



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #24

Draft Agenda

Date: July 28, 2021 (2021/22-02)

Time: 9:00 a.m. to 4:00 p.m.

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING #24
July 28, 2021
9:00 a.m. to 4:00 p.m.
DRAFT AGENDA

Sect/No.	Action	Item	Page	Responsible
0	Pre-Meeting Networking (8:30 am to 9:00 am)			
	Networking	Information networking for Council members (8:30-9:00am)	--	All
1	Call to Order and Welcome			
1.01	Procedure	Call to Order	--	K. Bretz
1.02	Discussion	Meeting Norms	5-7	K. Bretz
1.03	Discussion	"High Five" – Process for identifying consensus	8	K. Bretz
2	Consent Agenda¹			
2.01	Approval	i. a) Draft Minutes of May 26, 2021	9-16	K. Bretz
		b) In-camera Minutes of May 26, 2021 ²	17	
		ii. Committee Reports	18-34	
		iii. Information Items	35-82	
3	Main Agenda (9:20 am)			
3.01	Approval	Review of Main Agenda	3-4	K. Bretz
3.02	Discussion	Declarations of Conflict of Interest	83-85	K. Bretz
4	Monitoring Reports			
4.01	Acceptance	Report of the Council Chair	86	K. Bretz
4.02	Acceptance	Report on Regulatory Operations	87-91	A Parr
5	Council Governance Policy Confirmation			
5.01	Discussion	Review/Issues Arising	--	B. Lessard-Rhead
		i. Council-CEO Linkage Policies		
		ii. Governance Process Policies		
		iii. Ends Policies		
5.02	Decision	Detailed Review Executive Limitations Policies (Part 1)	92-93	
5.03	Decision	Proposed New/Amended Policies from GPRC		
		i. GP23.03 – Process for Election of Officers		
		ii. GP29.00 – Participation in Outside Activities or Events	94-95	
			96-98	
6	Regular Business			
6.01	Acceptance	Audit Committee Report on the 2020-2021 Audit	99-100	L. Fenton
6.02	Approval	Auditor's Report and Audited Statements 2020-2021	101-119	T. Kriens
6.03	Decision	Good Character Policy – Proposed amendments	120-129	S. Burns
6.04	Decision	CSE Blueprint – Proposed amendments	130-135	S. Burns
6.05	Decision	Equity, Diversity, and Inclusion Committee Appointments	136	G. Welder
6.06	Decision	Annual Statutory Committee Reports	137-148	K. Bretz
6.07	Decision	Annual Report on Operational Performance	149-211	A. Parr
7	Council Education			
7.01	Discussion	Council and Committee Evaluations	--	S. Verrecchia
7.02	Information	Program Briefing – Patients Relations Program	212-214	J. Quesnelle
8	In-Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC)			
8.01	Motion	In-camera session to discuss personnel matters.	--	K. Bretz
8.02	Decision	CEO Performance Evaluation 2020-2021	215	K. Bretz
8.03	Motion	To move out of the in-camera session	--	K. Bretz

¹ Members of Council may request any item in the Consent Agenda to be added to the main agenda.

² In-camera minutes are redacted from the materials being released publicly for the Council meeting.

9	Other Business				
	9.01	Decision		--	K. Bretz
10	Evaluation and Next Meeting				
	10.01	Discussion	Meeting Evaluation	On-line	K. Bretz
	10.02	Discussion	Next Meeting – September 29, 2021	--	K. Bretz
11	Adjournment				
	11.01	Decision	Motion to Adjourn	--	K. Bretz



The College of Naturopaths of Ontario

**Zoom Meeting
Council of the College of Naturopaths of Ontario**

Meeting Norms

General Norms

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

Additional Norms for Virtual Meetings

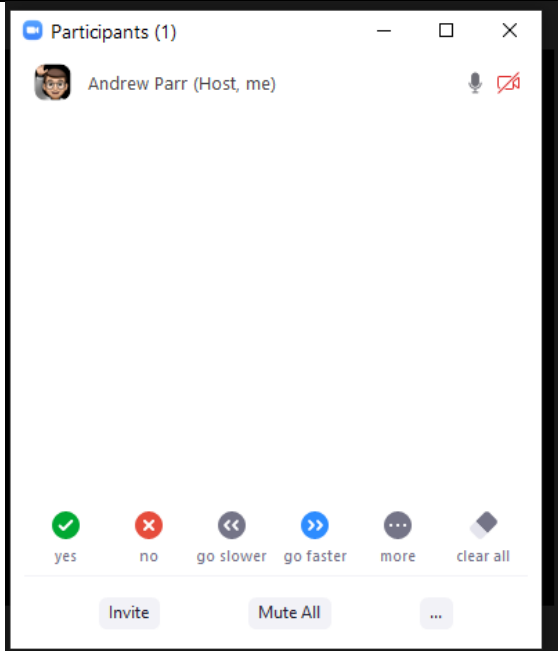
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

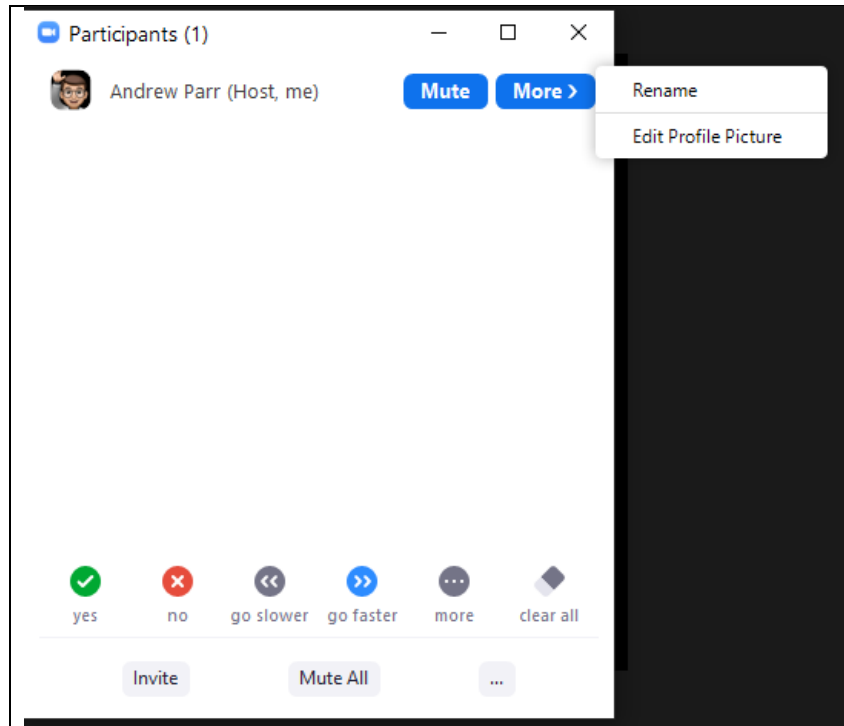
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
			

Other Helpful Tips

	<ul style="list-style-type: none"> • Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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Participants (1)

Andrew Parr (Host, me) Mute More >

- Rename
- Edit Profile Picture

yes no go slower go faster more clear all

Invite Mute All ...

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



The College of Naturopaths of Ontario

**Zoom Meeting
Council of the College of Naturopaths of Ontario**

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
May 26, 2021**

**Teleconference
DRAFT MINUTES**

Council		
Present		Regrets
Ms. Asifa Baig (1:1)		
Dr. Jonathan Beatty, ND (1:1)		
Dr. Kim Bretz, ND (1:1)		
Dr. Shelley Burns, ND (1:1)		
Mr. Dean Catherwood (1:1)		
Mr. Brook Dyson (1:1)		
Ms. Lisa Fenton (1:1)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (1:1)		
Dr. Jennifer Lococo, ND (1:1)		
Ms. Sarah Griffiths-Savolaine (1:1)		
Dr. Jacob Scheer, ND (1:1)		
Dr. Jordan Sokoloski, ND (1:1)		
Dr. George Tardik, ND (1:1)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Director, Registration & Examinations		
Dr. Mary-Ellen McKenna, ND (Inactive), Manager, Professional Practice		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Natalia Vasilyeva, Manager, Professional Conduct		
Ms. Monika Zingaro, Administrative Assistant Operations		
Guests		

Ms. Rebecca Durcan, Legal Counsel	
Dr. Sean Armstrong, ND, Inspection Committee Chair	

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:02 a.m. She welcomed everyone to the meeting and recognized newly re-elected Council member Dr. Shelley Burns, ND, District 2, and newly elected Council members Dr. Jennifer Lococo, ND, District 4 and Dr. Jonathan Beatty, ND, District 6 to their first meeting. In addition, she congratulated the newly re-appointment Public members Ms. Asifa Baig, Ms. Lisa Fenton, and Ms. Sarah Griffiths-Savolaine for their three-year term extensions.

The Chair also noted that the meeting was being live streamed via YouTube to the College's website. As a result, any observers were directed to that feed as opposed to logging into the Zoom meeting.

2. Executive Committee Elections

2.01 Council Chair

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

2.02 Council Vice-Chair

Upon the submission deadline for nominations, only one nomination was received, Ms. Sarah Griffiths-Savolaine. Therefore, by acclamation she has been elected to the position of Council Vice-Chair.

2.03 Officer-at-Large Public member

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

2.04 Officers-at-Large Professional members

Upon the submission deadline for nominations, only two nominations were received, Dr. Jordan Sokoloski, ND, and Dr. George Tardik, ND. Therefore, by acclamation they have been elected to the positions of Officer-at-Large Professional members.

3. Consent Agenda

3.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	George Tardik
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

4. Main Agenda

4.01 Review of the Main Agenda

A draft of the Main Agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The Chair asked if there were any items to be added to the agenda. There were none.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Jordan Sokoloski
SECOND:	George Tardik
CARRIED.	

4.02 Declarations of Conflicts of Interest

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

The Chair reminded Council there are a few forms that are still required to be completed and submitted to College staff as soon as possible.

