
- B. A system of Committees that are properly constituted with capable individuals sitting on those committees.
- C. A program that seeks out volunteers, assesses and trains volunteers how to properly perform their duties.
- D. A well instituted human resource program and a human resources plan to ensure that the skills needed to operate the College are available and on a sustained basis.
- E. A financial management system that ensures the College operates within generally accepted accounting principles and is using its financial resources effectively.
- F. A program that supports both transparency and accountability.
- G. The ability and commitment to the oversight requirements placed on the College in the public interest that allow proper and full accounting of the College.

Each of these will be addressed prior to addressing the Council's five priority activities.

2 (A)	Operating under the principles of good governance
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2(A)-1	Quality Decision-making					
The College will operate a program that ensures that the Council is properly equipped to make decisions on policy matters brought before it.		<ul style="list-style-type: none"> • Council will be fully briefed on all major issues and policy matters to be brought before it and Council will receive its materials for meetings in a timely manner. • Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process. • Briefings of Council will include a detailed analysis of the risk, privacy, financial, transparency and public interest considerations of the decisions being considered. 				
Timeframe:	All 4 Planning Years				Responsible:	Chief Executive Officer
Year-to-date outcomes:	<p>The Council has been briefed on all major issues to have arisen thus far this year. Matters addressed include:</p> <ul style="list-style-type: none"> • Committee Appointments • IVIT Exam Blueprint Amendments • National Practical Examinations • By-law Changes • Council Evaluation Process • Registration and Language Proficiency Policies • Educational Briefings – Discipline, Complaints and Reports, Registration, Inspections Processes 					
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred		
Commentary:						

2(A)-2		A Commitment to equity, diversity, inclusion and belonging					
The College will continue its commitment to and integrate the principles of equity, diversity, inclusion and belonging into all of its activities.		<ul style="list-style-type: none"> The Equity, Diversity, Inclusion and Belonging Committee (EDIBC) will complete the development of its equity tool that will be used as a means of evaluating programs, policies, and procedures etc. The Committee will work with the Committees of the Council and the College to provide training on the proper and effective use of the tool. By the completion of the four-year plan, the EDIBC will be disbanded with individual members joining other committees where they can champion the EDIC effort. A new Diversity, Equity, Inclusion and Belonging (DEIB) Working Group will be founded where these committee members can support each other and address any DEIB issues that should arise system wide. 					
Timeframe:	All 4 Planning Years	Estimated cost:	\$3,350	Responsible:	Human Resources		
Year-to-date outcomes:	The Equity, Diversity, Inclusion and Belonging Committee continued to meet during this reporting period and continued the finalized the EDIB Lens Tool to be used by Committees and the College as part of their work. An EDIB Lens Tool Training Module was developed and delivered to the College Committees outlining the purpose and how the tool is to be used. The Committee continues to collect feedback on the Lens Tool to further evolve and improve it.						
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred			
Commentary:							

2 (B) Committees that are properly constituted with capable individuals sitting on those committees.

The College will operate a program to ensure that the College Council and its committees are always properly constituted and therefore able to fulfill their governance obligations.	<ul style="list-style-type: none"> Council elections will be delivered annually in accordance with the by-laws.
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		<ul style="list-style-type: none"> Executive Committee elections will be delivered annually, and supplemental elections held as needed, in accordance with the by-laws and Council policies. Public member appointments will be monitored to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the need to appoint and re-appoint as necessary. 			
The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.		<ul style="list-style-type: none"> The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. Council will be presented a slate of appointments, at minimum annually at its May meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis. 			
Timeframe:	All 4 Planning Years	Estimated cost:	\$193,694	Responsible:	Human Resources
Year-to-date outcomes:	<p>Council elections were initiated in January 2024 for Districts 2, 4 and 6. At the close of nominations, one nomination was received for each district and all three candidates were acclaimed to their positions and assumed their roles in May 2024.</p> <p>The Executive Committee elections (election of officers) were conducted in April/May and concluded with the election at the Council's May 2024 meeting.</p> <p>During this reporting period, the College sought the input of all current volunteers to determine their willingness to continue for the upcoming program year and their areas of interest. Based on this input, a complete list of volunteer appointments was created and presented to the Council at its May 2024 meeting. The Council approved all appointments at that time.</p>				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:					

2 I	Volunteer Recruitment, Assessment and Training program.
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2(C)-1	Recruitment	<p>The College will maintain a comprehensive volunteer program to ensure the involvement of the public and Registrants in regulatory processes.</p>	<ul style="list-style-type: none"> • Recruitment of volunteers from among Registrants and the public will be undertaken on an on-going basis. • A retention program will be implemented that incorporates best practices in retention including regular feedback opportunities from current volunteers and those that may exit the program. • A recognition program for volunteers will be implemented as a means of augmenting the retention of volunteers and recognizing the value that the Council and College places on its human resources. 	
Timeframe:	All 4 Planning Years	Responsible:	Human Resources	
Year-to-date outcomes:	<p>Recruitment needs are maintained up to date on the College’s website. The College is a member with Volunteer Canada to extend applicable volunteer postings and gain valuable research to enhance existing programming. The recruitment process has been more streamlined to expedite the processing of incoming applications. 10 new Peer & Practice Assessors were recruited, trained and incorporated into the Peer & Practice Assessment Program (Can we talk about how many new volunteers joined us and how many existing volunteers continued and the number that expanded their work). Total of 28 volunteers joined the College this year (9 Examiners, 1 Invigilator, 10 Peer & Practice Assessors, 3 PLAR Assessors, 2 Council Members, 4 Item Writer, 2 Committee Members). Three new volunteers joined in various capacities. The College has a total of 160 (28 new and 132 existing) volunteers of which five existing volunteers expanded their roles and one volunteer works both in the field and on a committee.</p>			
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred
2(C)-2	Competency Assessment	<p>The College will fully implement and manage the Council’s Qualifying Program for all volunteers, including those seeking election to Council and appointment to a Council Committee.</p>	<ul style="list-style-type: none"> • A minimum of two orientation sessions will be delivered for potential candidates for election and individuals seeking appointment to Committees to provide an overview of their duties and responsibilities and overall time commitment. • Each volunteer will be required to complete a competency-based self-assessment based on the competencies established by the Council in its Governance Process policies. 	

		<ul style="list-style-type: none"> • Each volunteer will be screened by the Governance Committee to confirm their competency and overall fit with the College’s volunteer program. • The Governance Committee will determine eligibility for election to the Council and make recommendations to the Council for volunteer appointments to committees. 			
Timeframe:	All 4 Planning Years			Responsible:	Human Resources
Year-to-date outcomes:	One new member has been appointed by Council at the September 2023 meeting to a committee that is pending general orientation. Each volunteer is required to complete the full application process, including the competency assessment and all applications that are for Committee appointments are first screened by the Governance Committee. An orientation session for individuals considering seeking a nomination for election to the Council was held in February 2024. One person attended, subsequently ran for election and was acclaimed. The Governance Committee met with a total of four prospective volunteers and accepted three applications which were presented to Council for appointment.				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:					

2(C)-3	Training				
The College will operate a program to ensure that all new and existing Council and Committee members are afforded the necessary training and fulfill their duties.		<ul style="list-style-type: none"> • A minimum of one live training session will be offered annually for new Council and Committee members that sets out their duties and responsibilities surrounding due diligence, public protection and other key matters. • A minimum of one training session bi-annually or as needed for Council and Committee Chairs and Co-Chairs. • All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination. • All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years. 			
Timeframe:	All 4 Planning Years	Estimated cost:	\$13,975	Responsible:	Human Resources

Year-to-date outcomes:	The Council was in receipt of a full day of training of in person training in September 2023 on their duties, responsibilities, public protection, leadership, system partners, finances and risk management. The Council has begun a process of incorporating regular Governance Policy training at each of its meetings. Training for all volunteers was rolled out in October 2023 with CCDI for Unconscious Bias and Fundamentals to EDIB (bi-annual campaign).							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2 (D)	Proper Human Resource Management and a Human Resources Plan.
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2(D)-1	Effective Human Resource Management
The College will manage its human resources in such a way at to recognize the value of its staff and in keeping with best practices for human resource management in the not-for-profit sector.	<ul style="list-style-type: none"> • The College will undertake recruitment of new personnel in a way that first emphasises current staff and is open and transparent. • College staff will be compensated in a manner that reflects the current market value of the positions. • New staff will be provided with the information and tools necessary to the performance of their duties with the College. • Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. • Staff who are leaving the College will be treated with respect and dignity.
College management and staff will work collectively to continue to build and enhance the College “team” as a unified work force and to ensure that the College’s workplace environment is conducive to the team approach.	<ul style="list-style-type: none"> • The College shall take all necessary and prudent steps to ensure that the College workplace environment promotes diversity and inclusivity, and is free from harassment, abuse and discrimination, including annual reviews of the College’s relevant policies and ensuring that proper investigations are conducted when concerns are raised. • The College shall foster a team approach through shared work and social experiences.

