

Operational Plan

APRIL 1, 2021 TO MARCH 31, 2024

Activity	Key Performance Indicators
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THE OPERATIONAL PLAN FOR 2021-2024

The coming three years of operations 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.

This Plan is set out in four major sections as follows.

Part 1: Regulate the Profession.

This section of the Operational Plan sets out the mandatory operational activities that are regulatory in nature that must be undertaken by the College in order to fulfill its legal mandate. The activities set out in this section and the key performance indicators align with the Regulatory Operations Report that the Council receives at each regularly scheduled Council meeting.

Part 2: Governance

This section sets out the governance activities in which the College staff engage to support the governance processes of the Council and its Committees. Good governance is essential to the ability of the College to fulfill its role and this section reflects the way in which the two halves of the College, the governing board and the staff work to move the College forward.

Part 3: Corporate Activities

This section sets out the corporate activities in which the College staff must engage to ensure the smooth operations of the College. They are more routine in nature but represent a foundational component that is often not considered when assessing the resources needed to support the College.

Part 4: Program Development

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This section sets out the program and project work being undertaken by the senior management team of the College within their programs. Within this section, the Council will find the priority projects identified by the Chief Executive Officer for the coming year as well as the priority projects identified by the Directors and Managers within the College.

For each area of work, the activities have been set out either as ones that will be undertaken every year of the three-year plan or set out as work that will be developed over the three-year period.

1. Regulate the Profession In each of the three years of the operating plan, the College will perform the following operational activities.	
1.1. Registration	
All 3 Planning Years	
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 decision 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 operate a program that allows Registrants to obtain Certificates of Authorisations for professional corporations that they wish to establish.	<ul style="list-style-type: none"> • A process for Registrants to apply for a Certificate of Authorisation for a professional corporation will be maintained. • Applications will be reviewed, and decisions provided to Registrants. • New corporations will be added to the Corporations register of the College.

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	<ul style="list-style-type: none"> • A process for annual renewals of Certificates of Authorisation will be maintained ensuring that all professional corporations are properly authorised.
1.2. Entry to Practise	
All 3 Planning Years	
<p>The College will operate an Entry-to-Practise program that enables new graduates and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.</p>	<ul style="list-style-type: none"> • A process that enables both recent graduates and individuals from other jurisdictions to apply for registration 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 equivalency 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.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> • PLAR Assessors will be recruited and provided training and related tools related 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.
1.3. Examinations	
All 3 Planning Years	
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from CNME-accredited programs and PLAR candidates 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 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.
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 and the Examination Committee (ETP) for each of the BME and CSE • 25% of the questions and cases used in the Clinical Practical exam will be reviewed annually.
1.4. Patient Relations Program	
All 3 Planning Years	
The College will operate a Patient Relations Program as set out in the <i>Regulated Health Professions Act, 1991</i> . Applications for funding	<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.

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Activity	Key Performance Indicators
will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.	<ul style="list-style-type: none"> • 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.
1.5. Quality Assurance Program	
All 3 Planning Years	
<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 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. ○ Registrants are randomly selected and undergo assessment by a peer. ○ 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 website.
1.6. Inspection Program	
All 3 Planning Years	

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Activity	Key Performance Indicators
<p>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 style="list-style-type: none"> • The College will develop and 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 ensure that a process for the inspection of new premises is implemented as well as a process for the subsequent re-inspection of premises every five years. • Fees for inspections will be levied and collected. • A pool of qualified and trained inspectors will be established and 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 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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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> • Type 2 occurrence report forms will be collected annually, analyzed and reported to the Committee and Council.
1.7. Complaints and Reports	
All 3 Planning Years	
<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"> ○ Where approved by the ICRC, or warranted under the RHPA, investigators will be appointed and clarifying documents provided, along with any necessary support. ○ Matters will be processed in a manner that ensures fairness and due process for all parties involved, including opportunities for responding and commenting on submissions provided to the process ○ Complaints will be resolved within 150 days and if not resolved, parties involved and HPARB will be notified. • 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. As such, <ul style="list-style-type: none"> ○ Panel appointments are drafted for Chair's approval upon receipt of a new matter. Database of appointments is maintained. Conflicts are tracked and recorded in meeting minutes. ○ Training is conducted for any new ICRC members appointed. ○ Database of Decisions and Reasons issued by the ICRC (to support decision writing process) and Registrants' prior history with the College/BDDT-N is maintained.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> ○ Materials for matters being brought before the ICRC will be presented to the Committee. ○ Decision and Reasons are drafted by ICRC staff, reviewed by legal counsel, reviewed and approved by the Panel. • 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 complaint and reports are regularly updated and maintained on the College's website. • Program information will be maintained on the College's website.
1.8 Cease & Desist	
All 3 Planning Years	
<p>The College will operate an Unauthorised 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 unauthorised practitioners are posted on the Register of Unauthorised Practitioners on the College's website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorised Practitioners. • Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. • Information about unauthorised practitioners who failed 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.
1.9. Hearings	
All 3 Planning Years	