5. Monitoring Reports

5.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jacob Scheer
CARRIED.	

5.02 Report on Regulatory Operations from the CEO

The Report on Regulatory Operations from the CEO was circulated in advance of the meeting. Mr. Andrew Parr, CEO, provided a detailed overview of the information enclosed in the report. He advised this report's timelines have been generated to align with the CPMF cycle and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Brenda Lessard-Rhead
SECOND:	Dean Catherwood
CARRIED.	

5.03 Variance Report and Unaudited Financial Statements for Q4

A Variance Report and the Unaudited Financial statements ending March 31, 2021 (Q4) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director of Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarters. She responded to questions that arose during the discussion that followed.

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

6. Council Governance Policy Confirmation

6.01 Review/Issues Arising

6.01(i) Detailed Review – Council-Registrar Linkage Policies

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

6.01(ii) Executive Limitations Policies

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

6.01(iii) Ends Policies

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

6.02 Detailed Review (as per GP08) – Governance Process Policies (Part 2)

Council members were asked if there were any members who wished to discuss the Governance Process Policies (Part 2). Dr. Jordan Sokoloski, ND, provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Shelley Burns
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.03 Proposed New/Amended Policies from GPRC – GP 28.00

Dr. Jordan Sokoloski, ND, provided a detailed overview of the newly drafted policy included within the Council's package to help further the College's transparency initiatives and responded to any questions that arose during the discussion.

In addition, Mr. Parr advised the Council members a similar Operational Policy has been created for College staff members.

MOTION:	To approve the newly drafted Governance Policy GP28.00 – Registering Gifts, Benefits & Remuneration as presented.
MOVED:	Jacob Scheer
SECOND:	George Tardik
CARRIED.	

7. Business

7.01 Inspection Program Fees

The Council Chair welcomed Dr. Sean Armstrong, ND, Inspection Committee Chair, and Dr. Mary-Ellen McKenna, ND (Inactive), Manager of Professional Practice, to the meeting and invited them to present their Agenda items.

A Briefing Note highlighting the proposed changes to the Inspection Fees was circulated in advance of the meeting. Dr. Sean Armstrong, ND, provided a detailed overview of the amendments, for instances, reducing the 5-year inspection fee from \$2,500 to \$2,000 and combining the Part I and Part II fees together payable prior to the first inspection in the amount of \$2,500.

They responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the Inspection Fees as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

7.02 Inspection Program Requirements

A Briefing Note and corresponding documentation highlighting the proposed changes to the Inspection Program Requirements were circulated in advance of the meeting. Dr. Sean Armstrong, ND, provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the Inspection Program Requirements as presented, subject to an Inspection Committee's review of non-substantive grammatical and/or typographical changes.
MOVED:	Dean Catherwood
SECOND:	Jordan Sokoloski
CARRIED.	

7.03 Inspection Program Policies

A Briefing Note and corresponding documentation highlighting the proposed changes to the Inspection Program Policies were circulated in advance of the meeting. Dr. Armstrong, ND, provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to the Inspection Program Policies as presented.
MOVED:	Jonathan Beatty
SECOND:	Shelley Burns
CARRIED.	

The Council Chair thanked Dr. Sean Armstrong, ND, Inspection Committee Chair, and Dr. Mary-ellen McKenna, ND (Inactive), Manager of Professional Practice, for attending the meeting.

7.04 Alternate Dispute Resolution Program Policies

A Briefing Note and corresponding documentation highlighting the newly drafted Alternate Dispute Resolution (ADR) Program Policies were circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, provided a detailed overview of the Policies and responded to any questions that arose during the discussion.

He advised the Council members should they approve the Program Policies; College staff will begin to implement the ADR Program on an operational level with newly established Operational Policies and procedures to follow with low-risk matters which meet the criteria as outlined.

In addition, he informed the Council members that those partaking in the ADR Program is voluntarily, should both parties agree, and these matters will be facilitated by a trained third party.

MOTION:	To approve the Alternative Dispute Resolution Program Policies as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jacob Scheer
CARRIED.	

7.05 Equity, Diversion, and Inclusion (EDI) Initiatives

A Briefing Note and corresponding documentation presenting possible future initiatives and strategies that can be undertaken by the College to promote EDI within College policies and procedures were circulated in advance of the meeting. Mr. Parr invited the Council members to provide their feedback and responded to any questions that arose during the discussion.

After a lengthy discussion and a majority consensus, the initial steps to be taken is to form a new EDI Committee that would focus on this topic, and the Council members agreed they would like to have an expert provide further information to expand their understanding and knowledge about this topic at a future Council meeting.

MOTION:	To approve the newly created Terms of Reference for the Equity, Diversion and Inclusion Committee as amended.
MOVED:	Shelley Burns
SECOND:	Jordan Sokoloski
CARRIED.	

7.06 Competency Framework Funding Request

A Briefing Note highlighting the Council's approval to use additional funds to develop a Competency Framework was circulated in advance of the meeting. Mr. Parr provided a detailed overview of the request and responded to any questions that arose during the discussion.

In addition, he advised the Council members this would be a one-time payment and should other regulatory Colleges in Ontario agree to participate in the development of this Framework, the cost would be divided equally among the amount of participating Colleges.

MOTION:	To approve the request to spend up to \$65,000 in the development of a Competency Framework for Council and its Committees.
MOVED:	Dean Catherwood
SECOND:	Jonathan Beatty
CARRIED.	

7.07 Committee Appointments

A supplemental document was circulated individually in advance of the meeting, as it was not initially included within the meeting package, provided the proposed 2021-2022 fiscal year Committee appointments. Mr. Parr presented the changes to each Committee and responded to any questions that arose.

MOTION:	To approve the Committee appointments as presented.
MOVED:	George Tardik
SECOND:	Brenda Lessard-Rhead
CARRIED.	

8. Council Education

8.01 Program Briefing – ICRC

The Council Chair welcomed Ms. Natalia Vasilyeva, Manager of Professional Conduct, to the meeting. A Briefing Note highlighting the Complaints and Reports Processes was circulated in advance of the meeting. Mr. Quesnelle and Ms. Vasilyeva provided a detailed overview of the processes the College follows and responded to any questions that arose during the discussion.

8.02 Program Briefing – Discipline

A Briefing Note highlighting the Discipline Processes was circulated in advance of the meeting. Mr. Parr and Ms. Vasilyeva provided a detailed overview of the processes the College follows and responded to any questions that arose during the discussion.

The Council Chair thanked Ms. Natalia Vasilyeva, Manager of Professional Conduct, for attending the meeting.

9. In-camera Session (Pursuant to paragraph (d) of section 7(2) of the HPPC)

9.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 12:12 p.m.

MOTION:	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Brenda Lessard-Rhead
CARRIED.	

10. Other Business

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

11. Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for July 28, 2021. In addition, noted a new element to the Council meeting, a quick survey to be completed by all members via the link to be sent by Mr. Parr through e-mail following the meeting.

12. Adjournment

12.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:26 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jonathan Beatty

Recorded by: Monika Zingaro
Administrative Assistant, Operations
May 26, 2021



The College of Naturopaths of Ontario

Minutes Redacted

The Council moved to an in-camera session to discuss materials pursuant to paragraph (2) of section 7(2) of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991*. The minutes of that portion of the meeting are also protected under the same authority and have therefore been redacted from the Council meeting materials being disclosed.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 28, 2021

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

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



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT

May 1 – June 30, 2021

The Audit Committee met by teleconference on May 10, 2021, to review and approve the Auditor's Engagement letter, Audit Scope letter, and Audit Planning letter in preparation for the College's upcoming audit which will begin May 31, 2021.

The Committee's follow up meeting is tentatively scheduled for early July 2021 to review the completed draft audit statements.

Dr. Elena Rossi ND

Chair

June 25, 2021



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE CHAIR REPORT

July 2021

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

The Exam Appeals Committee did not meet in the May 1, 2021, to June 30, 2021, reporting period.

Thank you,

Dianne Delany
Chair
July 2021



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

July 2021

This serves as the Chair report of the Executive Committee for the period May 1, 2021 to June 30, 2021.

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

Dr. Kim Bretz, ND
Council Chair
July 2021



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

July 2021

Between May 1, 2021 and June 30, 2021, the Inquiries, Complaints and Reports Committee held two regular online meetings – May 6th and June 3rd.

In May, 13 matters were reviewed, ICRC members approved 4 Decisions and Reasons and drafted 4 reports.

In June, 14 matters were reviewed, ICRC members approved 4 Decisions and Reasons and drafted 6 reports.

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

The committee continues to see concerns about COVID-related advertising or practice. Since January 2021 the committee has issued 1 Letter of Counsel, 1 SCERP and 4 Oral Cautions with respect to COVID-related matters.

Dr. Erin Psota, ND
Chair
July 5, 2021



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE CHAIR REPORT

July 2021

The Governance Committee, convenes on an as-needed basis, based on the by-laws.

During the reporting period May 1, 2021, to June 30, 2021, the Committee was not required to undertake any activities, and therefore did not convene.

The Committee expects to meet in early July 2021.

Thank you,

Dr. Gudrun Welder, ND

Chair

July 2021

PATIENT RELATIONS COMMITTEE REPORT

July 2021

The Patient Relations Committee (PRC) meet once (May 19, 2021) since its last report to Council.

Ongoing Issues/Topics for Discussion

Applications for Funding

There were no new applications for funding for therapy and counselling during this reporting period. There continues to be four active files with a total of \$19,761.60 of funding accessed with a total of \$2732.00 being accessed since the last report.

New Committee Appointments

With new committee member appointments taking place at the last Council meeting, the Committee is in the process of confirming availability and booking future meeting dates for the Patient Relations Committee.

Sam Laldin

Chair

July 2021



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT July 2021

Meetings and Attendance

Since the date of our last report to Council in May, the Quality Assurance Committee has met on two occasions, both via teleconference, on May 25th and June 24th respectively. No concerns regarding quorum have been experienced.