The College will provide staff with on-going training to enhance individual and program performance.		<ul style="list-style-type: none"> • The CEO will provide all staff with group training in areas of importance to the College and its regulatory work. • A formal process to support and encourage staff professional development will be established and integrated to the annual performance review process, to enhance their own performance, that of the program areas and as developmental opportunities. • The College shall maintain membership in both the Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies for Regulation (CNAR) and share information from these organizations with staff. • Within the budgetary restrictions, the College will send staff to the CLEAR Annual Education Conference and to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s) and opportunities for future advancement. 			
Timeframe:	All 4 Planning Years			Responsible:	Human Resources
Year-to-date outcomes:	All vacancies are shared with staff internally. Opportunities for career growth and training opportunities are included in annual performance reviews. With COVID restrictions lifted during this reporting period, two staff representatives attended the CLEAR conference, and two staff representatives attended the CNAR conference. The College continues to host bi-monthly staff meetings for information sharing and uses the Teams platform to communicate regularly including an “All staff” chat. Two education sessions were held for staff in reference to the College’s benefit program and RRSP program. A total of four contract staff were hired of which two staff transitioned to full time roles. Three full time staff were hired of which two positions remain. At the end of this reporting period one full time vacancy was under recruitment. College held two social gatherings, the annual holiday party in December and a team building activity in March.				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:					

2(D)-2		Human Resources Plan	
The College will have a Human Resources Plan that ensures the long-term sustainability and stability of the College.		<ul style="list-style-type: none"> • A Human Resources Plan that sets out the current and future plans for staffing of the College is developed and appended to the Operational Plan. • The Plan sets out the evolution of the staffing configuration that aligns with the Council’s strategic plan and the College’s Operational Plan. 	
The Human Resources Plan will be updated annually and attached to the Operational Plan presented to the Council.		<ul style="list-style-type: none"> • Each year as the Operational Plan is updated, the Human Resources Plan is also updated to reflect any changing operations or operational priorities. 	
Timeframe:	All 4 Planning Years	Responsible:	Senior Management Team
Year-to-date outcomes:	A revised Human Resources Plan for 2024-25 and beyond was created in concert with the Operational Plan and budget, and presented to the Council in March 2024 .		
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed
Commentary:	<input type="checkbox"/> To be deferred		

2 (E)	Sound Financial Management.
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2(E)-1		Effective financial management	
The financial resources of the College will be managed in accordance with generally accepted accounting principles and best practices for the not-for-profit sector and will meet all legislative and oversight requirements.		<ul style="list-style-type: none"> • Capital and Operating budgets will be developed for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan. • Unaudited financial statements and the variance report will be provided to Council as part of the next Council meeting as soon as they are finalized and in accordance with the Councils Annual Planning Cycle (GP08). • The annual external audit of the College’s financial status will be supported by the staff. 	
Timeframe:	All 4 Planning Years	Responsible:	Director, Operations

Year-to-date outcomes:	Annual audit for 2022-2023 fiscal year was presented and accepted by the Council at its July 2023. Unaudited financial statements and variance reports were presented to and accepted by Council at regular meetings throughout the year.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2 (F)	Transparency and Accountability
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2(F)-1	Commitment to and Action on the Transparency principles	
	<p>The College will operate a program that supports the transparency principles adopted by the Council and increases transparency of College decision-making wherever possible.</p>	<ul style="list-style-type: none"> • A qualitative Annual Report that provides not only statistical information but also necessary context and trending information, will be developed and released annually. • Audited financial statements and the Auditor’s report will be presented to the Council at its July meeting and included in the Annual Report. • Regular Committee reports will be sought from Committee Chairs and included in the Council Consent Agenda for each Council meeting and Annual Committee reports will be developed by the staff and reviewed by Committee Chairs and presented to the Council in July. • Council and Executive Committee meeting materials will be made publicly available unless redacted in accordance with the Code. As such, <ul style="list-style-type: none"> ○ Council meeting materials will be posted to the website prior to the Council meeting. ○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee Terms of Reference.
Timeframe:	All 4 Planning Years	Responsible: Chief Executive Officer
Year-to-date outcomes:	The Audited Financial Statements and Auditor’s Report were presented to and accepted by the Council at its July 2023 meeting. Regular committee reports are collected and provided to Council within the Consent Agenda	

	<p>materials for each of the six Council meetings in the calendar. The Annual Committee Reports were presented to and accepted by the Council at its July 2023 meeting.</p> <p>All Council meeting materials are published on the College’s website a minimum of one week prior to the date of the Council meeting.</p> <p>The Executive Committee was not required to convene during this reporting period.</p>							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:	-							

2(F)-2	Open Regulatory Process		
<ul style="list-style-type: none"> Regulatory processes and matters of the public interest will be routinely disclosed. 	<ul style="list-style-type: none"> The College will maintain (update regularly) a summary table of active and resolved complaints and inquiries on the website. The College will alert the public to pending discipline hearings including the status of the matter and the notices of hearings. Discipline hearing outcomes will be provided to the public, including posting on the website of Agreed Statements of Facts and Joint Submissions on Penalty and Costs, which are exhibits to hearings, and posting of Decisions and Reasons from panels of the Discipline Committee. 		
Timeframe:	All 4 Planning Years		Responsible: Chief Executive Officer
Year-to-date outcomes:	<p>Summary table of active and resolved complaints is updated monthly (or sooner if change occurs to the status). Discipline hearing information is updated and maintained on the College website and notices of upcoming hearings are posted on the main page of the website and in the College’s various communication tools such as social media, iNformed etc.</p> <p>Decisions of panels of the Discipline Committee are published on the College’s website.</p> <p>The College launched a new feature on its home page of the website alerting the public to new Suspensions, Revocations, Resignations, and Reinstatements by any Committee of the College and for administrative reasons.</p>		

	The home page was also updated to include a quick link to the “How to File a Complaint” information and to the Table of complaints.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2(F)-3	Council Oversight Responsibilities							
The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.				<ul style="list-style-type: none"> The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public. The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such, <ul style="list-style-type: none"> A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting. A year-end report based on the work set out in the Operational Plan (including Part 1) will be presented to the Council at its July meeting. 				
Timeframe:	All 4 Planning Years			Responsible:	Chief Executive Officer			
Year-to-date outcomes:	The year-end Report for the period April 1, 2022, to March 31, 2023, was filed with and accepted by the Council at its July 2023 meeting. For the current reporting period, Regulatory Operations Reports have been presented at each of the six Council meetings in this cycle. The mid-year report for this period was presented in November 2023 and accepted by the Council.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2(F)-4	CEO Annual Assessment						
The College will operate a program to ensure that the Council can properly assess the performance of the CEO.				<ul style="list-style-type: none"> Council will undertake a performance review of the CEO on an annual basis in accordance with its policies. A such, the Council will be provided with the necessary materials to undertake the 			

		review, which is based on the goals and development plan set by the CEO and approved by the Council.				
Timeframe:	All 4 Planning Years				Responsible:	Council
Year-to-date outcomes:	<p>The annual review of the CEO was presented by the CEO Review Panel at its July 2023 Council meeting and signed off by both parties in August 2023.</p> <p>A new CEO Panel was created in November 2023 to perform the upcoming CEO evaluation for 2023-2024. A meeting was held in March 2024 to approve the CEO's Priority Projects and Developmental Plan for 2024-2025.</p>					
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred		
Commentary:						

2(F)-5	Council Self-Assessment					
The College will operate a program to ensure that the Council can properly assess, its own performance, the performance of its committees and individual Council and Committee members.		<ul style="list-style-type: none"> The Council will undertake a performance review of itself, the Committees and individual Council and Committee members through an independent and neutral third party. The review will be initiated no later than April and completed by the end of July. 				
Timeframe:	All 4 Planning Years				Responsible:	Chief Executive Officer
Year-to-date outcomes:	<p>The Council self assessment process for the prior year was initiated in May 2023 and concluded by the end of July 2023. Subsequently, the consultancy presented the reports to each of the Committees and to Council. Individual one-on-one meetings to discuss results were extended into August and September.</p> <p>Three-year contract has been renewed with Satori Consulting at the end of March 2024.</p>					
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred		
Commentary:						