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Activity	Key Performance Indicators
<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. • 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 hearing 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

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Activity	Key Performance Indicators
	<p>Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee.</p> <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.
1.10. Regulatory Guidance	
All 3 Planning Years	
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.	<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.
1.11. HPARB Appeals	
All 3 Planning Years	
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 RC and for appeals of decisions of the Inquiries, Complaints and Reports Committee.	<ul style="list-style-type: none"> College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving 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.
1.12. HRTO Matters	
All 3 Planning Years	
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.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> • 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.
1.13 Standards	
All 3 Planning Years	
<p>The College will operate a program to develop and maintain the Standards of Practice of the profession and any related policies and guideline.</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. As such, staff will <ul style="list-style-type: none"> ○ Prepare consultation materials and release them publicly. ○ Receive and respond to any inquiries about the consultations. ○ Assemble and summarize consultation submissions for the Committee and present these to the Committee for review. • 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.
1.14 Scheduled Substance Review Program	
All 3 Planning Years	
<p>The College will operate a program for review of drugs, substances and laboratory testing authorized to the profession through the General Regulation and Regulations made under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA).</p>	<ul style="list-style-type: none"> • The College will support the Scheduled Substances Review Committee (SSRC) as it regularly reviews the drugs and substances authorized to the profession in the General Regulation and the list of laboratory tests authorized to the profession in the LSCCLA to ensure appropriateness and to identify any gaps.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> • Meetings of the SSRC will be held at the call of the Committee Chair and information related to matters to be presented to the Committee will be prepared and assembled by staff. • Staff will support the SSRC as it undertakes consultation of stakeholders relating to existing or new substances, drugs or lab tests. As such, staff will <ul style="list-style-type: none"> ○ Prepare consultation materials and release them publicly. ○ Receive and respond to any inquiries about the consultations. ○ Assemble and summarize consultation submissions for the SSRC and present these to the Committee for review. • Research from the Drug Information Research Centre on proposed changes to the schedules of drugs and substances will be obtained and included in any briefing from the Committee to Council recommending changes. • Where the SSRC makes recommendations for amendments to Council, staff will support the Council evaluation process and, if approved, prepare any Regulation amendments for approval of Council and submission to the Ministry of Health.

2. Governance & Accountability of the College

The College will ensure that it is properly governed by a Council and an Executive Committee as required under the *Regulated Health Professions Act, 1991* and that these governing bodies fulfill their roles and responsibilities under the Act and are properly constituted as set out in the *Naturopathy Act, 2007* and the College by-laws. The College will also ensure that it remains accountable to the Minister of Health on behalf of the people of Ontario, as well as any other oversight bodies established by the Government of Ontario. As such, the following operational activities will be undertaken.

2.1. Good Governance

All 3 Planning Years

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Activity	Key Performance Indicators
<p>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.</p>	<ul style="list-style-type: none"> • Council elections will be delivered annually in accordance with the by-laws. As such, <ul style="list-style-type: none"> ○ Calls for Nominations will be issued, and an election handbook will be provided to guide interested Registrants through the election process. ○ Nominations and candidacy materials will be provided to the Governance Committee for review. ○ Where nominations are received, elections will be completed by the first week of March and where none are received, in accordance with the Supplemental Election process set out in 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. As such, <ul style="list-style-type: none"> ○ Election information will be provided to all existing and incoming Council members about the Executive Committee positions and elections. ○ Elections will be held annually at the May meeting and supplemental elections when determined by the Council. • 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.
<p>The College will operate a program to ensure that all new and existing Council members are afforded the necessary training and orientation to fulfill their duties.</p>	<ul style="list-style-type: none"> • An orientation session will be offered to new in-coming Council members and, where feasible at the discretion of the Council, to all sitting Council members. • Training process for volunteers on Council and in other College roles will be maintained. As such,