Activities Undertaken

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

Additionally, at its **May** meeting, the Committee reviewed and discussed the feedback received from the public consultation on the proposed amendments to the Standard of Practice for Core Competencies and developed corresponding recommendations to be forwarded, along with the consultation materials, to the newly- formed Standards Committee for their consideration.

The Committee also reviewed and made decisions with respect to submissions from three Registrants whose Peer and Practice Assessment results had discrepancies identified.

The Committee also considered an update on the status of Group III CE reporting provided by staff and dealt with one CE reporting deadline extension request.

Finally at the May meeting, the Committee was provided a status update on the completion of Self Assessments by Registrants and considered different options for dealing with non-compliance. It was decided to establish a new deadline for notice of completion after which, failure to do so would result in completion of a mandatory Peer and Practice Assessment at the Registrant's cost.

At its **June** meeting, the Committee also considered an update on the Self- Assessment program, confirming that all had now been completed for 2021. In addition, the Committee reviewed and provided feedback on the background work done by staff so far, on 3 new Self-Assessment questionnaires; Conflict of Interest, Delegation, and Informed Consent

The Committee also reviewed and made a decision with respect to one Group I CE reporting deadline extension request.

Finally at the June meeting, the Committee reviewed and approved the proposed meeting schedule for 2022.

Issues

None, other than the implications of the ongoing COVID-19 pandemic.

Next Meeting Date

August 24, 2021

Respectfully submitted by,

Barry Sullivan, Chair,

July 6, 2021



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
(July 2021)

At the time of this report, the Registration Committee met on May 19th and June 16th.

Entry-to-Practise Reviews and Referrals

The Committee continued to review applications for registration for applicants who had exceeded the two-year window from their date of graduation for completing their entry-to-practise requirements and applying for registration.

Clinical Examination Blueprint

The Committee reviewed and approved amendments made to the Ontario Clinical Sciences Blueprint in updating older terms and correcting minor parameters.

PLAR Applicant Language Proficiency Request

The Committee reviewed a language proficiency exemption request by a PLAR applicant.

Good Character Policy Edits

The Committee reviewed draft edits to the Good Character Policy.

Per Diem Expense Handbook

The Committee reviewed a copy of the handbook and new process being implemented June 1, 2021.

Maintaining Currency Hours

The Committee reviewed the Registration Policy in regards to currency hours. This matter will be brought forward again at a future meeting.

Danielle O'Connor, ND
Chair
Registration Committee
July 8, 2021



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

July 2021

During the reporting period of May 1, 2021 to June 30, 2021, the SSRC did not meet. Meetings are scheduled based on work flow.

Respectfully submitted by

Dr. George Tardik, ND
Chair
July 2021

150 John St., 10th Floor, Toronto, ON M5V 3E3

T 416.583.6010 F 416.583.6011

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The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

July 2021

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

This report is for the period from 1 May 2021 to 30 June 2021 and provides a summary of the hearings held during that time as well as any new matters referred by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Discipline Hearings

CONO vs. Taras Rodak (DC18-01)

On 12 July 2019, the following members of the Discipline Committee were appointed to a panel to hear the above-noted matter referred to the DC by the ICRC on 5 November 2020:

Dr. Jordan Sokolosky, ND - Chair
 Dr. Laure Sbeit, ND
 Lisa Fenton
 Samuel Laldin

The Panel held a one day penalty hearing on 18 May 2021 and imposed an order:

- Requiring the Registrant to appear before the Panel to be reprimanded;
- Directing the CEO to suspend the Registrant's certificate of registration for a period of four months;
- Directing the CEO to impose specified terms, conditions and limitations on the Registrant's certificate of registration;
- Requiring the Registrant to pay the College's costs fixed in the amount of \$5,000;
- Requiring the Registrant to pay a fine of not more than \$350 to the Minister of Finance.

The penalty Decision and Reasons in this matter was issued by the Panel on 21 June 2021.

CONO vs. Taras Rodak (DC19-06)

On 20 April 2021, the following members of the Discipline Committee were appointed to a panel to hear the above-noted matter referred to the DC by the ICRC on 5 December 2019:

Dr. Jordan Sokoloski, ND - Chair
 Dr. Laure Sbeit, ND
 Brook Dyson
 Dean Catherwood
 Samuel Laldin

The Panel held a one day uncontested hearing on May 18, 2021 and imposed an order:

- Requiring the Registrant to appear before the Panel to be reprimanded;
- Directing the CEO to suspend the Registrant's certificate of registration for a period of three months;
- Directing the CEO to impose specified terms, conditions and limitations on the Registrant's certificate of registration;
- Requiring the Registrant to pay the College's costs fixed in the amount of \$5,000;
- Requiring the Registrant to pay a fine of not more than \$350 to the Minister of Finance.

The Decision and Reasons in this matter was issued by the Panel on 21 June 2021.

New Referrals

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

Committee Meetings and Training

The Committee met on 12 May 2021 for its annual full day training that reviewed the discipline process from when a referral is made to writing the decision and reasons. The training was well attended and was the first training conducted by the College's new ILC Lonny Rosen and Elyse Sunshine from Rosen Sunshine LLP. The Committee also reviewed and approved revisions to the Rules of Procedure of the Discipline Committee.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair

6 July 2021



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT **May-June 2021**

Committee Update

Since the last update to Council, the Inspection Committee had two teleconference meetings on May 27th, and June 24th.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspectors to record his/her observations during the inspections, and Inspector's Reports for 8 locations.

The outcomes were as follows:

- Part I
 - 3 Passes
 - 4 Passes with Recommendations
 - 1 Pass with Conditions and Recommendations

Type 1 Occurrence Reports

There were 4 Type 1 Occurrences reported for this period.

Review of the Summary of Type 2 Occurrence Reports

There were no Type 2 Occurrences reported for this period.

Closing Remarks

Upon review and with helpful feedback from council, typos and grammatical errors were corrected in our documents following the most recent council meeting held on May 28th.

Dr. McKenna, ND (Inactive) interviewed new inspectors to help complete the next round of inspections for existing premises which will begin in the fall of 2021. The newly appointed inspectors will help to reduce the amount of stress on the existing inspectors due to the large quantity of existing premises that will be inspected, as well as new premises that are continuing to open.

On behalf of our IVIT committee, we would like to thank Dr. Tara Gignac ND for her past help with the committee and we would like to welcome Dr. Jennifer Lococo ND onboard!

Best of health,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
July 2021



The College of Naturopaths of Ontario

**GOVERNANCE POLICY REVIEW COMMITTEE REPORT
July 2021**

Meetings and Attendance

Since the date of our last report to Council in May, the Governance Policy Review Committee has not held any meetings.

Activities Undertaken

Other than the previously reported meeting on May 4th and subsequent presentations made to Council at the May 26th Council meeting, the Committee was not involved in other activities during the May/ June review period.

Issues

None; other than the continuing implications of the COVID-19 pandemic.

Next Meeting Date

July 9, 2021.

Respectfully submitted by,

Barry Sullivan, Outgoing Chair,
July 5, 2021



The College of Naturopaths of Ontario

STANDARDS REVIEW COMMITTEE REPORT

July 2021

During the reporting period of May 1, 2021 to June 30, 2021, the Standards Review Committee held their first meeting on June 30, 2021.

The Committee received training from staff and legal counsel as well as initiated their review of the feedback from the public consultation on the Core Competencies. The Committee provided staff with recommendations for revision and will conduct a line by line review of the Core Competencies at their next meeting.

Respectfully submitted

Dr. Elena Rossi, ND

Chair

July 2021



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 28, 2021

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Gray Areas (No. 257, 268)	Gray Areas is a monthly newsletter and commentary from our legal firm, Steinecke Maciura LeBlanc on issues affecting professional regulation. The issues for this past quarter are provided to Council in each Consent Agenda package.
2.	Legislative Update (May, June)	This is an update provided by Richard Steinecke to the members of the Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO). The updates identify legislation or regulations pertaining to regulation that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda package.
3	Council Meeting Evaluation	Graphs summarizing the responses of Council member's feedback from the May 2021 Council meeting.

No.	Name	Description
4	Type 2 Occurrence Summary	A Report summarizing Type 2 Occurrence for informational purposes.
5	Guidelines	Three Guidelines to reference as noted within Briefing Notes throughout the agenda items. These include the following, <i>Understanding the Public Interest, Understanding the Risk Analysis Terminology</i> and <i>Understanding Transparency</i> .

Responding to the Pandemic: Reflections by Regulators

by Rebecca Durcan
June 2021 - No. 257

While the pandemic is not yet over, reflections on how regulators have responded to, and can learn from, their pandemic experience is already happening. Last month the UK oversight body, the Professional Standards Authority (PSA) released its preliminary report entitled: *LEARNING FROM COVID-19: A case-study review of the initial crisis response of 10 UK health and social care professional regulators in 2020*. The report can be found at: <https://www.professionalstandards.org.uk/publication/detail/learning-from-covid-19-a-case-study-review>.

Many of the points made in the report will be familiar to Canadian regulators including the following:

- Regulators rapidly changed their registration rules to quickly re-register recently retired practitioners and offer some sort of limited registration to recent graduates who did not meet all of the requirements in order to ensure sufficient health care staffing needs.
- Education programs worked with regulators to facilitate acceptance of remote and alternative ways of training future practitioners.
- Remote investigations and virtual discipline hearings became common.
- Regulators had to issue guidance and standards of practice on short notice without the usual consultation process. Some of those standards provided assurance to practitioners if they were not always able to meet the usual

professional expectations and or comply with the usual safeguards for telepractice in the short term.

- Regulators learned to operate remotely and largely without paper documents.

However, there are a number of points made in the report that may be of interest to Canadian regulators as they conduct their own reflections.