2(F)-6	Council Risk Assessment					
The College will operate a program that identifies and mitigates risks to the Council and the College.		<ul style="list-style-type: none"> The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organization, including directors and officer's liability insurance, commercial general 				

		liability insurance and property insurance. These policies will be reviewed bi-annually. <ul style="list-style-type: none"> • The College will institute and manage an Enterprise Risk Management (ERM) Program and will support the Council’s Risk Committee to ensure the Council is aware of the risks facing the College and processes instituted to mitigate those risks. • The ERM assessment will be updated annually. 			
Timeframe:	All 4 Planning Years			Responsible:	Chief Executive Officer
Year-to-date outcomes:	<p>Council and committee’s annual performance reviews have been facilitated by Satori Consulting and results have been shared with the Council and committees.</p> <p>All insurance policies have been aligned to renew at the same time. Insurance policies have all been renewed in July 2023.</p> <p>The Enterprise Risk Management program has not been fully operationalized at this time. A total of nine risk registries have been developed including: Governance, Human Resources, Finance and Statutory Obligations. All identified risks are now being classified into a risk occurrence matrix to measure the likelihood and consequence of each indicator. This mapping is currently in progress and there are three out of nine registries left to complete. All nine completed registries will then be mapped into one organizational wide enterprise risk management program.</p>				
Year-to-date rating:	<input type="checkbox"/> Not started	<input checked="" type="checkbox"/> In progress	<input type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:					

2 (G)	Commitment to oversight requirements.			
2(G)-1	HPARB Appeals			
The College will operate a program in support of the Health Professions Review and Appeal Board (HPARB) appeals process for appeals of decisions of the Registration Committee (RC) and for appeals of decisions of the Inquiries, Complaints and Reports Committee (ICRC).		<ul style="list-style-type: none"> • College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving notification of an appeal. • Legal Counsel for the College will be notified and provided copies of all materials provided to HPARB. 		

		<ul style="list-style-type: none"> • Staff will attend conferences and hearings in defence of RC decisions rendered and as a resource to HPARB in matters of appeals of ICRC decisions. • HPARB decisions will be reported to the Committees and the Council, and any matters returned by HPARB will be brought to the appropriate committee on an expedited basis. 			
Timeframe:	All 4 Planning Years			Responsible:	Deputy CEO
Year-to-date outcomes:	College staff provide all information to HPARB regarding appeals and staff attend all appeal hearings as a resource.				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:					

2(G)-2	HRTO Matters				
The College will operate a program that allows it to respond to matters filed with the Human Rights Tribunal of Ontario (HRTO).		<ul style="list-style-type: none"> • All notices received by the HRTO will be provided to Legal Counsel of the College. • College staff will support Legal Counsel by providing all necessary information to allow for a proper defence to be mounted. • College senior staff will participate in all conferences and hearings of the HRTO. • All outcomes of the HRTO will be reported to the Council and any impacted Committees. 			
Timeframe:	All 4 Planning Years	Estimated cost:			Responsible: Chief Executive Officer
Year-to-date outcomes:	One matter continues in progress with the HRTO. A case conference was held in March 2024				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:					

2(G)-3	College Performance Measure Framework				
The College will support the work of the Ministry of Health in its oversight capacity through the College Performance Measure Framework (CPMF) .		<ul style="list-style-type: none"> • The College will assemble the necessary quantitative and qualitative data for the CPMF between January and March annually. 			

		<ul style="list-style-type: none"> The College's draft submission will be presented to Council in March annually. Once approved, the report will be submitted to the Ministry. The Ministry's summary of all College reports will be reviewed to identify best practices which this College may adopt in the future. 			
Timeframe:	All 4 Planning Years			Responsible:	Senior Management Team
Year-to-date outcomes:	The CMPF Report was assembled in March 2024, presented to and accepted by Council at its March 2024 meeting. The Report was filed with the Ministry by the March 31, 2024, deadline.				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:	.				

2(G)-4	Fair Registration Practices				
The College will support the work of the Office of the Fairness Commissioner (OFC) in its effort to ensure that registration practices of regulatory authorities are fair, objective, impartial and transparent.		<ul style="list-style-type: none"> The College will submit the annual Fair Registration Practices report on the schedule set by the OFC and will make such reports publicly available. The College will engage the OFC in support of its registration practices assessment conducted approximately every three years. 			
The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in conjunction with their Risk-informed Compliance Framework, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.		<ul style="list-style-type: none"> The College will seek to implement any additional recommendations resulting from further OFC assessments, changes to OFC fair registration practices or fair access requirements, or Ministry feedback in relation to the CPMF reporting. 			
Timeframe:	All 4 Planning Years			Responsible:	Director, Registration
Year-to-date outcomes:	The College's 2023 report was submitted by the OFC's June 12, 2024, deadline.				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:					

The following operational activities will be undertaken in support of the Council's second strategic objective and the five strategic priorities it has identified.

2.1	Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.
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2.1.1	Examinations	
	<p>The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from Council on Naturopathic Medical Education (CNME)-accredited programs and PLAR applicants seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.</p>	<ul style="list-style-type: none"> • The College will deliver three (3) sittings of the Clinical (Practical) examinations annually. • The College will deliver two (2) sittings of the written Clinical Sciences examination annually. • The College will deliver two (2) sittings of the written Biomedical examination annually. • The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. • The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually. • The Ontario Jurisprudence exam will be available online.
	<p>All College examinations will be maintained through an examination question development and retirement program.</p>	<ul style="list-style-type: none"> • A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP) for each of the BME and CSE exams. • 25% of the questions and cases used in the Clinical (Practical) Exams will be reviewed annually.
Timeframe:	All 4 Planning Years	Estimated cost: \$319,283
Responsible:	Director, Examinations	
Year-to-date outcomes:	<p>Three sittings of the Ontario Clinical Practical Exam were held during the year with a total of 107 candidates sitting the exam. Two of each of the Ontario Clinical Sciences Exam, Ontario Biomedical Exam, Therapeutic Prescribing Exam and IVIT Exam were also held. The number of candidates were 112, 112, 91 and 44 respectively. The Jurisprudence Exam was made available on-line throughout the year. A total of 93 new examination questions were written in this period.</p>	
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress
	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred
Commentary:		

2.1.2	Entry-to-Practice	<p>The College will operate an Entry-to-Practise program that enables new graduates, Prior Learning Assessment and Recognition (PLAR) applicants, and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.</p> <ul style="list-style-type: none"> • An application for registration process with the College will be maintained. • All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met. • Applicants that meet the requirements will be provided a Certificate of Registration. • Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and Registrants as soon as they are approved by the Committee. • Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.
<p>The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalent under the Prior Learning Assessment and Recognition Program (PLAR) to that of an individual who has graduated from a CNME-accredited program.</p>	<ul style="list-style-type: none"> • A process for evaluating individuals under the Council’s PLAR policy will be maintained and applicants for assessment will be processed in accordance with that policy. • Current information about the PLAR process will be made publicly available by the College. • PLAR Assessors will be recruited and provided training and related tools to the assessment process. • Successful PLAR applicants will be invited to sit the Clinical (Practical) examinations and the Ontario Jurisprudence examination, and to make an application for registration under the Entry-to-Practise program. 	

The final demonstration-based, OSCE-type component (“Interaction with a Simulated Patient”) of the PLAR program will be developed and implemented.		<ul style="list-style-type: none"> The “Interaction with a Simulated Patient” (ISP) component of the PLAR program will be operationalized: <ul style="list-style-type: none"> Three cases will be beta tested and finalized for use as part of the PLAR process. Associated staff and recruited demonstration-based assessors will be trained on the administration of the ISP. 			
Timeframe:	All 4 Planning Years			Responsible:	Director, Registration
Year-to-date outcomes:	<p>In the past year, 81 new applications were received and 21 were in progress from the prior year. A total of 84 certificates of registration were issued in this year. A total of 8 referrals were made to the Registration Committee, all of which were reviewed with 7 certificates issued and the 8th issued after additional education was completed. No new PLAR applications were received in this period and one application from the prior year was completed in this reporting year.</p> <p>Beta testing for the ISP component of the PLAR program has not been started. The PLAR Committee is presently undertaking a review of the PLAR program (initial discussion October 2023) and policy, with a focus on the demonstration-based components. Recommendations for any proposed changes are anticipated to be presented to the Registration Committee for review and discussion in early 2024.</p>				
Year-to-date rating:	<input type="checkbox"/> Not started	<input checked="" type="checkbox"/> In progress	<input type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:	A PLAR working group session to discuss potential changes to the demonstration-based components of the PLAR program has been scheduled for July 18, 2024. Proposed policy changes are anticipated to be brought forward to the Registration Committee for review and approval prior to the end of the 2024-25 fiscal year.				