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> ○ All volunteers will have initial training on bias, diversity, human rights and conflict of interest and refresher training on a regular schedule thereafter. ○ Bias and anti-discrimination policies will be developed for the Council (as an Executive Limitations policy).
<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. • 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.
<p>The College will operate a program that ensures that the Council is properly equipped to make decisions on policy matters brought before it.</p>	<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.
<p>The College will operate a program to ensure that the Council can properly assess the performance of the CEO, its own performance, the performance of its Committees and individuals Council and Committee members.</p>	<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, <ul style="list-style-type: none"> ○ The Council will be provided necessary materials to undertake the review, which is based on the goals and

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	<p>development plan set by the CEO and approved by the Council, as part of the July Council meeting.</p> <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 not later than April and completed by the end of July.
<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 update the organization-wide risk assessment, including but not limited to: <ul style="list-style-type: none"> Identifying potential bias in assessment methods or procedures, Developing and recording mitigating strategies to address potential risks in guidelines for assessors and decision-makers, and Establishing a means to ensure corrective actions are implemented in a timely manner.
<p>2.2. Support to Committees</p>	
<p>All 3 Planning Years</p>	
<p>The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.</p>	<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. Recruitment of volunteers from among Registrants and the public will be undertaken on an on-going basis.

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	<ul style="list-style-type: none"> • Council will be presented a slate of appointments, at minimum annually at its April meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.
<p>The College will operate a program that provides training and guidance to Committee volunteers to enable them to fulfill their duties to the College and as Committee members.</p>	<ul style="list-style-type: none"> • An orientation and training process for volunteers on Committees and in other College roles will be maintained. As such, <ul style="list-style-type: none"> ○ All volunteers will have initial training on bias, diversity, human rights and conflict of interest and refresher training on a regular schedule thereafter. ○ Bias and anti-discrimination policies will be developed for the Council (as an Executive Limitations policy). ○ Operating policies to support anti-bias program will be developed and implemented by the College.
<p>Council Committees will meet on an “as-needed” basis ensuring effective use of financial and human resources.</p>	<ul style="list-style-type: none"> • Council Committees meet at the call of the chair. Staff liaisons will alert the Chair when there may not be sufficient information to warrant a meeting or an in-person meeting may not be warranted. • Committee attendance will be monitored, reported through the minutes and absences will be reported by staff to the Chair.
<p>2.3. Transparency</p>	
All 3 Planning Years	
<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

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	<p>meeting and Annual Committee reports will be developed by the 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.
<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.

2.4. Accountability

All 3 Planning Years

<p>The College will provide Health Force Ontario (HFO) the annual reporting data as required under the Code.</p>	<ul style="list-style-type: none"> • Applications for registration and registration renewal forms will be refined to support the collection and annual reporting of HFO data. • The annual Health Force Ontario submission will be made by May 30 and any corrections submitted by September 30.
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Activity	Key Performance Indicators
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 will support the work of the Ministry of Health in its oversight capacity through the College Performance Measure Framework.	<ul style="list-style-type: none"> The College will assemble the necessary quantitate 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.

3. Corporate Activities

3.1. Human Resources

The College recognizes that its human resources are a key asset. It also recognizes that while a major part of its work is conducted by its staff, it also relies on volunteers to fill important roles on Statutory, Council and Operational Committees, as well as, in the delivery of operational programs.

