

Operational Plan

APRIL 1, 2023 TO MARCH 31, 2027

Activity	Key Performance Indicators
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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, and evaluate our progress, and success in achieving them. Very specific initiatives have been identified to meet the challenges 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.

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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.

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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	

1.1.2	System Partners’ Forum			
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.		<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	

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1.2	The College engages its registrants and the public to further their understanding and trust in the College and the profession.
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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 on an as needed basis to focus on key issues being faced by the College or promoting Council and volunteer opportunities.</p>		<ul style="list-style-type: none"> • A minimum of one ICW event will be offered each year promoting volunteering. • Additional topics will be developed by the College in support of other programming such as consultations and governance matters.
Timeframe:	All 4 Planning Years	Responsible: Communications

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 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 information sessions about the consultation topic, through the ICW program, 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 maintain 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

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	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

1.2.3	Regulatory Education Program	
<p>The College will develop and maintain a new Regulatory Education Program (REP) that provides detailed education into regulatory issues and concerns. The REP will be informed both by current issues as well as by data derived from the Risk-based Regulation Program of the College.</p>		<ul style="list-style-type: none"> • A minimum of six sessions will be offered on-line annually at no or minimum cost to registrants. • The Quality Assurance Committee will be asked to consider awarding continuing education credits to these sessions as appropriate. • Sessions will be recorded and maintained on the College website for registrants to access
Timeframe:	All 4 Planning Years	Responsible: Chief Executive Officer

1.2.4	On-going Corporate Communications	
<p>The College will maintain a program of outbound communications and messaging to registrants, public and stakeholders through defined program elements.</p>		<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"> ○ The iNformed e-newsletter. ○ The News sections of the College’s website. ○ Accuracy and currency of the College’s website. ○ The College’s social media channels.
Timeframe:	All 4 Planning Years	Responsible: Communications

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

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conflicted in terms of specific measures that can be used from within the regulatory system; however, it is believe that an overall systemic approach will provide sufficient information to allow risks to be identified risk mitigation techniques deployed.

1.3.1	Risk-based Regulation Program Development			
The College will articulate its initial approach to Risk-based regulation and present the preliminary final concept to the Council. It is acknowledged that the approach will be an iterative one that will require refinement based on information gleaned through the processes.		<ul style="list-style-type: none"> The preliminary plan will be developed and articulated in writing, including the identification of current data available to the program and new data sets required. 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

1.3.2	Risk-based Regulation Program Implementation			
The risk-based regulatory approach will be initiated by developing and launching the necessary mechanisms to collect and interpret the data.		<ul style="list-style-type: none"> Data as set out in the Risk-based Regulation Program will be collected and assembled in raw form. The data will be presented to the Working Group on the Identification and Mitigation of Patient Harm (WGIMPH) for discussion and enunciation of the inherent risks to the public identified. Appropriate mitigation techniques will be identified and delivered. 		
		<ul style="list-style-type: none"> The College will provide support to registrants who are required to track Therapeutic Prescribing data. 		
Timeframe:	2024-2027		Responsible:	Chief Executive Officer

IV. EFFECTIVE REGULATION LEADS TO TRUST IN THE PROFESSION.

The Council' second of two overall objectives focuses 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:

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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
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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, public interest and EDIB considerations of the decisions being considered. 	
Timeframe:	All 4 Planning Years	Responsible:	Chief Executive Officer

2(A)-2	A Commitment to equity, diversity, inclusion and belonging		
The College will continue its commitment to integrate the principles of equity, diversity, inclusion and belonging into all of its activities.		<ul style="list-style-type: none"> • An Equity, Diversity and Inclusion and Belong (EDIB) lens tool was developed and implemented in 2023 as a means of evaluating programs, policies, and procedures etc. No changes have occurred to this tool. • • The College will continue to evaluate its policies and procedures using its EDIB lens tool. • The EDI Committee will continue to review and consider pertinent issues pertaining to EDIB, including but not limited to the collection and use of racialized data. 	
Timeframe:	All 4 Planning Years	Estimated cost:	\$3,350
Responsible:	Human Resources		

2 (B)	Committees that are properly constituted with capable individuals sitting on those committees.
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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. • 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 appointment and re-appointment 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		

2 (C) Volunteer Recruitment, Assessment and Training program.