2.2	Registrants and the public are aware of and adhere to the standards by which NDs are governed.
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2.2.1	Inspection Program
The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the <i>Naturopathy Act, 2007</i> to regulate premises in which IVIT procedures are performed.	<ul style="list-style-type: none"> The College will maintain a process for new IVIT premises to become registered with the College and for registering of the designated registrant and other personnel operating from the premises and for existing premises to maintain their information with the College.

		<ul style="list-style-type: none"> • The College will maintain a process for the inspection of new premises as well as a process for the subsequent re-inspection of premises every five years. • Fees for new premises registered and inspections will be levied and collected. • A pool of qualified and trained inspectors will be maintained. • Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC) to appoint an Investigator and a Cease & Desist letter is sent to the Registrant. • Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the Committee by preparing materials for review, drafting decisions & Inspection Reports on files for review and approval of the Committee. Decisions of the Inspection Committee will be provided to the designated Registrant as soon as they are approved by the Committee. • The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. • Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee requires further action by the reporting Registrant, they will be contacted by staff. • Type 2 occurrence report forms will be collected annually, analyzed and reported to the Committee and Council. 			
Timeframe:	All 4 Planning Years	Estimated cost:	\$65,000	Responsible:	Deputy CEO
Year-to-date outcomes:	A total of 19 new premises were registered in this year and 11 existing premises were de-registered. There were 156 registered premises at the end of the year. A total of 17 new premises inspections were completed and 32 Five-year Anniversary Inspections were completed. All inspections resulted in either a pass or pass with conditions. A total of 19 Type 1 occurrence reports were filed, 15 of which were due to a patient referred to				

	emergency within five days of the administration of IVIT. One patient was reported to have passed away within 5 days of the administration of IVIT; however, the patient's illness was terminal, and the death was not unexpected. All premises provided the requisite Type 2 occurrence report data.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2.2.2	Standards Program							
<p>The College will operate a program to develop and maintain the Standards of Practise of the profession and any related policies and guidelines.</p> <p>Standards and guidelines will be reviewed by the Standards Committee (SC) to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.</p>				<ul style="list-style-type: none"> • College staff will support the SC as it initiates reviews of any or all of the Core Competencies, Code of Ethics and Standards and Guidelines. • Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. • Where the SC makes amendments to any of the standards, guidelines or policies, staff will update the materials and release them publicly. • Staff will also maintain a program of alerting Registrants of any changes to the standards. 				
Timeframe:	All 4 Planning Years			Responsible:	Deputy CEO			
Year-to-date outcomes:	The Standards Committee finalized proposed amendments to 19 standards of practice. The Committee initiated an informal internal consultation with College Committees seeking their initial feedback on the proposed amendments. A fulsome public consultation will be launched in the upcoming fiscal year.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2.2.3	Regulatory Guidance Program						
<p>The College will operate a Regulatory Guidance program that will respond to Registrants' questions and provide information, whenever possible, and guide the profession to the resources available to it.</p>				<ul style="list-style-type: none"> • Email and telephone inquiries will be responded to by the Regulatory Education Specialist. • Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council. 			
Timeframe:	All 4 Planning Years			Responsible:	Deputy CEO		

Year-to-date outcomes:	A total of 604 inquiries were received in this reporting period, 351 of which were by email. All were addressed. A summary of the number and nature of inquiries was provided to the Council through the Regulatory Operations Report.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2.3	Registrants are held accountable for their decisions and actions.
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2.3.1	Registration of Individuals and Corporations	
The College will operate a Registration program that enables naturopaths registered with the College to maintain their status with the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.	<ul style="list-style-type: none"> • A registration renewal process will be conducted annually, in accordance with the by-laws that will enable all Registrants to update their information with the College and pay their annual registration fees. • Class change applications will be processed by the College with those requiring a review by the RC being presented to the Committee with the information needed for decisions and with Decision & Reasons drafted based on Committee discussions, approved by the Committee, and provided to the Registrant. • The public registers will be maintained in accordance with the Code, regulations, and by-laws. 	
The College will ensure that Registrants maintain their CPR and PLI status as required under the by-laws.	<ul style="list-style-type: none"> • The College will monitor individual compliance with the requirements for a cardiopulmonary resuscitation certification and for carrying the necessary amounts of professional liability insurance. • Regular follow up with Registrants whose CPR and/or PLI will expire will be undertaken. • Registrants who are not in compliance with these requirements will be provided notices and/or suspended in accordance with the Registration Regulation and the Code. 	
The College will operate a program that allows Registrants to obtain Certificates of Authorization for professional corporations that they wish to establish.	<ul style="list-style-type: none"> • A process for Registrants to apply for a Certificate of Authorization for a professional corporation will be maintained. 	

		<ul style="list-style-type: none"> • Applications will be reviewed, and decisions will be provided to Registrants. • New corporations will be added to the Corporations register of the College website. • A process for annual renewals of Certificates of Authorization will be maintained ensuring that all professional corporations are properly authorized. 			
Timeframe:	All 4 Planning Years	Estimated cost:	\$21,000	Responsible:	Director, Registration
Year-to-date outcomes:	<p>The annual renewal process for 2024 was completed on March 31, 2024, with a return rate of 98% (meeting the deadline). During the reporting period, 18 suspensions were instituted, 14 reinstatements, 23 resignations and 11 revocations were completed.</p> <p>At the end of the year, there were 130 professional corporations with a certificate of authorization, 17 of these were new in that year, 110 were renewed, two were revoked and one was dissolved.</p>				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	
Commentary:					

2.3.2	Patient Relations Program				
<p>The College will operate a Patient Relations Program as set out in the <i>Regulated Health Professions Act, 1991</i>. Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.</p>		<ul style="list-style-type: none"> • A Patient relations program will be maintained. • Current information (handbooks) for Registrants and Patients will be maintained and made publicly available. • A process for applying for funding for counselling will be maintained in accordance with the Code. • Applications for funding will be presented to the Patient Relations Committee (PRC) at the next available meeting and decisions will be communicated to applicants. 			
Timeframe:	All 4 Planning Years	Estimated cost:	\$10,500	Responsible:	Deputy CEO
Year-to-date outcomes:	<p>Patient Relations information including guides and resources are maintained on the College's website. There was one active funding file during the reporting period and a total of \$5,080 in funding for counselling and therapy was provided.</p>				
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred	

Commentary:	
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2.3.3		Complaints & Reports	
<p>The College will operate a Complaints and Reports program to receive information and complaints about Registrants of the profession and to fulfil its obligations to investigate the matters in accordance with the <i>Regulated Health Professions Act, 1991</i> through the Inquiries, Complaints and Reports Committee (ICRC).</p>		<ul style="list-style-type: none"> • Complaints received by the College will be processed in accordance with the Code. As such, <ul style="list-style-type: none"> ○ Concerns relating to professional misconduct or incompetence brought to the College’s attention will be referred to the CEO for consideration of initiating a request for investigation, ○ Complaint and report files will be presented for the consideration and screening by the ICRC, ○ Complaints and Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decisions is reported to the Deputy CEO, ○ The status and summary of active and closed complaints and reports are regularly updated and maintained on the College’s website, and ○ Program information will be maintained on the College’s website. 	
Timeframe:	All 4 Planning Years	Estimated cost:	
Responsible:	Deputy CEO		
Year-to-date outcomes:	A total of 18 complaints and reports files were on-going from the prior year and 21 new complaints and reports were received. The ICRC completed 21 files in the reporting period.		
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed
Commentary:	<input type="checkbox"/> To be deferred		

2.3.4		Cease & Desist	
<p>The College will operate an Unauthorized Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to Registrants who are breaching the standards of practice in a manner that presents a risk of public harm.</p>		<ul style="list-style-type: none"> • C&D letters are drafted and sent to the individual via Process Server, where applicable. • Names of unauthorized practitioners are posted on the Register of Unauthorized Practitioners on the College’s website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorized Practitioners. 	