All 3 Planning Years

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. As such, <ul style="list-style-type: none"> Existing staff will be considered first for open positions as opportunities for advancement or development prior to advertising positions. Position descriptions will be maintained, and updates reviewed by the Management team prior to initiating recruitment processes.
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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> ○ New positions and vacant positions will be advertised on the College's own website, as well as in one or more forums for job postings. ● College staff will be compensated in a manner that reflects the current market value of the positions. As such, <ul style="list-style-type: none"> ○ A salary range for each position shall be maintained and updated annually using the Consumer Price Index for November Ontario All-Items published in December. ○ Compensation for new hires will be based on the salary ranges. ● New staff will be provided with the information and tools necessary to the performance of their duties with the College. As such, <ul style="list-style-type: none"> ○ A policy governing the on-boarding of new staff will be maintained and implemented. ○ New staff will be oriented to the College, its role and how it meets its obligations. ○ Initial training of new staff shall be provided by the College to enable quick integration into the work force. ○ An evaluation of performance will be conducted at the conclusion of the 3-month probationary period. ● Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. As such, <ul style="list-style-type: none"> ○ Performance reviews will be conducted on all staff annually and will be completed by the end of July. ○ A program for appropriate compensation changes will be maintained that is based on pay-for-performance using salary increases or bonuses.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> Staff who are leaving the College will be treated with respect they and dignity. As such, <ul style="list-style-type: none"> Staff who are being removed from their position shall only be removed after all opportunities to explore systemic or environmental factors have been completed. Staff who resign their position will be asked to complete an exit interview that provides the desired information to the College.
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 the team approach through shared work and social experiences. As such, <ul style="list-style-type: none"> On at least a semi-annual basis, the College will provide formal social opportunities for the staff. Informal social opportunities to develop the staff rapport and team will also be provided. On at quarterly basis, the CEO shall convene a staff meeting for the purposes of information sharing among staff regarding their work priorities and workflow as well as the opportunity to provide staff with information about corporate issues and provide information and support to enhance overall and individual performance.
The College will provide staff within 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.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> • A formal process to support and encourage staff professional development will be established and integrated to 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).

3.2. Financial Management

All 3 Planning Years

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.

CEO, through the Director of Operations, will develop a budget

- 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. As such,
 - Staff will provide all necessary information and support requested by the auditor.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> ○ The Audit Committee will meet at least twice to review the Auditor's findings. ○ The Auditor's report and audited financial statements will be presented to the Council in July and released publicly once approved. ○ Any concerns identified by the Auditor with respect to financial management practices will be addressed by the CEO within thirty (30) days of the report being accepted by the Council.

3.3. French Language Services

All 3 Planning Years

The College will continue to support and expand French language services through maintaining sufficient bilingual staff and translating materials for College programs into French.

- The College will continue to ensure that bilingual staff are available to provide service to the public and Registrants.
- The Annual Report, Discipline Decisions & Reasons, Standards and Practise Guidelines will be made available in French.
- The College's website will be fully translated and available in French.
- Discipline, complaints, patient relations, PLAR, examinations and applications for entry-to-practise will be translated into French.

3.4. Regulations, Policies & Procedures

The College has developed and implemented many program and operating policies and procedures since proclamation. These will be reviewed to ensure that they reflect current practices and the most efficient means of operating.

All 3 Planning Years

A review cycle will be undertaken of existing Regulations, program policies, operating policies and related procedures to ensure that they reflect good practices and are consistent with the objects of the

- Working with Committee Chairs, the College will ensure that all regulations and program policies are accurate and appropriate for the College's work. As such,

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Activity	Key Performance Indicators
College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias.	<ul style="list-style-type: none"> ○ Regulations will be reviewed with the Committees on a bi-annual basis and any recommendations for amendments brought before the Council. ○ Program Policies that are approved by the Council will be reviewed on an on-going basis with approximately 5% being completed each year. • All Operating policies and procedures will be accurate to the manner in which the College functions and will be appropriate for the role of the College. As such, <ul style="list-style-type: none"> ○ 20% of all existing policies and procedures will be reviewed on an annual basis. ○ All policies will be posted for the use of College staff in the performance of their duties. ○ New policies and procedures will be developed as needed.
3.5. Records Management and Retention	
All 3 Planning Years	
The College will conduct on-going and regular audit of its records management and retention practices to ensure that practices are in keeping with the Records Management and Retention policies.	<ul style="list-style-type: none"> • Re-training will be provided to staff surrounding the nature of which records are retained and those that are disposed of (transitory records). • The Records Management and Retention Policies will be reviewed with each department to ensure that they file and retain records according to the policy and correct any records filing deficiencies.
3.6. Corporate Communications	
All 3 Planning Years	