Many regulators found that they were not able to involve clients and members of the public in their decision making as they had in the past. Consultation on proposed guidelines and standards of practice was often not feasible. This gap will need to be filled going forward regardless of the “we won’t be doing things the same way again” philosophy that has emerged.

There is a sense that on some issues the regulators and other stakeholders (e.g., public health authorities, health care institutions and employers) collaborated more closely than before. This was necessary and in many ways seen as positive. However, there is a risk of the regulators losing focus on their mandate and independence in order to make “the system work”.

There was also unique collaboration amongst regulators. For example, one of the case studies in the report discusses how pharmacies and social workers worked together in the “development of community pharmacies as ‘safe spaces’ for victims of domestic abuse, the prevalence of which rose markedly from the outset of the pandemic.”

In the past, the PSA had suggested that the mental health and welfare of practitioners was really the mandate of professional organizations, not regulators. The pandemic caused such strain on the welfare of

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867, E-Mail: info@sml-law.com

WANT TO REPRINT AN ARTICLE

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

practitioners in ways that jeopardized their ability to practice, that regulators took a much more active role in advocating for the wellness of practitioners. It is unclear at this time whether that will be seen as an ongoing role for regulators.

While there are no statistics, it appears from the discussion in the report and our own anecdotal information that some of the UK regulators permitted a longer backlog of discipline cases to develop than many Canadian regulators.

The report identifies that an entry-to-practise competency for practitioners should include skills for managing emergencies, including making ethical judgments. By way of illustration of the latter, the report mentions that some regulators issued statements that it was unprofessional for practitioners to comply with blanket “do not resuscitate” orders that appear to have been issued in some facilities.

The pandemic has re-emphasized the value in practitioners from multiple health professions receiving joint training in some areas, particularly those related to shared standards (e.g., informed consent) and professionalism. Similarly, it may be time for all health professions to have a single code of conduct.

The pandemic also had a significantly disproportionate effect on racialized individuals and communities. The report noted that some regulators are looking quite seriously at their ability to help address this issue. For example, the medical regulator is examining its role in affecting not only its own handling of complaints about racialized practitioners, but also addressing the causes of increased complaints about them. The regulator is developing initiatives to reduce these systemic causes (e.g., racialized practitioners not being part of the “in group”). The

medical regulator has also stated that “the pandemic has highlighted more than ever that a professionals [sic] individual health and well-being is central to their ability to deliver good care, and we must focus our attention on supporting the right environments to enable doctors to do so.”

The report has noted that the level of trust in health regulators by practitioners seems to have increased during the pandemic. This observation is consistent with the observation in Australia that practitioners reported a significant increase in their view that their regulatory body was doing all it could to protect the public and was trustworthy during the pandemic: (see the presentation of Paul Shinkfield and Alyssa King from Australian Health Practitioner Regulation Agency (AHPRA) on *Measuring strategic performance in regulation - Using data to demonstrate our value* put on by CLEAR at:

http://clearweb.drivehq.com/CLEAR_RegAdmin_webinar_Data_Demonstrate_Value_March25_2021.mp4 and

http://clearweb.drivehq.com/webinar_handouts/slides_CLEAR_webinar_Data_Demonstrate_Value_March2021.pdf).

For those interested in more information about the report, Douglas Bilton, Assistant Director, Standards and Policy, UK Professional Standards Authority for Health and Social Care will be making a presentation for CLEAR on the topic on June 15, 2021. See: <https://www.clearhq.org/> for more details.

Fixing Good Character Registration Requirements

by Erica Richler
Summer 2021 - No. 258¹

As a general rule, regulators cannot discipline practitioners for conduct that occurred before they became registered: *Association of Professional Engineers of Ontario v. Leung*, 2018 ONSC 4527 (CanLII), <https://canlii.ca/t/htl3k>. One exception is where the applicant provided false information on their application for registration about their pre-registration conduct. However, the questions posed on the application form must then be clear and unambiguous before the regulator can act on a failure to disclose past examples of bad conduct: *Payne v. Law Society of Upper Canada*, 2014 ONSC 1083 (CanLII), <https://canlii.ca/t/g6982>.

Therefore it is important for regulators to screen for applicants whose past conduct suggests that they will act unprofessionally in the future. Regulators who fail to do so face considerable criticism. Even someone with good technical skills can cause significant damage through inappropriate, dishonest or abusive conduct: <https://www.theglobeandmail.com/opinion/article-the-good-doctor-its-time-to-stop-treating-character-like-an/>.

In the case of police officers, the evidence shows that officers who have had conduct issues in the past are much more likely to have additional complaints in the future when they move to a different jurisdiction: <https://www.newyorker.com/news/us-journal/how-violent-cops-stay-in-law-enforcement>.

¹ This is a reprinted version of a paper published by the Canadian Network of Agencies of Regulation (CNAR).

However, in recent years, regulators have been criticized for imposing good character requirements that are misguided, ineffective, intrusive, unnecessarily traumatic and discriminatory.

Misguided and Ineffective

Many criticisms of good character registration requirements go back to the seminal article by Alice Woolley's on *Tending the Bar: The "Good Character" Requirement for Law Society Admission*: <https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=1911&context=dlj> (now [Justice Woolley](https://www.justice-woolley.com/)).

Alice Woolley argues that the conceptual foundation of the good character approach is flawed:

Good character is thus defined not simply as a matter of moral behaviour, but also as a matter of having the virtues which will result in moral behaviour...

It is impossible to prove that conduct flows from character, and some have argued that the assertion that it does is largely indefensible...
[footnote omitted]

To the social psychologist the overwhelming empirical evidence is that it is the circumstances of the lawyer's life—the pressures, culture and temptations of legal practice—which will dictate the ethics of his practice.

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Alice Woolley also expressed significant concerns about how the good character process is administered:

First, there is little consistency with respect to how past misconduct will be treated. Second, there is little consistency with respect to the significance which will be accorded to positive third party references about the applicant. Third, there is significant variation in how psychological evidence is used. Fourth, decisions often turn less on the evidence received about the applicant than on the panel's impression of the applicant as a witness during the proceeding. Finally, and perhaps most significantly, even when two cases present similarly on several evidentiary levels, inconsistent outcomes may be reached...

Further, and more significantly, because law societies do not undertake independent investigation of applicants, there is no assurance that all applicants with issues arising from prior misconduct have been identified. Even a basic requirement that applicants provide a criminal record check, or a social services check, would significantly widen the scope of the law societies' inquiries. ... [The] investigation of potential applicants should reach beyond the simple self-reporting system currently used.

Alice Woolley concludes:

[T]he focus needs to be less on an applicant's "character" writ large than on her "fitness" for the ethical rigours of legal practice.

Research in the United States suggests that past criminal findings are poor predictors of future professional misconduct: Levin, Leslie, "Rethinking

the Character and Fitness Inquiry" (2014). Faculty Articles and Papers. 125, cited at: https://opencommons.uconn.edu/law_papers/125.

Intrusive, Unnecessarily Traumatic and Discriminatory

The May 2021 article in Canadian Lawyer entitled *Good character, bad predictor, for law societies* cites Alice Woolley:

<https://www.canadianlawyermag.com/resources/professional-regulation/good-character-bad-predictor-for-law-societies/356482>.

The article goes further, suggesting that the good character questions asked of applicants are too broad.

Amy Salyzyn, an associate professor at the University of Ottawa's faculty of law, says there is a lack of evidence that the "good character" process is even effective in protecting the public. "If you look at the number of questions on the good character requirement form . . . it would be interesting to know what empirical evidence is behind [each] question," says Salyzyn. "Because the connection between those questions and future concerns aren't always evident. I think it's a part of a broader need for law societies to engage in evidence-based regulation."

Samantha Peters from the University of Ottawa law school raised the issue of the discriminatory impact of the good character requirements:

"I understand that the good character requirement is intended to protect the public and maintain high ethical standards in the profession," says Peters. "But I think that the

current process, as it stands, does not fully take into account the over-policing, wrongful convictions and criminalization of everyday movements of Black, Indigenous and criminalized folks.”

An earlier article in Canadian Lawyer by Naomi Sayers, an Indigenous lawyer, described the trauma of going through the good character screening process: <https://www.canadianlawyermag.com/news/opinion/the-trauma-of-proving-my-good-character/275404>.

In an article published earlier this year, Andrew Flavelle Martin reviewed the case law and literature on regulators asking questions about applicants’ mental health: [Mental Illness and Professional Regulation: The Duty to Report a Fellow Lawyer to the Law Society | Alberta Law Review](#). Such questions may be presumptively discriminatory and need to be worded in such a way as to not to be overly inclusive, capturing medical histories that are unlikely to be relevant to the suitability to practise the profession.

The CBC recently reported on a request for a regulator to reduce the kinds of good character information that applicants for regulation need to disclose because the questions are “an intrusion of privacy [and] also deter members of marginalized groups from joining the legal profession” <https://www.cbc.ca/news/canada/manitoba/manitoba-lawyers-good-character-screening-1.5954198>

In the United States there has been a concern that criminal records have unduly excluded people from occupations and professions, particularly racialized and marginalized individuals. Reforms are ongoing to reduce this barrier: <https://ij.org/report/barred-from-working/>; <https://www.clearhq.org/page-1860709>.

So What is a Regulator to do?

These critiques are not entirely consistent. Some call for broader scrutiny of past conduct to identify possible concerns. Others call for more limited questions focused on the most relevant of conduct and which do not have discriminatory effect.