		<ul style="list-style-type: none"> Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. Information about unauthorized practitioners who fail to sign a confirmation is provided to the Deputy CEO. Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice. 					
Timeframe:	All 4 Planning Years					Responsible:	Deputy CEO
Year-to-date outcomes:	A total of six Cease and Desist letters were sought and an injunction was sought on one matter. That was subsequently approved by the courts.						
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred			
Commentary:							

2.3.5	Alternative Dispute Resolution Program						
The College will operate an Alternative Dispute Resolution Program (ADR) to ensure that matters that meet the eligibility criteria and are agreed to by both the Complainant and Registrant are properly resolved in accordance with section 25 of the RHPA and the program policies.		<ul style="list-style-type: none"> Complaints received by the College will be reviewed by College staff for ADR eligibility. An independent College approved Mediator is appointed for each eligible ADR matter. A matter referred to ADR by the CEO must be completed and submitted for ratification within a maximum of 120 days of the referral. 					
Timeframe:	All 4 Planning Years					Responsible:	Deputy CEO
Year-to-date outcomes:	All complaints are reviewed for ADR eligibility. Where a matter meets the criteria, the parties are contacted and provided information about ADR and asked if they would like to proceed down this avenue. One file was referred to ADR and a resolution was reached and approved by the ICRC.						
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred			
Commentary:							

2.3.6	Prosecution through Hearings	
	<p>The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee (ICRC) are properly adjudicated.</p>	<ul style="list-style-type: none"> • Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. • Information for disclosure is provided to the CEO/Legal Counsel. • Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of Legal Counsel, as prosecution. • The College will facilitate the Chair’s selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for hearings of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC. • Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.
	<p>As a corollary, the College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies.</p>	<ul style="list-style-type: none"> • ILC will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee.

		<ul style="list-style-type: none"> Full committee meetings will be facilitated by the staff as directed by the Chair, including making necessary arrangements with ILC for training. 	
Timeframe:	All 4 Planning Years	Estimated cost:	\$342,945
Responsible:	Chief Executive Officer		
Year-to-date outcomes:	No new matters were referred by the ICRC to the Discipline Committee. Of the three matters that had previously been referred, a hearing was concluded on one matter that resulted in a finding of professional misconduct (sexually abusing the patient) and the Registrant's certificate of registration was revoked. The two remaining matters were contested hearings, and six hearing days were held for each matter.		
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed
Commentary:	<input type="checkbox"/> To be deferred		

2.4 Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care.

2.4.1	Quality Assurance Program
<p>The College will operate a Quality Assurance (QA) Program as set out in the <i>Regulated Health Professions Act, 1991</i> and the Quality Assurance Regulation made under the <i>Naturopathy Act, 2007</i>.</p>	<ul style="list-style-type: none"> Annual Registrant self-assessment <ul style="list-style-type: none"> Review renewals to ensure all Registrants have completed their annual self-assessment, follow up with those who do not. Continuing Education (CE) Reporting, in three groups, one group each year <ul style="list-style-type: none"> The reporting group will be tracked, and CE reports analyzed. Follow up with those not received. Those not meeting requirements are presented to the Quality Assurance Committee (QAC) for review and further follow up. Peer & Practise Assessment program <ul style="list-style-type: none"> QAC determines number of assessments to be completed and details of standards to be reviewed. Registrants are randomly selected and undergo assessment by a peer.

				<ul style="list-style-type: none"> ○ Follow up with those who do not complete it or where issues are raised. ● CE course approval program <ul style="list-style-type: none"> ○ Applications for CE credits are presented to the QAC for review and approval. ○ List of approved courses is maintained on the website.
Timeframe:	All 4 Planning Years			Responsible: Deputy CEO
Year-to-date outcomes:	A total of 90 Peer & Practise Assessments were completed during the reporting period with five outstanding (to be completed the next period). The Quality Assurance Committee was asked to consider 11 registrants referred, of which nine were deemed satisfactory and two resulted in an ordered outcome (SCERP, TCL etc.). A total of 464 registrants were required to report on their CE and all were completed. All Registrants in the general class of registration completed the required online annual self-assessment.			
Year-to-date rating:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> To be deferred
Commentary:				

2.4.2	Currency Hour Audits			
	The College’s Registration program will establish and maintain a process for auditing the currency hours of Registrants to ensure that they meet the requirements as set out in section 6 of the Registration Regulation or appropriate steps are taken to mitigate the potential risk to patients.			<ul style="list-style-type: none"> ● Currency hour reporting cycles are tracked, and annually declared currency hours will be analyzed. ● Notices will be sent to General Class Registrants to alert them to their three-year currency cycle and accrued hours, starting in year one of their reporting cycle. ● Annual currency hour audits will be conducted of those Registrants who have completed their three-year currency cycle. ● Those not meeting requirements will be provided with options as set out in the Registration Regulation and Registration policy for addressing currency hour deficiencies.
Timeframe:	All 4 Planning Years			Responsible: Director, Registration
Year-to-date outcomes:	An audit of currency hours for the period 2020-2022 was completed in May 2023; the audit of practise hours for the period 2021-2023 will be initiated in April 2024.			
	Reference and information documents, e.g., the Information Return Guide, are presently being updated to assist Registrants in better understanding reporting requirements including calculating, allocating and reporting their			

	practise hours to the College. Further refinements to these documents are anticipated following conclusion of the Currency consultation currently underway and Council’s review of proposed amendments to the Registration Policy early in the new year.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2.5	The College examines the regulatory model to maximize the public protection benefit to Ontarians.
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2.5.1	Registration Regulation and Related Policies
<p>In consultation with the Registration Committee, the College will undertake a comprehensive review of the structure and provisions of the Registration Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p>	<ul style="list-style-type: none"> • The College will consider the current classes of registration to determine if there is an alternative approach that might improve public protection and reduce the regulatory burden on Registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation. • The College will consider the current structure of the entry-to-practice (ETP) examinations to determine whether there may be opportunities to streamline the examinations and improve timeliness of access to the profession. • The College will consider whether all of the current ETP requirements surrounding acupuncture and naturopathic manipulation should remain or whether an alternative post-certification approach, such as rostering, may be beneficial to public protection and access to the profession. • The College will consider whether a specialization program might be warranted and in the public interest. • The College will consider current requirements set out in by-laws and standards that might more appropriately be incorporated into the Registration Regulation to improve enforcement opportunities in the public interest. • The Registration Committee, with the support of and training from the EDIBC, will apply the EDIB tool to the regulation and

		make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.						
Timeframe:	2023-2024					Responsible:	Chief Executive Officer	
Year-to-date outcomes:	Work was completed to include policy provisions and operationalize the Emergency class certificate of registration in accordance with amendments made to the Registration Regulation (August 2023). Regulation amendments also included the adding of CPR to the terms and conditions of every General class certificate of registration in the interest of public protection.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2.5.2	General Regulation and Related Policies							
In consultation with the Committees, the College will undertake a comprehensive review of the structure and provisions of the General Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.				<ul style="list-style-type: none"> The Committees and staff of the College, with the support of and training from the EDIBC, will apply the EDIB tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 				
Timeframe:	All 4 Planning Years				Responsible:	Chief Executive Officer		
Year-to-date outcomes:	No activity scheduled in this reporting period.							
Year-to-date rating:	<input checked="" type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2.5.3	Professional Misconduct Regulation and Related Policies						
In consultation with the Inquiries, Complaints and Reports Committee, the College will undertake a comprehensive review of the structure and provisions of the Professional Misconduct Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might				<ul style="list-style-type: none"> The College will consider whether retaining the prohibition on the use of testimonials is in keeping with modern approaches to regulation or whether it might be restructured or removed. The College will consider whether a program of specialization is recommended in other reviews and therefore whether changes to the Professional Misconduct Regulation might be warranted. 			

reduce the overall reporting burden and “red tape” embodied in the regulation will be included.		<ul style="list-style-type: none"> • The College will consider whether a breach of by-laws should be included as a defined act of professional misconduct. • The ICRC and staff, with the support of and training from the EDIBC, will apply the EDIB tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 						
Timeframe:	2024-2025					Responsible:	Chief Executive Officer	
Year-to-date outcomes:	No activity scheduled in this reporting period.							
Year-to-date rating:	<input checked="" type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:	This matter will be undertaken in later years covered by the Strategic Plan.							