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Activity	Key Performance Indicators
<p>The College will maintain a program of outbound communications and messaging to the 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. As such, <ul style="list-style-type: none"> Three editions of a newsletter will be released annually. Ten news bulletins will be released. The College's website will be accurate, up-to-date and a valued tool for users.
<p>The College will operate a program of engagement that provides opportunities for Registrants, the public and stakeholders to communicate back to the College.</p>	<ul style="list-style-type: none"> The College will engage the Ontario Government in on-going dialogue. As such, <ul style="list-style-type: none"> The CEO will liaise with the Ministry of Health on an on-going basis and respond to inquiries on a timely basis. The Council Chair and CEO will meet with Assistant Deputy Minister for regulatory matters in the Ontario Ministry of Health on an as-needed basis. The College will engage naturopathic stakeholders in on-going dialogue. As such, <ul style="list-style-type: none"> The College Council Chair and CEO will meet with the President and the CEO of the OAND, the President and the Board Chair of CCNM on a regular schedule. The College will engage in on-going dialogue with other regulatory authorities within the profession, within health professions and the broader regulatory community. As such, <ul style="list-style-type: none"> The CEO will participate as a Director on the Board of Directors of Health Profession Regulators Ontario, subject to any limitations placed upon that role by Council. The CEO or their delegate(s) will participate in working groups and Committees of HPRO as necessary, as well as in the Ontario Regulators for Access Consortium (ORAC).

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> ○ The College will continue to support the other Canadian naturopathic regulators by maintaining individual relationships at the senior level as well as by participating in the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). • The College will engage Ontarians on regulatory matters. As such, <ul style="list-style-type: none"> ○ The College will participate in the Citizens Advisory Group (CAG) as a mechanism for public engagement on key consultations undertaken by the College. ○ The College will continue to invite citizens to participate in the College through its newsletter and CEO blog as well as supporting the College as Public Representatives. • The College will engage naturopathic educational students on regulatory and profession-specific matters. As such, <ul style="list-style-type: none"> ○ The Director of Registration and Examinations will meet with CCNM students about the registration process and entry-to-practise exam(s). ○ The College will provide information that is relevant to the student body through a variety of means.

4. Program Development

4.1. COVID-19 Support

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Activity	Key Performance Indicators
In 2020 the novel coronavirus impacted Canada and Ontario unlike any pandemic in the past. The health care system was essentially shut down requiring the College to provide regular information, guidance and support to Registrants. In addition, the ongoing enforcement of the rules for those attempting to circumvent government and College Directives. A program of providing on-going support and guidance will be maintained by the College as long as the pandemic is active in this Province.	<ul style="list-style-type: none"> • Updates to the profession will be provided at times when it is important and relevant. • In concert with the Standards Committee, current Standards and Guidelines will be updated as necessary in response to pandemic. • Reopening guidelines will be issued to the profession and updated as needed to guide and assist them. • The College will attend COVID teleconferences organized by the Ministry Emergency Operations Centre (MEOC). • Department functions will be amended to facilitate the continuation of key regulatory processes. • Ongoing monitoring of changes and updates by the CMOH and the MOH.

4.2. Risk-based Regulation	
The Council's Governance Report approved in July 2020 included the mandate that the College moved towards a risk-based regulation approach. The work started on this program in 2020-2021 will be continued and the program that is developed will be presented to the Council for approval and, if approved, implemented.	2021-2022
	<ul style="list-style-type: none"> • The College will engage stakeholders to determine interest in participating in the development of this model. • A process of risk identification and mitigation will be initiated and presented to Council. • Preliminary policies that articulate the approach to be used will be developed. • An initial draft of a tool that is to be used will be developed and tested.
	2022-2023
	<ul style="list-style-type: none"> • Program policies and related procedures will be finalized and presented to the Council for approval. • The risk identification process will be implemented. • Risk mitigation process will be implemented. • The tool will be finalized and implemented.