However, even the strongest critics seem to see some sort of ongoing role for regulators to screen the past conduct of applicants for registration. As Alice Woolley states:

Moreover, it is possible to imagine plausible but hypothetical cases ... in which maintenance of the character requirement seems essential. If, for example, a lawyer were to be disbarred by the Law Society of Alberta for misappropriation of client funds and then apply for admission to the Nova Scotia Barristers' Society, it is obvious that his admission should be denied on the basis of his character as evidenced by his disbarment. *[footnote omitted]*

A good starting point for regulators is the leading case of *Ontario (Alcohol and Gaming Commission of Ontario) v. 751809 Ontario Inc. (Famous Flesh Gordon's)*, 2013 ONCA 157 (CanLII), <https://canlii.ca/t/fwk8l>. That case dealt with whether a member of the Hells Angels met the “good character” requirements to obtain a liquor licence. The learning points from that case include the following:

- The test in that legislation did not even refer to “good character”. Rather it took the more modern and relevant approach of asking whether the past conduct of the applicant afforded reasonable grounds for belief that the

applicant will not carry on business in accordance with the law and with integrity and honesty.

- The regulator could look at any past conduct of the applicant, not just past conduct in the practice of the business or profession.
- The past conduct did not need to result in criminal findings.
- The analysis of the past conduct was for the sole purpose of assessing whether it was likely to affect the future conduct of the practitioner.

Also, the standard of suitability based on anticipated future conduct is less generous to the applicant than the standard for removing someone from the profession who is already a member. That a practitioner has not been removed by their current regulatory body does not mean that another regulator has to register someone with a troubled practice history: *Lum v Alberta Dental Association and College (Review Panel)*, 2016 ABCA 154 (CanLII), <https://canlii.ca/t/grmxn>; *Nowoselsky v Saskatchewan Association of Social Workers*, 2015 SKQB 390 (CanLII), <https://canlii.ca/t/gmn1w>.

See also the discussion by Rebecca Durcan about how Canadian regulators, generally, are analyzing the relevance of past conduct concerns, from whatever source, to the future professional behaviour of the applicant: <https://www.clearhq.org/page-1860709>.

Going beyond the guidance of the case law, regulators might consider the following:

1. The legislative test should be amended if necessary so that it is based on whether the past conduct of the applicant provides a reasonable

basis to believe that their future behaviour is likely to cause harm.

2. Even though the questions posed should not be limited to criminal conduct,² they should be as objective as possible. For example, conduct that resulted in complaints, investigations, formal allegations, charges, tribunal findings or court findings might all be reportable.
3. The questions should capture concerns where consequences were avoided, for example, by resigning from a position or similar avoidance strategies.
4. Regulators should consider whether it is appropriate to obtain additional information beyond the applicant's self-declaration. For example, contacting prior regulators of applicants should probably be routine. Even better would be a searchable database shared with other regulators. Are internet searches appropriate? Should CanLII or other court and tribunal case databases be searched? Should criminal record checks be required?
5. The regulator should have a comprehensive published policy explaining in plain language the purpose of the registration conduct requirements, the process followed, and the considerations taken into account by the regulator. The policy should expressly address concerns about how disabilities will be accommodated and how the experience of individuals from marginalized groups will be taken into account.
6. Communications strategies should be developed to ensure that potential applicants learn of the expectations and processes early on in their education and training for entry into the

² In some jurisdictions, human rights provisions limit scrutiny of offence records. Those restrictions need to be honoured.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

profession. Posting a policy on the regulator's website may not be sufficient.

7. Special care must be taken in formulating the questions that will be asked about mental illness, addictions and historical conduct so as to comply with human rights obligations.
8. Regulators should carefully review their processes and language used in communicating with applicants where there are concerns, particularly where those concerns might be related to disabilities and past trauma. For example, inviting the applicant to have a preliminary telephone call before receiving a formal letter requesting additional information may be appropriate in some cases. Perhaps the regulator can offer a resource person, who is not involved in the decision making, to communicate with the applicant, if desired.
9. Investigations into concerns should be planned and focused. Requiring an applicant to report on their entire life experiences may not be necessary or appropriate.
10. Both staff conducting investigations of prior conduct concerns and decision makers on whether the applicant's past conduct creates a risk of future harm should receive training. The training should not only cover the published criteria, but should also include awareness of the impact of disabilities, race and social disadvantages on creating reportable past conduct concerns.

Regulators will continue to face competing demands in the assessment of prior conduct of applicants for registration. However, awareness of the issues should enable regulators to balance protection of the public with humane, legally defensible processes and relevant criteria.

Prepared by Richard Steinecke

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Ontario Bills

www.ola.org

Bill 296, Retirement Home Justice and Accountability Act, 2021 – (*Private Members’ Bill, first reading*) Bill 296 would abolish the Retirement Home Regulatory Authority and transfer its regulatory role to the relevant government ministry.

Bill 288, Building Opportunities in the Skilled Trades Act, 2021 – (*Government Bill, passed first and second reading and before the Standing Committee on Finance and Economic Affairs*) Bill 288 would continue the Ontario College of Trades (which is in the process of being abolished) with a government agency, Skilled Trades Ontario. This model would involve more direct ministry control over the training and regulation of trades.

Bill 283, Advancing Oversight and Planning in Ontario’s Health System Act, 2021 – (*Government Bill, finished committee hearings, ordered for third reading*) Bill 283 creates a regulatory body for personal support workers. It is not a College under the *Regulated Health Professions Act* rather it is a delegated administrative authority that is less independent of the government. Board/Council

members will not be elected by the profession. It is a registration-type scheme meaning that it is voluntary for practitioners to register with the authority. However, registrants are able to indicate their registration status. It is possible that other new (or even existing) professions could be moved under the umbrella of this authority. It is not intended to be limited to one profession. In addition, physician assistants will be regulated by the College of Physicians and Surgeons of Ontario. Also, applied behaviour analysts will now be regulated under a successor college to the College of Psychologists of Ontario.

Bill 277, Ministry of Health and Long-Term Care Amendment Act (Supporting Individuals in their Homes and Communities with Assistive Devices for Mental Health), 2021 – *(Private Member’s Bill defeated on second reading)* – Bill 277 would have required “the Minister to ensure that the Assistive Devices Program, or any other similar program established to provide access to assistive devices to support individuals with health needs, includes assistive devices to support individuals with mental health needs and any related data plans required to connect those devices.”

Bill 276, Supporting Recovery and Competitiveness Act, 2021 – *(Government Bill, continued hearings before the Standing Committee on General Government)* Bill 276 is an omnibus bill. Schedule 25 eliminates the Health Professions Regulatory Advisory Council. The amendments to the *Regulated Health Professions Act* and the profession-specific acts seem to have no additional impact other than the removal of the Council. In addition, Schedule 27 adds a new section 29 to the *Statutory Powers Procedure Act* that empowers hearing tribunals, like discipline committees, to make orders preventing the recording and dissemination of recordings and pictures of hearings, including virtually held hearings.

Proclamations

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

There were no relevant proclamations this month.

Regulations

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

Condominium Management Services Act – The regulation extends the time for condominium managers to complete their courses and examinations to become registered under the new *Act* by one year, to May 31, 2022. This delay is another accommodation to the disruption caused by COVID-19. (Ontario Regulation 349/21, Filed May 20, 2021)

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations were made relating to the management of the pandemic. Most relate to the nature of restrictions.



Proposed Regulations Registry
 (www.ontariocanada.com/registry/)

Building Opportunities in the Skilled Trades Act, 2021– Even as Bill 288 speeds through the Legislature, replacing the Ontario College of Trades with a government agency, there is a consultation on the proposal. Comments are due by June 5, 2021.

Bonus Features

Many of these items will appear in our blog:
 (www.sml-law.com/blog-regulation-pro/)

Another Broad Interpretation of Investigation Powers

The trend in court decisions to recognize regulators’ broad investigative powers was reinforced in the decision of *A Lawyer v The Law Society of British Columbia*, 2021 BCSC 914 (CanLII), <https://canlii.ca/t/ifx2v>. In that case the regulator demanded and obtained access to all of the practitioner’s paper and electronic records including personal phones. The regulator took the position that it had the right to access the entire records of the practitioner as part of the investigation. In dismissing the practitioner’s challenge to the breadth of the investigation, the Court made the following points:

1. Under the wording of the provisions of the enabling statute, the regulator could investigate the entire practice of the practitioner and was not limited to the reasonable and probable grounds of misconduct relied upon to authorize the investigation. The Court noted that this provision was different, in this respect, from that of some other regulators that did confine the scope of the investigation to the reasonable and probable grounds.
2. As a result, the practitioner was not able to challenge the relevance of the information sought. The practitioner could only challenge the regulator accessing information that was personal and irrelevant (e.g., non-practice activities) or that was privileged (e.g., the practitioner’s communications with their own lawyer).
3. The regulator had not yet made any statutory decisions, so their actions were not yet susceptible to judicial review. Only if the regulator decided to take regulatory action (beyond investigation) were their actions subject to judicial review.
4. The regulator had met its duty of procedural fairness by determining that there were reasonable and probable grounds to initiate the investigation, providing notice of the investigation and offering a procedure to request exclusion of information that was personal or privileged. At this point at least, the practitioner was not entitled to disclosure of the basis of the investigation or the content of the reasonable and probable grounds.

5. There was no abuse of process in the regulator initiating a more specific complaints procedure in respect of identified concerns when the broader investigation was stalled due to the legal challenge.
6. The approval of the very broad investigation by the chair of the discipline committee did not amount to an unauthorized sub-delegation to regulatory staff as to the scope of the investigation.
7. By referencing in its description of the legal process that legal advice had been given did not amount to a waiver of solicitor and client privilege such that the practitioner could obtain access to the legal opinion.
8. There was no unreasonable search or seizure contrary to section 8 of the *Canadian Charter of Rights and Freedoms*. The practitioner had a low expectation of privacy in his practice records and the request for access to the information was reasonable under the provisions in the legislative scheme. Even access to the personal phones was justified as they contained practice information and the regulator was not seeking access to the non-practice related information on the phones.
9. It was also reasonable for the investigators to remind the practitioner of the practitioner's duty to cooperate with the investigation.

This case buttresses the principle that practitioners can only rarely challenge an investigation of their regulatory body, at least until it is completed.