2.5.4	Quality Assurance Regulation and Related Policies							
In consultation with the Quality Assurance Committee, the College will undertake a comprehensive review of the structure and provisions of the Quality Assurance Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.		<ul style="list-style-type: none"> • The College will consider whether the structure of the Committee as mandated in the Regulation is appropriate and in the public interest. • The College will consider whether provisions mandating participating in a College developed program for Registrant portfolios is required or recommended. • The Quality Assurance Committee, with the support of and training from the EDIC, will apply the EDIB tool to the regulation and make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 						
Timeframe:	2025-2026					Responsible:	Chief Executive Officer	
Year-to-date outcomes:	No activity scheduled in this reporting period.							
Year-to-date rating:	<input checked="" type="checkbox"/>	Not started	<input type="checkbox"/>	In progress		Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2.5.5	Standards Review							
<p>In consultation with the Standards Committee, the College will undertake a comprehensive review of the structure and provisions of the standards and related policies and in the context of other recommendations made under this priority activity and will make recommendations to the Council on any changes necessary. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p>				<ul style="list-style-type: none"> The College will consider whether any commensurate amendments to the standards are necessary based on the proposed changes set out under the other area of this priority activity. The Standards Committee, with the support of and training from the EDIBC, will apply the EDIB tool to the standards and make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 				
Timeframe:	All 4 Planning Years			Responsible:		Deputy CEO		
Year-to-date outcomes:	No activity scheduled in this reporting period.							
Year-to-date rating:	<input checked="" type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:								

2.5.6	By-laws Review							
<p>In consultation with the committee, the College will undertake a comprehensive review of the structure and provisions of by-laws in light of other recommendations made under this priority activity and will make recommendations to the Council on any changes that may be necessary. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p>				<ul style="list-style-type: none"> The College will consider whether any commensurate amendments to the by-laws are necessary based on the proposed changes set out under the other area of this priority activity. The staff of the College, with the support of and training from the EDIBC, will apply the EDIB tool to the by-laws and make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 				
Timeframe:	All 4 Planning Years			Responsible:		Chief Executive Officer		
Year-to-date outcomes:	The first round of by-law amendments, relating to the Emergency Class of Registration, were brought forward to Council and approved at its November 2023 meeting.							
Year-to-date rating:	<input type="checkbox"/>	Not started	<input type="checkbox"/>	In progress	<input checked="" type="checkbox"/>	Completed	<input type="checkbox"/>	To be deferred
Commentary:	As other regulations and policies are reviewed in the coming years, further changes may be necessary.							



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.

The Committee also discussed the process of how the Committee would be engaging Council in policy reviews in the future. Subsequently, the Committee Chair attended the November, January and March Council meetings to lead the detailed review of the Ends (E) and Council-CEO Linkage (CCL), Governance Process (GP Part I) and Governance Process (GP Part II) policies, respectively.

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

AUDIT COMMITTEE REPORT FOR THE FISCAL YEAR 2023-2024

The Audit Committee consists of the following individuals:

Brook Dyson (Chair), Council Member
Dr. Jamuna Kailash (Kai), ND
Dr. Jennifer Del Bel Belluz, ND
Dr. John Gabriel Pesengco, ND
Dr. Kinga Babicki-Farrugia, ND
Paul Phillion, Council Member
Shawn Bausch

The audit for fiscal year April 1, 2023 – March 31, 2024, was completed remotely by Kriens-Larose, LLP. The Auditor's Report, Draft Financial Statements and adjusting entries were reviewed by the Committee at its video conference meeting held on July 18, 2024. This meeting included the attendance of the College's third-party accounting firm Kriens-LaRose, Thomas Kriens, Auditor, who presented the report to the Committee along with the Draft Financial statements. Agnes Kupny, Director of Operations, Thusha Pirabakaran, Finance Coordinator and Monika Zingaro, Human Resources and Administration Coordinator, were also in attendance.

The following items were discussed during the review of the audit materials:

- The auditor did not find any major issues or serious difficulties through the process of the audit and confirmed that the financial statements year over year have remained consistent
- The auditor stated that there was no unusual activity and that the audit process was smooth between the Auditor, staff and management
- The audit process uses 3% materiality, which for the College is equivalent to \$111,000 based on revenues, if there is a discrepancy larger than this amount it is reported. There were no issues of materiality.
- There were a total of eight adjusting entries and all of them were routine in nature, including journal entry #8 which illustrates the transfer of surplus money into established reserve funds. The number of adjusting entries has decreased by three from the previous year.
- An insert is included on the Financial Report (page 5) that shows additional information regarding the changes made to the Net Assets.
- The Committee also discussed the set up of the reserve funds and possible future discussions regarding how the College may achieve reaching its top end target levels for each.
- The assets and liabilities of the College are approximately the same with little change year over year.
- There were no accounts with significant changes to report.
- The College has \$1,988,612 in net assets, which is equivalent to approximately 50% of its annual expenses.

- Pages 6-7 of the Draft Financial Statements highlights Cash Flow-this is an illustration of where money is coming from and where it is being allocated.
- This year the Auditor also made special mention that additional information was sought by Management on the technology side. As cyber security is becoming more and more sophisticated, the audit process now includes more information on the set up of IT permissions and controls as related to finance.
- The Auditor noted that previous areas for improvement have been improved by the College.
- The College has ended the year with a surplus of \$97,070.
- The cash flow for the College was positive for this year and was negative for the previous year.
- Upon completion of the audit, the Auditor was made aware of the legal action that was being made against the College. The Auditor stated at this time due to newness of the legal action an accrual for future costs has not been made as there is not much information at this time. The Auditor reported the College has a \$25,000 deductible and the remaining legal fees etc. would be anticipated to be covered by the Insurer.
- Lastly, the Committee was provided with an update regarding upcoming changes to the Canadian Pension Plan. This program revamp begins this year (2024) and is intended to increase the amount of CPP retirees are receiving. This plan will be rolled out in small payment increments to be made by employees over the next 30 years.

The Audit Committee recommends that Council accept the Draft Audited Financial Statements, including the Independent Auditor's Report, as presented.

Respectfully submitted,
Brook Dyson
Chair
July 22, 2024

THE COLLEGE OF NATUROPATHS OF ONTARIO
FINANCIAL STATEMENTS
MARCH 31, 2024

Draft

THE COLLEGE OF NATUROPATHS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Members of
The College of Naturopaths of Ontario

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of The College of Naturopaths of Ontario, which comprise the statement of financial position as at March 31, 2024, and the statements of changes in net assets, operations, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The College of Naturopaths of Ontario as at March 31, 2024, and the results of its operations and its cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of The College of Naturopaths of Ontario in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

INDEPENDENT AUDITOR'S REPORT (continued)

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

INDEPENDENT AUDITOR'S REPORT (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KRIENS~LAROSE, LLP

**Chartered Professional Accountants
Licensed Public Accountants**

Toronto, Ontario
July 31, 2024

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2024

	2024	2023
	\$	\$
ASSETS		
CURRENT		
Cash and cash equivalent (Note 2)	4,062,890	3,948,678
Accounts receivable	1,563,694	1,390,840
Prepaid expenses	132,826	131,369
	5,759,410	5,470,887
EQUIPMENT (Note 3)	48,090	40,506
	5,807,500	5,511,393
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	334,409	314,630
Deferred revenue (Note 4)	3,147,915	2,985,053
HST payable	336,564	315,358
	3,818,888	3,615,041
NET ASSETS (NOTE 5)		
Unrestricted net assets	(254,457)	(332,156)
Patient Relations	90,385	90,385
Business Continuity	1,093,584	1,083,877
Investigations & Hearings	1,009,100	1,004,246
Succession Planning	50,000	50,000
	1,988,612	1,896,352
	5,807,500	5,511,393

APPROVED ON BEHALF OF THE COUNCIL:

_____, Director _____, Director

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CHANGES IN NET ASSETS
 FOR THE YEAR ENDED MARCH 31, 2024

	Unrestricted net assets 2024 \$	Patient relations 2024 \$	Business continuity 2024 \$	Investigations & hearings 2024 \$	Succession planning 2024 \$	Total 2024 \$	Total 2023 \$
Balance, beginning of year	(332,156)	90,385	1,083,877	1,004,246	50,000	1,896,352	1,905,406
Excess (deficiency) of revenues over expenses for the year	97,070	(4,810)	-	-	-	92,260	(9,054)
Interfund transfers	(19,371)	4,810	9,707	4,854	-	-	-
Balance, end of year	(254,457)	90,385	1,093,584	1,009,100	50,000	1,988,612	1,896,352

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
 FOR THE YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
REVENUES		
Registration and member renewal fees	3,134,941	2,879,081
Examination fees	306,625	307,726
Inspection and hearing fees	135,583	221,883
Investment Income	117,118	47,039
Incorporation fees	35,839	30,900
Misc Income	26,070	1,363
TOTAL REVENUES	3,756,176	3,487,992
TOTAL EXPENSES	3,663,916	3,497,046
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR	92,260	(9,054)

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
 FOR THE YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
EXPENSES		
Salaries and benefits	2,186,626	1,880,527
Rent and utilities	173,857	262,952
Exam fees and expenses	232,046	250,552
Consulting fees		
Consultants - Complaints and inquiries	64,766	105,719
Consultants - General	40,167	96,460
Consultants - Assessors/inspectors	42,928	45,312
Legal fees		
Legal fees - Discipline	267,579	190,650
Legal fees - Complaints	51,299	73,955
Legal fees - General	20,231	15,683
Council fees and expenses	137,270	152,814
Office and general	91,701	90,116
Public education	84,721	64,952
License	58,741	53,657
Equipment maintenance	50,530	49,793
Translation	37,751	42,260
Insurance	33,448	32,682
Audit fees	17,621	16,394
Travel accommodation & meals	17,495	8,484
Education and training	16,050	7,775
Discipline & FTP Committee	13,759	13,779
Amortization	11,759	21,425
Patient relations fund expenses allocation	4,810	9,615
Website	3,891	3,565
Printing and postage	3,608	2,680
Patient relations Committee	1,262	1,029
Loss on disposal of furniture	-	4,216
TOTAL EXPENSES	3,663,916	3,497,046