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Activity	Key Performance Indicators
	2023-2024 <ul style="list-style-type: none"> The process will be monitored and reported on to the Council. A review of the effectiveness of risk identification and mitigation process will be undertaken. The program will be evaluated and adjusted to improve effectiveness as warranted.
4.3. Alternate Dispute Resolution	
The Council's Governance Report approved in July 2020 included the mandate that the College create an Alternative Dispute Resolution (ADR) program. The work started on this program in 2020-2021 will be continued and the program that is developed will be presented to the Council for approval and, if approved, implemented.	2021-2022 <ul style="list-style-type: none"> Program policies in support of an ADR program will be finalized and presented for approval. The ADR program will be fully implemented. Where applicable complainants and registrants will be notified of the eligibility to participate in ADR.
4.4. Volunteer Program Development and Implementation	
The College Council has stated among its values that its human resources are a key asset. The College's human resources go well beyond the traditional use of that term in the context of staff. The College's human resources, and therefore key assets, includes the many volunteers who work with the College on Council and Operating Committees and who perform key roles within the regulatory framework. As such, the College will develop an overarching and comprehensive volunteer program that covers recruitment, competency assessment, training and recognition.	
The College will develop a comprehensive Volunteer Program to foster the recruitment, assessment, appointment, training and recognition of Registrants and the public in support of regulatory functions.	2021-2022 <ul style="list-style-type: none"> Program policies and procedures in support of the recruitment, assessment, appointment, training and recognition of volunteers will be developed and presented to the Council for acceptance.
	2022-2023 <ul style="list-style-type: none"> The Volunteer Program will be fully implemented.

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Activity	Key Performance Indicators
A competency-based assessment program will be developed and implemented to ensure that the College has individuals with the necessary knowledge, skills and judgment to fulfill its voluntary role	2023-2024
	2021-2022
	<ul style="list-style-type: none"> A set of competencies necessary to perform the role of Council and Committee member will be developed and presented to the Council for approval. Working with the Governance Committee, an assessment program to review the competencies of volunteers will be developed and presented to the Council for approval.
A comprehensive orientation and training program will be developed as part of the program to ensure that volunteers appointed within the College have the knowledge to properly and fairly perform their duties.	2022-2023
	<ul style="list-style-type: none"> The competency framework and assessment program will be implemented. Volunteers who have the necessary knowledge, skill and judgment will be presented to the Council for appointment.
	2021-2022
	<ul style="list-style-type: none"> A comprehensive orientation and training program will be developed that covers key principles including but not necessarily limited to unconscious bias, human rights, accessibility, diversity, inclusion, fiduciary duties, conflict of interest and health and safety matters.
	2022-2023
	<ul style="list-style-type: none"> The orientation and training program will be fully implemented, and all volunteers appointed by the Council will be properly oriented to the role of the College and trained in key principles.
4.5. Fair Registration Practices & Currency Requirements	
	2021-2022

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Activity	Key Performance Indicators
<p>The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in it's report of 2018, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.</p>	<ul style="list-style-type: none"> • A process for assessing and monitoring the consistency of registration decisions will created and implemented: <ul style="list-style-type: none"> ○ A "processing application files" operating policy, and guidelines document will be developed and implemented. ○ An electronic reference file of decisions for applications referred to the RC under the College will be created and maintained. ○ An audit of applicant files will be undertaken in conjunction with the overall audit of the College's filing system. • A process for verifying and monitoring the compliance of third parties used in the registration process with OFC requirements will be established and implemented: <ul style="list-style-type: none"> ○ The College will develop a third-party assessment guideline document for the annual review of third-party assessment practices. ○ A process for addressing non-compliance issues with third-party agencies will be developed.
	2022-2023
	<ul style="list-style-type: none"> • A review of registration requirements will be undertaken: <ul style="list-style-type: none"> ○ In concert with the Registration Committee, entry to practice and registration requirements will be reviewed for relevancy and currency. ○ Tools to assess currency at entry to practise will be amended to reflect updates to core competencies and/or the competency profile of the profession. ○ Audits of Registrant currency in the new database management system will be operationalized
	2023-2024