The “Jump” Principle

A deliberate breach of an injunction restraining illegal practice deserves significant sanction. Such conduct is contempt of court. However, determining the severity of the sanction is challenging as was demonstrated in *Law Society of Alberta v Beaver*, 2021 ABCA 163 (CanLII), <https://canlii.ca/t/jfrx7>.

Despite an injunction, Mr. Beaver continued to practise for many months. However, he concealed this by using a new lawyer to “front” his actions. When the regulator began investigating his continued practise, he concealed his actions by destroying documents and creating false documents. He also encouraged his “fronting” lawyer to provide false information.

The lower court imposed a sanction of incarceration for one year. Mr. Beaver appealed on many fronts. The Court of Appeal held that the finding of contempt of court was well founded and that the finding that Mr. Beaver was not credible and that his apology was insincere was unassailable.

However, the Court did conclude that the order for a one-year period of incarceration disregarded some mitigating factors and failed to employ the principle of “laddering” sanctions gradually to give the practitioner opportunities to change their behaviour before receiving a very serious sanction:

We conclude that the chambers judge erred in arriving at the sanction of one year incarceration. On assessing mitigating factors it is an error to wholly reject, as opposed to

properly weigh, those factors advanced by Mr Beaver. As noted above, these are accepted every day in criminal courts: Mr Beaver’s personal circumstances, character, current lifestyle, promise to change his behaviour, and the effect of imprisonment on his family. Additionally, it is too great a “jump” to impose a first-time incarceration of one year. We conclude that this term of incarceration is out of the range that should be considered reasonable and proper for Mr Beaver’s civil contempt. Taken as a whole, these conclusions constitute an error in principle, and we find they did have an impact on the sanction imposed, such that it was, in context, demonstrably unfit.

The Court ordered a 90-day period of incarceration to be served on weekends along with 200 hours of community service so that the sanction was more proportional to that in analogous cases.

Is Publication Worse than a Discipline Hearing?

A former member facing a discipline hearing challenged the regulator’s decision to publish notice of the upcoming hearing, as well as the right to hold the hearing itself. In fact, it seemed in *Dhillon v The Law Society of British Columbia*, 2021 BCSC 806 (CanLII), <https://canlii.ca/t/jfqn5>, that the resigned practitioner was more concerned about the publication than the hearing itself, since he had resigned from the profession years ago. The primary basis of the challenge was that the regulator had permitted him to resign without conditions, in effect, waiving its right to prosecute him.

The Court disagreed. While there was no clear provision stating that the regulatory body had continuing jurisdiction over former members, the Court concluded that the intent of the legislation was to maintain such jurisdiction. There was a provision in the enabling statute referring to the discipline of non-members. The Court concluded that an amendment to the legislation, enabling the regulator to refuse to accept a resignation or to impose conditions on a resignation, was not the only mechanism to ensure ongoing jurisdiction over former members.

However, the case illustrates the value of provisions in regulatory statutes explicitly maintaining jurisdiction over former members.

Oversight Blues

While some regulators in Ontario are accountable to appeal tribunals (e.g., Licence Appeal Tribunal) and many Ontario regulators are scrutinized by the Office of the Fairness Commission, few are subject to true oversight bodies. Québec, British Columbia and the United Kingdom have much more experience with oversight bodies. One Ontario exception is the role of the Ontario Civilian Police Commission over police forces. That Commission has had extensive litigation with the Durham Regional Police Service (DRPS) in recent years including over the Commission’s appointment of an administrator in 2019. Some insight into the complexities of such oversight can be found in the decision of *Durham Regional Police Service v. The Ontario Civilian Police Commission*, 2021 ONSC 2065 (CanLII), <https://canlii.ca/t/jfqjg>.

In that case the Commission directed the DRPS to halt a disciplinary prosecution of an officer on the basis that the preconditions for referral to discipline, including a formal investigation, had not been met. The DRPS challenged the direction on a number of grounds. The Court found that:

1. The Commission had provided procedural fairness by adequately identifying the concern about compliance with the statutory preconditions for the discipline hearing and providing two opportunities for the DRPS to make written submissions about the concern.
2. The Commission had not denied procedural fairness by refusing to grant a second request for an extension to make the written submissions. When considering the process as a whole, the DRPS had been given adequate opportunity to make submissions. The extension requests were made late and the reasons given for the requests were not persuasive. Even though the second extension request was refused, the Commission considered the written submissions even though they were late.
3. The DRPS had not established that an appearance of bias existed, the allegation of which was largely based on the argument that the history of conflicts between the DRPS and the Commission had created an adversarial relationship that amounted to institutional bias. The Court considered that the oversight role of the Commission could naturally lead to these sorts of conflicts and that the DRPS was required to provide more than speculation to establish bias.
4. The decision made by the Commission about the statutory preconditions to discipline was reasonable.

This case demonstrates the type of unpleasantness that can arise where there is true oversight. Fortunately, the experience in Québec, British Columbia and the United Kingdom suggests that these sorts of difficult relationships are the exception rather than the rule.

More Guidance on Scrutiny of Discipline Decisions

Probably the best way to see the level of scrutiny of disciplinary decisions since the decision of *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65 (CanLII), <https://canlii.ca/t/j46kb>, is to read current decisions of the Divisional Court. A recent example in a sexual abuse case is: *Schwarz v. The College of Physicians and Surgeons of Ontario*, 2021 ONSC 3313 (CanLII), <https://canlii.ca/t/ifrsz>.

One thing that becomes immediately obvious is the level of detail of the discussion of the credibility findings and sanction ordered. In pre-*Vavilov* cases, the courts often provided much shorter reasons, essentially expressing deference to the tribunal that heard the evidence. In the *Schwartz* case, the Court conducted a detailed analysis of the credibility findings and the sanction considerations.

For the credibility analysis the Court provided guidance on the palpable and overriding error test:

Palpable and overriding error is a deferential standard that recognizes the expertise and competence of the original trier of fact.... “An error is palpable if it is plainly seen and if all

the evidence need not be reconsidered to identify it, and is overriding if it has affected the result.” It is not in the nature of a “needle in the haystack, but of a beam in the eye” [citation omitted]....

In upholding the credibility findings, the Court noted the following:

- The hearing panel does not need to address every credibility issue raised by the parties.
- There is a distinction between peripheral issues (e.g., the date of an event) and a central aspect of the event. The panel is entitled to put more weight on consistency on the central aspects of the event.
- There is also a distinction between applying different levels of scrutiny to the credibility of a party (which is not permitted) and finding one party credible and the other party not credible based on a similar level of scrutiny.
- The Court will give deference to the expertise of the panel in assessing significance of what is and is not recorded in the records and whether specialist terminology is being misused.

In upholding the sanction of revocation, the Court noted the following:

- A determination that a practitioner is ungovernable, or unwilling to be remediated, is a finding of fact that is given deference by the courts. In this case the practitioner had participated in ethics and boundaries remediation before engaging in the conduct.
- In determining the proportionality of the sanction compared to other cases, the panel can consider more than just the actual behaviour.

In this case, while Dr. Schwarz's misconduct may not have been as serious as some, it did persist over a number of years (2010 to 2012 and again in 2015), it did involve multiple occasions with 4 different people, one of whom was a vulnerable patient, and, most importantly, there was evidence to support the finding that Dr. Schwarz was not capable of being rehabilitated.

- The Court also said that a hearing panel can take into account changing societal norms in increasing the usual range of penalties, particularly where there was supporting evidence.

Furthermore, as the Committee found, the decision of the Ontario Court of Appeal in Peirovy does allow a College tribunal to take into account changing societal norms to justify a penalty that may be a departure from the range of penalties imposed in the past. In Peirovy, the Court was clear that it was not up to the Court to “change the penalty range for an entire category of behavior.” This was “not to suggest that penalty ranges cannot change”, but that “[t]he Discipline Committee was in the best position to assess whether a deviation from the range of penalties previously imposed for similar misconduct or a wholesale change was required”: Peirovy, at para. 83. The evidence of the change in societal norms that the Committee used was a task force report on sexual abuse in the medical profession that was

released in the same year that Dr. Schwarz's sexual misconduct towards Patient A occurred (2015). Thus, the norms were in place at the time that Dr. Schwarz committed the most serious offenses that led to the revocation of his certificate.

This case suggests that while the Courts will examine the evidence and arguments in more detail than in the past, the actual level of scrutiny is not much higher than before *Vavilov*.

Malicious Prosecution of Disciplinary Allegations

Whether and when regulatory staff and prosecuting counsel can be sued for malicious prosecution has always been unclear. The recent case of *Bahadar v Real Estate Council of Alberta*, 2021 ABQB 395 (CanLII), <https://canlii.ca/t/jg371>, continues that uncertainty.

After the practitioner's discipline hearing for allegations related to mortgage fraud was stayed for undue delay, the practitioner sued regulatory staff and the prosecuting lawyers for malicious prosecution. In permitting the claim to proceed to trial, the Court indicated as follows:

- It remains unclear whether the tort of malicious prosecution, usually arising in criminal prosecutions, is even available for professional misconduct prosecutions. The Court left that issue to the trial judge.
- There were sufficient pleadings of the staff and legal counsel involvement in initiating and continuing the proceedings to leave that issue for the trial judge.
- There is sufficient ambiguity as to whether a permanent stay of proceedings by the discipline committee for delay amounted to a disposition in favour of the practitioner so as to leave that issue for the trial judge.
- There were sufficient facts pleaded as to the quality of the evidence before the regulator and the inordinate delay that the issue of whether the regulator and their legal counsel had reasonable cause to pursue the prosecution should be left to the trial judge.
- The test as to what constitutes malice in such a prosecution remains unclear. The Court stated: "In my view, spite, ill-will or a spirit of vengeance combined with a willful and intentional effort on a prosecutor's part that abuses or distorts his proper role within the disciplinary system will satisfy the definition of malice." While the practitioner had to plead particulars of malice, the Court acknowledged that it was difficult to do so without having an opportunity to examine the defendants. The Court held that the allegations that the regulatory staff and legal counsel had misled about the reasons for the delay in prosecution and failing to provide exculpatory evidence to process participants was sufficient at this early stage.