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CASH FLOWS
 FOR THE YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
CASH FROM OPERATING ACTIVITIES		
Cash receipts registration and membership renewal	3,105,199	2,792,166
Cash receipts from inspection fees	135,583	221,883
Cash receipts from examination fees	326,375	289,001
Cash receipts from incorporation fees	35,839	30,900
Interest and other income	143,188	47,039
Cash paid to suppliers and employees	(3,612,629)	(3,452,972)
	133,555	(71,983)
CASH FROM INVESTING ACTIVITIES		
(Purchase) of equipment	(19,343)	(28,624)
Change in cash	114,212	(100,607)
Cash, beginning of year	3,948,678	4,047,922
Cash, end of year	4,062,890	3,947,315
Cash consists of:		
Cash in bank account	1,843,021	1,825,927
Manulife Money Market Fund & Cashable GIC	2,219,869	2,122,751
Cash, end of year	4,062,890	3,948,678

See accompanying notes to the financial statements

PURPOSE OF THE ORGANIZATION

The College of Naturopaths of Ontario is incorporated under the Regulated Health Professions Act, 1991 and the Naturopathy Act, 2007.

The College received proclamation on July 1, 2015.

The College of Naturopaths of Ontario is responsible for developing the regulations, policies, by-laws and necessary business operations to govern the profession.

The College operations include:

- sets requirements for entering the profession;
- establishes standards for practicing;
- administers quality assurance programs; and
- holds its members accountable for their conduct and practice.

1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook and include the following significant accounting policies:

Financial Instruments

The College initially measures its financial assets and liabilities at fair value. The College subsequently measures all its financial assets and financial liabilities at amortized cost. Changes in fair value are recognized in the statement of operations.

Financial assets measured at cost or amortized cost include cash and accounts receivable. Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Use of Estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the reporting date and the reported amounts of revenues and expenses for the reporting period. Actual results could differ from these estimates. Significant financial statement items that require the use of estimates includes useful lives of property and equipment, rates of amortization, and accrued liabilities. These estimates are reviewed periodically and adjustments are made, as appropriate, in the statement of operations in the year they become known.

1. **SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Cash and Cash Equivalent

Cash and cash equivalents consist of cash on hand and fixed income investments with maturities of less than 90 days.

Prepaid Expenses

Prepaid expenses are recorded for goods and services to be received in the next fiscal year, which were paid for in the current year.

Equipment

Equipment is stated at acquisition cost. Amortization is provided on the following basis at the following annual rates:

Office equipment	5 years straight-line
Computer equipment	30% diminishing balance

Where equipment no longer has any long-term service potential to the College, the excess of their net carrying amount over any residual value is recognized as an expense in the statement of operations.

Revenue Recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Amounts received in advance of the period of service are deferred to the year the service is substantially complete.

Registrations, members renewal fees, examination fees, inspection fees, hearing fees and incorporation fees are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Amounts received in advance of the period of service are deferred to the year the service is substantially complete.

Unrestricted investment income is recognized as revenue when earned.

Donated Property and Services

During the year, voluntary services were provided. Because these services are not normally purchased by the College, and because of the difficulty of determining their fair value, donated services are not recognized in these statements.

2. CASH AND CASH EQUIVALENT

Cash and cash equivalent is summarized as follows:

	2024 \$	2023 \$
Cash	1,843,021	1,825,928
Manulife Money Market Fund	1,669,050	1,599,128
Cashable Guaranteed investment certificate, 4.95% maturing September 11, 2024	550,818	-
Cashable Guaranteed investment certificate, 2.45% maturing August 4, 2023	-	523,622
	4,062,889	3,948,678

Cashable Guaranteed investment certificates are cashable at any time, and interest is paid to the date it is cashed as long as the investment has been held for 30 days or more.

The College has a revolving line of credit facility with the Royal Bank of Canada of \$100,000. The credit is available at prime plus 3.5% and is secured by a general security agreement covering all assets of the College. The line of credit was not utilized as at March 31, 2024.

3. EQUIPMENT

	2024		2023	
	Cost \$	Accumulated amortization \$	Cost \$	Accumulated amortization \$
Office equipment	157,257	133,328	150,050	129,389
Computer equipment	101,246	77,085	89,110	69,265
	258,503	210,413	239,160	198,654
Net book value	48,090		40,506	

4. DEFERRED REVENUE

Deferred revenue represents examination fees and membership registrations received in advance of the period in which the service is to be provided.

	2024 \$	2023 \$
Registration fees	3,112,715	2,969,603
Examination fees	35,200	15,450
Total	3,147,915	2,985,053

5. NET ASSETS

Patient Relations Fund

The College set aside \$100,000 for potential obligations under the *Regulated Health Professions Act, 1991* (the “Act”) with respect to cases where a patient alleges they were sexually abused by a Registrant and sought funding for counselling. Decisions on granting funding rest with the Patient Relations Committee as set out in the Act. The funds set aside are reviewed on an annual basis. In fiscal 2024, \$4,810 (2023: \$9,615) was spent from the patient relations fund and \$4,810 was transferred into the fund.

Business Continuity Fund

In fiscal year 2021, the College established the restricted net asset to ensure the College will have adequate funds available to sustain day-to-day operations in the event of an unforeseen incident. The initial contribution was coming from strategic initiative fund for \$75,385 in addition to another \$1,000,000 set aside from unrestricted net assets. As directed by the Council, the CEO is responsible to maintain the fund at a minimum of \$3,000,000 up to a maximum of \$4,000,000 as soon as it is practicable. In the 2024 fiscal year \$Nil (2023: \$Nil) was spent from fund and \$9,707 was transferred into the fund.

Investigations and Hearings Fund

In fiscal year 2021, the College established the restricted net asset to ensure the College can cover any cost that exceeds the budgeted amounts in a given fiscal year related to legal costs for investigations and hearings, including appeals before any tribunal, conducting investigations, and conducting discipline and fitness to practice hearings. The initial contribution was coming from unrestricted net assets in the amount of \$1,000,000. As directed by the Council, the CEO is responsible to maintain the fund at a minimum of \$1,000,000 up to a maximum of \$2,000,000 as soon as it is practicable. In the 2024 fiscal year \$Nil (2023: \$Nil) was spent from the fund and \$4,854 was transferred into the fund.

Succession Planning Fund

In fiscal year 2021, the College established the restricted net asset to fund the process necessary to plan for the succession of the senior management positions. The initial contribution was coming from unrestricted net assets in the amount of \$50,000. As directed by the Council, the CEO is responsible to maintain the fund at \$50,000. In the 2024 fiscal year \$Nil (2023: \$Nil) was spent from the fund and \$- was transferred into the fund.

6. COMMITMENTS

Premises Lease Commitment

The College is committed to total minimum rentals under a long-term lease for premises, which expires on February 28, 2028. Minimum rental commitments remaining under this lease approximate \$370,860 as follows:

2025	89,792
2026	90,260
2027	95,404
2028	95,404
	<hr/>
	370,860

In addition the College is required to pay common areas costs, which are estimated to be \$82,000 per year.

Other Commitments

The College is committed under a professional service agreement with Satori Consulting, which was effect on April 1, 2024 until December 31, 2027. The service fee under this agreement is \$96,000. The remaining commitment are \$24,700 in the fiscal year of 2025, \$24,700 in the fiscal year of 2026, \$24,700 in the fiscal year of 2027 and \$21,800 in the fiscal year of 2028.

The College is committed to psychometric services agreements with Yardstick Assessment Strategies, Inc. effect on January 1, 2024 for a period of two years. The total contract amount is \$185,300. The remaining commitment are \$104,300 in the fiscal year of 2025 and \$81,000 in the fiscal year of 2026.

7. FINANCIAL INSTRUMENTS

The College is exposed to various risks through its financial instruments. The following presents the College's risk exposures and concentrations at March 31, 2024.

Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The College's credit risk would occur with their cash, investments and accounts receivable.

The College's bank accounts are held at one financial institution and funds on deposit exceed the maximum insured and, hence, there is a concentration of credit risk. Credit risk related to cash and investments is minimized by ensuring that these assets are held with and/or invested in credit-worthy parties.

Actual exposure to credit losses from account receivable has been moderate in prior years. The allowance for doubtful accounts is \$48,362 (2023: \$43,016).