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> The College will seek to implement any additional recommendations resulting from further OFC assessment or Ministry feedback in relation to the CPMF reporting.
4.6. PLAR Program – Demonstration-based Assessment	
As a result of COVID-19, beta testing and operationalization of cases associated with the final demonstration-based, OSCE-type component (“Interaction with a Simulated Patient”) of the PLAR program had to be delayed.	2023-2024
	<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.
4.7. Inspection Program Review	
The College, in concert with the Inspection Committee, will undertake a review of the Inspection Program to ensure that the re-inspection of the original “existing premises” can be completed in a orderly fashion and that the fees being charged for the program are in keeping with the intent of the Council.	2021-2022
	<ul style="list-style-type: none"> The College will implement any strategies developed and approved by the Committee/Council around the timing of inspections. As such, <ul style="list-style-type: none"> Program policies will be updated and published to the website. Designated Registrants are informed of program changes. The Inspection Committee will consider any potential changes to the fee structure for the program. As such, The Council will be briefed on any recommended fee changes. Any fee changes determined by the Council are implemented in the 2022-2023 fiscal year.

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Activity	Key Performance Indicators
4.8. Review of College Finances and Fees	
<p>In 2018, the Executive Committee committed the College to undertake a review of the College's financial status and registration fees levied to the profession to ensure that the fees were at the appropriate level to ensure the long-terms sustainability of the College while charging the lowest fees possible. This College will proceed to implement this project to meet that commitment.</p>	2021-2022
	<ul style="list-style-type: none"> • A Request for Proposals process will be initiated in support of this project. As such, <ul style="list-style-type: none"> ○ A selection team of staff and Council members will be established; ○ A request for proposals will be issued in April of 2021 ○ Responses to the RFP will be evaluated by the selection team and interviews held with potential vendors ○ A contract will be awarded before June 3, 2021. • The Auditor selected will be engaged to complete the necessary work. Using the first five full years of operations, an independent audit will be undertaken of the College's financial standing, financial risks, recommended levels of reserves and actual reserves, and revenues, in particular, Registrant fees to determine the appropriate and necessary fee levels. As such, <ul style="list-style-type: none"> ○ The Auditor will conduct the review between July and September 2021. ○ A report is presented to the Council in September 2021 with any recommendations. ○ If necessary, based on Council decisions, by-law changes are circulated for consultation in November and December 2021. • Final by-law changes to the fee schedule will be presented to Council in January 2022 for approval.
	2022-2023

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> The fees for the Registration year 2022-2023 (which begin to be collected in February 2022, may be adjusted based on the by-law changes.
4.9 Property Search	
<p>The College will engage in an open and transparent process to seek appropriate space for the head office of the College that meets the current and future needs of the College.</p>	2021-2022
	<ul style="list-style-type: none"> The College will conduct a thorough needs assessment to identify the space requirements for College staff and governance functions in light of the changes to the work environment precipitated by the COVID-19 pandemic.
	2022-2023
	<ul style="list-style-type: none"> Upon completion of the needs assessment, the College will work with its broker of record to issue a request for proposals from various office buildings to allow for an open bidding process from buildings that can meet or exceed College needs. The College will negotiate a lease agreement with the building management of the selected location, including any leasehold changes needed for the location. The College will issue a request for quotes from companies that are needed to support a move should one be required. As such, requests for quotes or proposals will be issued to, <ul style="list-style-type: none"> Companies that specialize in office move, if a move is required. Companies that specialize in office design, if a move to a new location is required. Companies that specialize in office construction, if a move is required and construction is needed.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> Preparations will be made to any new office space in anticipation of occupancy by the end of February 2023
	2023-2024
	<ul style="list-style-type: none"> The College will work to promote any address changes and to settle the College operations and personnel into new space if a move was required.
4.10. Risk Management Program	
The College will develop an enterprise risk management (ERM) designed to identify, monitor and mitigate risks faced by the College.	2021-2022
	<ul style="list-style-type: none"> An ERM framework based on ISO31000:2018 will be developed and presented to the Council for its review and acceptance. A process for identifying risks within the College will be developed and implemented. All risks will be assessed and prioritized. Mitigation strategies will be developed. A risk report will be presented to the Council for review and acceptance.
	2022-2023
	<ul style="list-style-type: none"> Working with the Governance Policy Review Committee, existing Executive Limitations policies will be reviewed and proposed changed developed to incorporate the new ERM framework. The Council will be asked to identify the College's true level of risk tolerance and the nature and timing of risk monitoring reports.
	2023-2024
	<ul style="list-style-type: none"> A final ERM program will be presented to Council and training provided to ensure a full understanding of the model, risks, priorities and mitigation strategies.

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