2(C)-1	Recruitment
The College will maintain a comprehensive volunteer program to ensure the involvement of the public and registrants in regulatory processes.	
<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 that 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 	

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			the value that the Council and College places on its human resources.
Timeframe:	All 4 Planning Years		Responsible: Human Resources

2(C)-2	Competency Assessment		
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.		<ul style="list-style-type: none"> • A minimum of one 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. • 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

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. 	

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		<ul style="list-style-type: none"> 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

2 (D) Proper Human Resource Management and a Human Resources Plan.

2(D)-1	Effective Human Resource Management
The College will manage its human resources in such a way as 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.

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<p>The College will provide staff with on-going training to enhance individual and program performance.</p>		<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

2(D)-2	Human Resources Plan		
<p>The College will have a Human Resources Plan that ensures the long-term sustainability and stability of the College.</p>		<ul style="list-style-type: none"> • A Human Resources Plan that sets out the current and future plans for staffing of the College was developed and provided to the Council in 2024. No changes have been made to the 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. 	
<p>The Human Resources Plan will be updated annually and attached to the Operational Plan presented to the Council.</p>		<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

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2 (E)	Sound Financial Management.
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2(E)-1	Effective financial management		
	<p>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.</p>	<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 of Operations

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 	

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	<p>staff and reviewed by Committee Chairs and presented to the Council in July.</p> <ul style="list-style-type: none"> • 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

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

2(F)-3	Council Oversight Responsibilities	<p>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.</p>	<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.
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		<ul style="list-style-type: none"> 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

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"> Staff will support the Council in its work to undertake a performance review of the CEO on an annual basis in accordance with its policies. The Council will be provided with the necessary materials to undertake its 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

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 individuals Council and Committee members.	<ul style="list-style-type: none"> Staff will support the Council's Governance Evaluation process to enable the Council to undertake a performance review of itself, the Committees and individual Council and Committee members through an independent and neutral third party.

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	<ul style="list-style-type: none"> Staff will oversee the support provided by a third-party consultant retained to assist the Council in its efforts.
Timeframe: All 4 Planning Years	Responsible: Chief Executive Officer

2(F)-6	Council Risk Assessment	
<p>The College will operate a program that identifies and mitigates risks to the Council and the College.</p>		<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. 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	

2 (G)	Commitment to oversight requirements.	
2(G)-1	HPARB Appeals	
<p>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).</p>		<ul style="list-style-type: none"> College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving an alert of an appeal. Legal Counsel for the College will be alerted and provided copies of all materials provided to HPARB. 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.

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Timeframe:	All 4 Planning Years	Responsible:	Deputy CEOs
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2(G)-2	HRTO Matters		
<p>The College will operate a program that allows it to respond to matters filed with the Human Rights Tribunal of Ontario (HRTO).</p>		<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

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

2(G)-4	Fair Registration Practices		
<p>The College will support the work of the Office of the Fairness Commissioner (OFC) in its effort to ensure that registration practices</p>		<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. 	

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of regulatory authorities are fair, objective, impartial and transparent.		<ul style="list-style-type: none"> 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:	Deputy CEO, Registrant & Corporate Services

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
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.	
<ul style="list-style-type: none"> The College will deliver two (2) 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. 	
All College examinations will be maintained through an examination question development and retirement program.	
<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 	