Liquidity Risk

Liquidity risk is the risk the College will encounter difficulties in meeting obligations associated with financial liabilities. The College's exposure to liquidity risk mainly is in respect of its accounts payable. The College expects to meet these obligations as they come due by generating sufficient cash flow from operations. There has been no change in the risk assessment from the prior period.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risks: currency risk, interest rate risk and other price risk.

Currency Risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The College is not exposed to foreign currency risk.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College does not have a significant interest rate risk.

7. **FINANCIAL INSTRUMENTS (continued)**

Other Price Risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The College is not exposed to other price risk.

DRAFT



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 24, 2024
TO: Council members
FROM: Andrew Parr, CAE
Chief Executive Officer
RE: Committee Appointment and Amendment

The College has received a request from an existing volunteer to add an additional committee to her portfolio. Additionally, there was an oversight in the original slate of committee appointments that the Council is being asked to amend.

New Appointment

The Council is being asked to appoint **Dr. Mary-Clair Seitz, ND to the Inquiries, Complaints and Reports Committee.**

Dr. Seitz, ND was appointed by the Council in May 2024 to the Risk Committee as a member and to the Inspection Committee as Vice-Chair.

Amended Appointment

The Council is also being asked to amend the appointment of Dr. Shelley Burns, ND to the Registration Committee to indicate that she has been **appointed as Vice-chair** of that Committee.

Dr. Burns, ND is well known to Council as a former Council member. In addition to the Registration Committee, she was also appointed to the Risk Committee as Chair and the Equity, Diversion, Inclusion and Belonging Committee as Co-chair.

Respectfully submitted,

July 18, 2024

To: All Council Members

From: Sandi Verrecchia, Satori Consulting

To enable a robust conversation on the governance of the College, the following questions pertain to questions within the Effectiveness Assessment that were at the lower end of the ratings and/or had some deviation within the individual scores. It is important to note that the overall rating was good with positive movement from 2023. However, in the spirit of continued improvement, I would like to explore the following questions during our time together. Please come prepared to discuss.

1. What might be needed for the Council to feel it has the strength and depth needed to steer the College through adverse situations? What might be missing?
2. In terms of risk oversight, what skills might be missing today, and how might you recommend getting the skills on Council that are needed?
3. What improvements or changes might be made for Council to better monitor the culture of the College to ensure it fits with the strategic directions and plans?
4. What changes could/should be made to current processes to sure that Council is spending time on matters that are crucial to the future prosperity and direction of the College?
5. Are there specific topics that you feel the Council should be spending more time on that are crucial to the future prosperity and direction of the College?
6. In camera sessions are reserved for specific topics. How might in camera time be used more effectively.
7. Do you have any recommendations on changes to the current governance framework that might add more value to the College?

College of Naturopaths of Ontario Council Review 2024


All - Council

June 2024



Council Effectiveness

Average Rating by Competencies

Competency		Previous	Change
1. Council Effectiveness	 9.08	8.51	0.57

Competencies

Council Effectiveness

1. The Council effectively monitors CEO performance against the broad objectives and executive limitations on a regular basis.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change	
Council Ratings	0	0	0	0	0	0	0	0	1	0	9			
Overall Average												9.8	8.78	1.02

2. The current Council has the strength and depth to steer the College through a financial crisis, a reputation-damaging event, or sudden CEO resignation.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change	
Council Ratings	0	0	0	0	0	1	0	0	5	1	3			
Overall Average												8.4	8.63	-0.23

Comments for a 6 or under rating:

- I'm not sure how we would handle these things - The staff seem well equipped, but Council hasn't had to face these types of issues before.

3. The Council spends appropriate time on matters crucial to the future prosperity and direction of the College.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change	
Council Ratings	0	0	0	0	0	0	0	1	3	3	3			
Overall Average												8.8	8.78	0.02

4. The Council maintains a governance framework that adds value to the business.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change	
Council Ratings	0	0	0	0	0	0	0	1	2	3	4			
Overall Average												9	8.67	0.33

5. As a Council, we engage in an appropriate amount of Council-management debate before a specific strategy is decided.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change	
Council Ratings	0	0	0	0	0	0	0	0	4	3	3			
Overall Average												8.9	8.33	0.57

6. As a Council, we are adding long-term value to all our stakeholders.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change	
Council Ratings	0	0	0	0	0	0	0	0	2	3	5			
Overall Average												9.3	8.67	0.63

7. The Council closely monitors the culture of the College and the contribution the CEO makes toward it, to help ensure the culture fits with the College's strategic direction and plans.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change	
Council Ratings	0	0	0	0	0	0	0	1	4	2	3			
Overall Average												8.7	8.63	0.07

8. The Council has the requisite skill sets to provide effective risk oversight.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change
Council Ratings	0	0	0	0	0	0	0	0	7	1	2		
Overall Average						8.5						8.11	0.39

9. The Council understands the College's top risks and how management is managing these risks.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change
Council Ratings	0	0	0	0	0	0	0	0	3	3	4		
Overall Average						9.1						8.33	0.77

10. Newly elected or appointed Council members receive adequate orientation to their role and what is expected of them.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change
Council Ratings	0	0	0	0	0	0	0	0	2	4	4		
Overall Average						9.2						7.13	2.07

11. The Council's ability to act independently of senior management is demonstrated through practices such as by rejecting recommendations with which the Council disagrees.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change
Council Ratings	0	0	0	0	0	0	0	0	2	3	3		
Overall Average						9.13						8.38	0.75

12. The Council effectively uses the time devoted to in-camera to discuss either (a) matters involving public security or (b) financial or personal or other matters of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings as set out in section 7 of the code; (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced; (d) personnel matters or property acquisitions; (e) instructions or opinions received from the solicitors for the College; or (f) deliberate as to whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change
Council Ratings	0	0	0	0	0	1	0	0	2	1	5		
Overall Average						8.89						8.78	0.11

Comments for a 6 or under rating:

- These issues have not come up.

13. The Council meeting agendas provide sufficient opportunity to discuss results, strategic initiatives, corporate strategy, and other relevant information to ensure informed decisions.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change
Council Ratings	0	0	0	0	0	0	0	0	1	4	5		
Overall Average						9.4						8.56	0.84

14. The current committee structure adds value by adhering to their mandates and reporting back the Council.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change
Council Ratings	0	0	0	0	0	0	0	0	1	2	7		
Overall Average						9.6						9	0.6

15. Council meetings are frequent enough to ensure effective governance.

	0	1	2	3	4	5	6	7	8	9	10	Prev.	Change
Council Ratings		0	0	0	0	0	0	0	2	1	7		
Overall Average						9.5						8.75	0.75

List one or two areas that you believe the Council could benefit from additional training/education.

Self

- Financial literacy - I don't know what types of questions to be asking when we review the budget
- Risk Management
- Equity, Diversity, Inclusion and Belonging.
- Risk Management
- EDIB
- Knowledge and understanding of regulations.
- The role of the ND in the broader medical journey for patients
- Team Building/Building Rapport with each other

Highest and Lowest Rated Questions

Highest Rated Questions (High to Low)	Overall
Council Effectiveness	
1. The Council effectively monitors CEO performance against the broad objectives and executive limitations on a regular basis.	9.8
Council Effectiveness	
14. The current committee structure adds value by adhering to their mandates and reporting back the Council.	9.6
Council Effectiveness	
15. Council meetings are frequent enough to ensure effective governance.	9.5
Council Effectiveness	
13. The Council meeting agendas provide sufficient opportunity to discuss results, strategic initiatives, corporate strategy, and other relevant information to ensure informed decisions.	9.4
Council Effectiveness	
6. As a Council, we are adding long-term value to all our stakeholders.	9.3

Lowest Rated Questions (Low to High)	Overall
Council Effectiveness	
2. The current Council has the strength and depth to steer the College through a financial crisis, a reputation-damaging event, or sudden CEO resignation.	8.4
Council Effectiveness	
8. The Council has the requisite skill sets to provide effective risk oversight.	8.5
Council Effectiveness	
7. The Council closely monitors the culture of the College and the contribution the CEO makes toward it, to help ensure the culture fits with the College's strategic direction and plans.	8.7
Council Effectiveness	
3. The Council spends appropriate time on matters crucial to the future prosperity and direction of the College.	8.8
Council Effectiveness	
12. The Council effectively uses the time devoted to in-camera to discuss either (a) matters involving public security or (b) financial or personal or other matters of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings as set out in section 7 of the code; (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced; (d) personnel matters or property acquisitions; (e) instructions or opinions received from the solicitors for the College; or (f) deliberate as to whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).	8.89