The Court emphasized that, at this point in the proceeding, it was required to accept the practitioner's factual pleadings as true. If the practitioner could not prove them at trial, the claim would fail.

The one issue clarified by the Court was that prosecutors in disciplinary proceedings are in a different position than Crown prosecutors. They represent a client (the regulatory body) and are not held to the same standards of independence as Crown prosecutors.

Penalty Again

Given the principle of proportionality (i.e., that the sanction in discipline cases should be relatively consistent), it is difficult to raise the range of sanctions for a particular type of conduct. If done carefully, the range can be increased where there is evidence that societal expectations have changed: *Schwarz v. The College of Physicians and Surgeons of Ontario*, 2021 ONSC 3313 (CanLII), <https://canlii.ca/t/jfrsz>.

Another recent case suggests other considerations that can result in the upping of the range in some cases: *Attallah v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 3722 (CanLII), <https://canlii.ca/t/jg2wj>. In that case, a physician's registration was revoked for deliberately billing for services that were either ineligible for payment or were falsified. In upholding revocation the Court noted the following:

- In a prior decision almost twenty years earlier, the reasons of the discipline panel noted that false billing was a serious matter and that sanctions needed to increase.
- There were a few prior cases of revocation where there were significant aggravating factors. Generally the range of sanctions for dishonest billing had gradually increased since then.
- The finding of the panel in this case was that the false billing was intentional and deliberate and thus revocation “was necessary to protect the public, promote public confidence in the profession and serve as general deterrence to the membership” supported the sanction.

The Court found that: “No error in principle has been shown. The penalty imposed, in the circumstances of this case, cannot be said to be clearly unfit.”

The case had a number of other interesting issues, including guidance of various evidentiary issues, such as that an inference can be drawn from a practitioner's failure to testify:

At the close of the College's case there was ample evidence which, if left unanswered, could establish professional misconduct on a balance of probabilities. In these circumstances, it is well settled that an adverse inference may be drawn from the physician's failure to testify without any implicit alteration of the burden of proof”

In addition, the Court held that the catch-all definition of professional misconduct (i.e., conduct that is disgraceful, dishonourable or unprofessional) does not require moral failure. A serious or persistent disregard for one's professional obligations is sufficient.

Finally, the Court held that it was entirely appropriate for the hearing panel to not permit the practitioner to testify at the sanction phase of the hearing about misconduct.

The Committee did not prevent the Appellant from testifying at his penalty hearing but did refuse to admit evidence that it determined could only serve as a collateral attack on its liability decision. It did not err in doing so. Where defense counsel in a professional discipline matter opts for the tactical advantage of not calling the respondent at the merits hearing, the respondent could not subsequently be permitted to testify during the penalty phase in an effort to rebut the core evidence heard by the panel during the liability phase. This would be a fundamental abuse of the principle of finality and of “time-honored and accepted” trial and sentencing procedures

Prepared by Richard Steinecke

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Ontario Bills
(www.ola.org)

Bill 304, Harvey and Gurvir's Law (Providing Information about Down Syndrome to Expectant Parents, Regulated Health Professionals and the Public), 2021 – (Private Members’ Bill, first reading) Bill 304 would amend the *Regulated Health Professions Act* to require practitioners communicating a prenatal diagnosis of Down syndrome to provide the prospective parents with information provided by the Minister about the syndrome and supports available for parents.

Bill 302, Making the Patient Ombudsman an Officer of the Assembly Act, 2021 - (Private Members’ Bill, first reading) Bill 302 would make the Patient Ombudsman an officer of the Legislative Assembly reporting to the Speaker of the Assembly rather than the Minister of Health.



Bill 288, *Building Opportunities in the Skilled Trades Act, 2021* – (Government Bill, passed third reading and received Royal Assent) Bill 288 would continue the Ontario College of Trades (which is in the process of being abolished) with a government agency, Skilled Trades Ontario. This model would involve more direct ministry control over the training and regulation of trades.

Bill 283, *Advancing Oversight and Planning in Ontario's Health System Act, 2021* – (Government Bill, passed third reading received Royal Assent) Bill 283 creates a regulatory body for personal support workers. It is not a College under the *Regulated Health Professions Act*; rather, it is a delegated administrative authority that is less independent of the government. Board/Council members will not be elected by the profession. It is a registration-type scheme, meaning that it is voluntary for practitioners to register with the authority. However, registrants are able to indicate their registration status. It is possible that other new (or even existing) professions could be moved under the umbrella of this authority. It is not intended to be limited to one profession. In addition, physician assistants will be regulated by the College of Physicians and Surgeons of Ontario. Also, applied behaviour analysts will now be regulated under a successor college to the College of Psychologists of Ontario.

Bill 276, *Supporting Recovery and Competitiveness Act, 2021* – (Government Bill, passed third reading and received Royal Assent) Bill 276 is an omnibus bill. Schedule 25 eliminates the Health Professions Regulatory Advisory Council. The amendments to the *Regulated Health Professions Act* and the profession-specific acts seem to have no additional impact other than the removal of the Council. In addition, Schedule 27 adds a new section 29 to the *Statutory Powers Procedure Act* that empowers hearing tribunals, like discipline committees, to make orders preventing the recording and dissemination of recordings and pictures of hearings, including virtually held hearings.

Proclamations

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

There were no relevant proclamations this month.

Regulations

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

Police Record Checks Reform Act – The regulation increases the restrictions on police forces from disclosing information pursuant to a police check. In general, the written consent of the individual is required. In addition, information obtained through a mental health contact, a street check or victim information cannot usually be disclosed unless the police conclude that there is a safety reason for doing so. (Ontario Regulation 477/21, Filed June 17, 2021)



Not-for-Profit Corporations Act – A number of regulations have been made about the operation of Ontario not-for-profit corporations as the prospect of the legislation finally being proclaimed becomes brighter. This may affect any regulators operating under the current *Corporations Act* or who have affiliated corporations under that *Act*.

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations were made relating to the management of the pandemic. Most relate to the nature of restrictions.

Proposed Regulations Registry
(www.ontariocanada.com/registry/)

Funeral, Burial and Cremation Services Act, 2002 – The regulatory body for the bereavement sector is consulting on a number of proposed regulatory changes including:

- Transparency of price information
- Displaying the Bereavement Authority of Ontario logo on bereavement service operator websites
- Disclosure requirements for promotional materials
- Taking steps to prevent upselling and/or aggressive sales practices
- Not allowing the licensing of new disposition technology providers until safety of the technology can be confirmed
- Priority of persons with legal authority to make decisions regarding decedents.

Comments are due by August 9, 2021.

Modernizing Privacy Legislation in Ontario – The government has published a white paper that will expand privacy rights to for profit and not-for-profit organizations (including regulators?). The proposals would expand the duty to obtain consent related to personal information. Other provisions would relate to data portability (at the request of the individual), use of artificial intelligence, protection of children, and enhanced oversight by the Information and Privacy Commissioner. Comments are due by August 3, 2021.

Bonus Features

Many of these items will appear in our blog:
[\(www.sml-law.com/blog-regulation-pro/\)](http://www.sml-law.com/blog-regulation-pro/)

Paw Patrol

In *Walia v. College of Veterinarians of Ontario*, 2021 ONSC 4023 (CanLII), <https://canlii.ca/t/jg6qj>, a veterinarian was disciplined for failing to properly diagnose and treat a fracture in the paw of a dog and for failing to provide the treatment records, particularly the x-ray, to the usual treating veterinarian on a timely basis. After a contentious hearing, the practitioner's licence was suspended for three months and was ordered to pay approximately two-thirds of the hearing costs, amounting to \$135,000. In dismissing the appeal, the Court made a number of points relevant to regulators:

1. It is proper and common for the regulator's counsel to draft the allegations being referred to discipline, prosecuting the case at discipline, and then appearing on the appeal.
2. There is no appearance of bias for independent legal counsel to act as prosecuting counsel in other discipline cases before other regulators.
3. There was no unfairness in the regulator obtaining additional evidence after the referral to discipline, especially where that evidence was disclosed prior to the discipline hearing.
4. The screening committee referring a matter to discipline does not need to give reasons for that decision.
5. The regulator did not "falsify" evidence or act unfairly by alleging that the x-rays were not properly labelled and then withdrawing that allegation once clearer copies of the x-rays were obtained.
6. The regulator does not need to produce the dockets of prosecuting counsel when seeking costs related to those legal expenses. Prosecuting counsel are also not limited to one lawyer. On the issue of the amount of costs, the Court said:

A tribunal's decision with respect to the costs is owed significant deference. We agree with the Discipline Committee's comment that Dr. Walia's conduct did serve to lengthen the proceedings and increase the costs of the hearing. Another factor in the award of costs is that the College must fund its expenses from the collection of fees from its membership. If the guilty party does not pay those costs, they must be recovered from the membership at large. We do not see any error in principle or palpable and overriding error of fact in the discipline panel's order that Dr. Walia pay costs in the sum of \$ 135,000. There is no basis for this Court to intervene.

Practitioners run the risk of significant cost consequences when they raise numerous meritless challenges.

Can Competitors Challenge Regulatory Outcomes?

An owner of a funeral home leased land beside it to a crematorium. The crematorium began to offer funeral services in competition with the funeral home. The funeral home objected and sued in court. The crematorium applied to the regulator for a licence to offer funeral services (something it did not initially do). The regulator granted the licence with conditions. The funeral home sought judicial review of the regulator’s decision saying that the regulator had not adequately considered the previous illegal practice of the crematorium. The issue before the Court was whether the funeral home had standing to challenge the regulator’s decision in respect of a different organization: *Accettone Funeral Home Ltd. v. Ajax Crematorium and Visitation Centre and Bereavement Authority of Ontario*, 2021 ONSC 4081 (CanLII), <https://canlii.ca/t/jg8cm>.