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Activity		Key Performance Indicators			
		<p>and the Examination Committee (ETP) for each of the BME and CSE</p> <ul style="list-style-type: none"> • 25% of the questions and cases used in the Clinical (Practical) Exams will be reviewed annually. • The College will support efforts by the Canadian Alliance of Naturopathic Regulatory Authorities in its effort to develop a national set of competencies and national examinations. 			
The College will work with the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) towards the development of pan-Canadian national entry-to-practice examinations.		<ul style="list-style-type: none"> • The College will work with CANRA towards developing and launching national written entry-to-practice clinical science and biomedical examinations. • In consultation with CANRA, the College will develop an exam transition plan, associated policy and communications to support changes to recognized entry to practise examinations for registration in Ontario. 			
Timeframe:	All 4 Planning Years	Estimated cost:	\$319,283	Responsible:	Deputy CEO, Registrant & Corporate Services

2.1.2	Entry-to-Practice
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.	<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

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		<p>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.</p> <ul style="list-style-type: none"> 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. 	
<p>The demonstration-based, components of PLAR ("Structured Interview" and "Interaction with a Simulated Patient") of the PLAR program will be reviewed and revised.</p>		<ul style="list-style-type: none"> Work will be carried out to populate the revised Stage 5 of PLAR with new assessment materials. PLAR assessment and communications materials will be updated to reflect changes to Stage 5. Associated staff and recruited demonstration-based assessors will be trained on the administration of the revised Stage 5 assessment process. 	
Timeframe:	All 4 Planning Years	Responsible:	Deputy CEO, Registrant & Corporate Services

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	<p data-bbox="201 232 1024 332">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.</p> <ul data-bbox="1045 232 1885 1302" 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. • 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.
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			<ul style="list-style-type: none"> 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, Regulation

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, Regulation

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"> E-mail 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, Regulation

2.3	Registrants are held accountable for their decisions and actions.
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2.3.1	Registration of Individuals and Corporations		
<p>The College will operate a Registration program that enables naturopaths registered with the College to maintain their status with</p>		<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 	

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the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.		<p>update their information with the College and pay their annual registration fees.</p> <ul style="list-style-type: none"> • 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. • Individuals 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. • Applications will be reviewed, and decisions will be provided to registrants. • New corporations will be added to the Corporations register of the College. • 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:	Deputy CEO, Registrant & Corporate Services

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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, Regulation

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, • 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 decision 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. • Program information will be maintained on the College’s website. 		
Timeframe:	All 4 Planning Years	Estimated cost:		Responsible: Deputy CEO, Regulation

2.3.4	Cease & Desist			
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<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. • 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, Regulation

2.3.5	Alternative Dispute Resolution Program
<p>The College will operate an Alternative Dispute Resolution (ADR) Program 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.</p>	<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, Regulation

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 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.

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	<ul style="list-style-type: none"> • 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.

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		<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

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"> maintain and develop new online self-assessments to be annually completed by registrants. 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. Follow up with those who do not complete it or where issues are raised. 			
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	<ul style="list-style-type: none"> ○ A pool of qualified and trained assessors will be maintained. ● 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, Regulation

2.4.2	Currency Hour Audits	<p>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.</p>	<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 and Examinations	

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</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
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<p>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>	<p>registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation.</p> <ul style="list-style-type: none"> • The College will consider the current structure of the entry-to-practice 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 EDIC, will apply the equity 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.
<p>Timeframe: 2024-2025</p>	<p>Responsible: Chief Executive Officer</p>

2.5.2	General Regulation and Related Policies
<p>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</p>	<ul style="list-style-type: none"> • The Committees and staff of the College, with the support of and training from the EDIC, will apply the equity 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.

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might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.		
Timeframe:	All 4 Planning Years	Responsible: Chief Executive Officer

2.5.3	Professional Misconduct Regulation and Related Policies	
<p>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 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 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. • 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 EDIC, will apply the equity 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

2.5.4	Quality Assurance Regulation and Related Policies	
<p>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.</p>		<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 equity tool to the regulation and to make recommendations as to changes that may be

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			warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.
Timeframe:	2025-2026		Responsible: Chief Executive Officer

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 EDIC, will apply the equity 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, Regulation

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 EDIC, will apply the equity 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

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