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Authority and Accountability Limitations	The Patient Relations Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Patient Relations Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health</i>
	Professions Act, 1991 or under these Terms of Reference,
Responsibilities	 The Patient Relations Committee shall: Advise on and recommend to the Council policies and procedures governing the Patient Relations Program of the College, a program to enhance relations between Registrants and patients (Code, s. 1(1) and s. 85); Develop and recommend to Council measures for preventing and dealing with sexual abuse of patients, including but not necessarily limited to: educational requirements for Registrants; guidelines for the conduct of members with their patients; training for the College's staff; and the provision of information to the public (Code, s. 84(3)); Administer on behalf of the Council the Funding for Therapy and Counselling Program of the College, including; Developing appropriate forms for patients to seek funding for counselling or therapy under this program; Processing any requests for funding in a timely manner; Overseeing the payment of funds by the CEO to the therapist or counsellor chosen by the person and as approved by the Committee; and Overseeing any proceedings initiated by the College against a member in a court of competent jurisdiction to recover any funds paid by the College where there was a finding by a panel of the Discipline Committee that the member sexually abused a patient (Code, s. 85.7(12)); and To review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments: Annually, all program policies and related procedures; and Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.

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Appointment and composition	 The Patient Relations Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: At least one Council member. One or more Registrants who are not Council members. Any number of Public Representatives as defined in the by-laws. A Committee Chair, and where deemed necessary by the Council a Committee Vice Chair, shall also be appointed by the Council and, wherever practical, the Chair shall not be a member of the Executive
	Committee of the Council.
Term of Office	The Patient Relations Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, such that no committee member may serve more than nine consecutive years.
Meetings	The Patient Relations Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.
	In the event that the Committee Chair is unable to preside at a duly called meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Patient Relations Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.
	In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Council an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1 st of the previous year to March 31 st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i> . The Annual Report shall be submitted to the Chief Executive Officer no later than June 1 st annually for delivery to the Council. The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not

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necessarily limited to volunteer resources, attendance issues, trends in
activities before the committee and volume of work.

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