The Court held that a competitor has no “standing” to bring an application for judicial review challenging the regulator’s licensing decision. The Court held that the funeral home did not have a legal “interest” enabling it to challenge the decision. The Court said:

... this application is really about a business seeking to have the licence of a competitor revoked so it can eliminate the competition. Losing a market advantage purely because it now faces a competitor next door does not provide [the funeral home] a basis for seeking declaratory relief.

The Court also said that there was no public interest in the issues in dispute in which the Court should granting standing to allow the funeral home to challenge the decision.

There is no evidence of [the funeral home]’s real and continued interest in the broader issue of regulation of the funeral industry. [The funeral home]’s real interest is with respect to ACVC’s licence. This is a transparent attempt to have the licence of a competitor revoked so it can eliminate the competition.... To allow [the funeral home] who has no direct interest in a matter to challenge the routine issuance of a licence would potentially open the floodgates to frivolous challenges being made by competing businesses any time a licence was granted to a competitor.

The funeral home’s remedy lay in civil court for any breach of contract that might exist.

Dignified Access to Hearing Exhibits

A Supreme Court of Canada decision on sealing a court file may have implications for access to exhibits at discipline hearings. In *Sherman (Estate) v. Donovan*, 2021 SCC 25 (CanLII), <https://canlii.ca/t/jgc4x>, the estate Trustees of a prominent family sought to seal the court file related to the estate. The deceased remain subject of an active murder investigation.

In setting aside the sealing order made by the trial Judge, the Court emphasized the open court principle. The test to seal a Court file was articulated as follows:

In order to succeed, the person asking a court to exercise discretion in a way that limits the open court presumption must establish that:

- 1) court openness poses a serious risk to an important public interest;
- 2) the order sought is necessary to prevent this serious risk to the identified interest because reasonably alternative measures will not prevent this risk; and,
- 3) as a matter of proportionality, the benefits of the order outweigh its negative effects.

The Court held that “neither the susceptibility of people nor the fact that the advertisement is disadvantageous, embarrassing or distressing to some people will generally, on their own, justify an infringement of the principle of open court proceedings...”. Rather “the information in the court file is sufficiently sensitive such that it can be said to strike at the biographical core of the individual and, in the broader circumstances, that there is a serious risk that, without an exceptional order, the affected individual will suffer an affront to their dignity.” Examples of this rather vague test include: “information related to stigmatized medical conditions ..., stigmatized work ..., sexual orientation ..., and subjection to sexual assault or harassment ...”.

A sealing order can also be justified where there is a serious risk of physical harm should the information become public.

The Court also set out a number of considerations about whether alternative measures (such as redacting portions of the documents or banning publication) are sufficient in balancing the proportionality of the benefits and negative effects of a sealing order.

Hearing tribunals may have to apply a similar analysis when determining public access to their hearing exhibits. For example, many hearing tribunals routinely disallow public access to client or patient files. To avoid this issue, some regulators are redacting the identity of client information from documents before they are filed as exhibits.

A Regulator’s Public Interest Is Not Unrestricted

There is significant debate amongst regulators as to the public interest they serve. Typically this debate occurs when engaging in strategic planning or policy making.

However, in *Powerhouse Corporation v. Registrar of Alcohol, Gaming and Racing*, 2021 ONSC 4116 (CanLII), <https://canlii.ca/t/jgdwp>, Ontario’s Divisional Court added a statutory interpretation component to the discussion. In that case an establishment’s liquor licence prevented amplified sound outside that would disturb the neighbours. If the establishment sought a variance of the restrictions, the onus would be on the applicant to demonstrate the reasonableness of the request and only one such application could be made every two years. The establishment arranged for a new

corporate entity to apply for a new licence where the onus would be on those wanting to restrict the licence to establish a lack of public interest.

The decision turned on the wording of a provision that read as follows:

the licence is not in the public interest having regard to the needs and wishes of the residents of the municipality in which the premises are located

In opposing the application entirely, the city argued that the public interest included preventing applicants from circumventing the limitations on applications to vary existing conditions by having the application brought by a new corporation designed to achieve the same outcome. The Court rejected this argument. It held that the term “public interest” needed to be interpreted in accordance with the surrounding language of the provision. Under this provision the public interest was focussed on the needs and wishes of the community rather than a desire to prevent legal manoeuvres. The Court said:

The LAT’s [appeal tribunal’s] caution properly reflects the Supreme Court of Canada’s concern that “public interest” conditions in administrative enabling legislation not be given overly expansive interpretations that would give a board “total discretion over its limitations”
....

The Court did say that another provision of the *Act*, dealing with “reasonable grounds for belief that the applicant will not carry on business in accordance with the law and with integrity and honesty”, could have been available if raised. In addition, the Court held that the history of noisy sound justified maintaining the restriction on amplified sound for the entity, just like it existed for the existing establishment.

The case does illustrate, however, that regulators need to interpret the public interest that they serve in accordance with the language and intent of their enabling legislation.

Take it to the Tribunal First

A Newfoundland and Labrador court has again affirmed the importance of raising appearance of bias concerns with a hearing panel before taking the issue to court. In *Power v. Association of Chartered Professional Accountants of Newfoundland and Labrador*, 2021 NLSC 92 (CanLII), <https://canlii.ca/t/jgl4x>, a discipline tribunal had made a finding of professional misconduct but had not yet determined sanction. It transpired that the complainant, who was a key witness at the discipline hearing, approached another lawyer in the firm of independent legal counsel for advice on civil litigation arising from the same series of events. The other lawyer provided some assistance before withdrawing from the matter. The practitioner sought court intervention on the basis that this assistance to the complainant by a colleague of independent legal counsel created an appearance of bias on the part of the hearing panel.

The Court treated the matter as premature and directed the practitioner to first raise the issue before the hearing panel for a ruling. The Court indicated that the issue was whether the hearing panel was tainted by this involvement of the complainant and witness with another lawyer in the firm of independent legal counsel.

Enough Is Enough

Rule 59.06 permits a court to set aside or vary an order if an error was made in the order or if the order was obtained through fraud or should be altered because of facts arising or discovered after the order was made. However, the provision is available in very restricted circumstances and is not an invitation to re-litigate matters. In *Berge v. College of Audiologists*, 2021 ONSC 4403 (CanLII), <https://canlii.ca/t/ighqj>, a practitioner had unsuccessfully appealed a previous finding of professional misconduct (i.e., using the title of “Doctor” when not entitled to do so) all the way to the Supreme Court of Canada. The practitioner had then brought unsuccessful motions to both the court under rule 59.06 and before the original disciplinary tribunal trying to re-open the issues. The practitioner now brought a further motion under rule 59.06 to argue new concerns about the process followed during the original investigation. The Court, on its own motion, considered whether the practitioner was abusing the Court’s process. The Court said:

Ms Berge was obliged to raise all her issues in the proceedings before the College. Then, at each stage of the further litigation, she was obliged to raise all issues with the court, so that the matter could be adjudicated fully and brought to a conclusion. It is far too late for her to be raising “new” issues now. A bald assertion that there is “fresh evidence” – in respect to issues that had to be apparent at the time of the hearing before the College – is a frivolous response to the R.2.1 notice. The motion to reopen this court’s decision from 2016 is dismissed as frivolous, vexatious and an abuse of process pursuant to R.2.1.

Ms Berge’s prior R.59.06 motion was patently without merit. The current motion has been dismissed pursuant to R.2.1. Enough is enough. It is clear that Ms Berge does not accept that her discipline case has been decided finally and is over.

The Court then imposed significant restrictions on the practitioner initiating new proceedings or steps in proceedings before the courts.

Similar considerations would likely apply to disciplinary tribunals who have made rules of procedure permitting reconsideration of concluded matters. The principle of finality means that once a matter is determined, it is inappropriate to keep on challenging it.

No Municipal Manoeuvres

British Columbia's highest court has said that municipalities cannot ignore safety requirements established by professional regulation legislation: *Architectural Institute of British Columbia v. Langford (City)*, 2021 BCCA 261 (CanLII), <https://canlii.ca/t/jgp72>. Under provincial legislation, certain buildings must be designed by licensed architects. Some municipalities in the province issue building permits that do not comply with this requirement. The municipalities argue that their legislation give building officials discretion to issue permits without reference to the legislation regulating architects. The municipalities also argued that professional legislation regulates architects, not buildings.

The Court disagreed and upheld a declaration that the issuance of building permits for structures that require architectural design is not permitted.

The narrow question raised in this appeal is whether a decision to approve plans that are in contravention of the safety standard set out in the Architects Act can be justified in relation to the facts and law that constrain the decision maker. This question does not turn on the provisions of the Bylaw, but on the effect of mandatory provincial legislation external to the Bylaw. ...

These provisions are safety standards that limit the exercise of discretion by any delegated decision maker tasked with the authority to approve the construction of buildings that fall within the statutory definition. On the face of the legislation, and having in mind the existing jurisprudence, the Act does constrain the building inspectors. No reasonable analysis has been suggested to support a contrary conclusion. It is not enough to simply state that the City is of a different view.

This case suggests that municipalities cannot ignore health and safety requirements established in provincial legislation regulating professions.

Registration Assessments Are not Training Programs

Registration assessments take many forms. They also have enormous significance to applicants. Where the assessment takes place in a practice setting, applicants may come to view them as training programs where they will be given feedback and further opportunities to improve their performance. So long as the applicant is clearly told that the experience is an assessment, regulators do not need to treat them as training programs: *Sandhu v College of Physicians and Surgeons of Alberta*, 2021 ABQB 494 (CanLII), <https://canlii.ca/t/jgmd8/>.

In this case the applicant was an internationally trained physician who was required to satisfactorily complete a required assessment for independent practice. Within a few days of commencing the months-long assessment, the assessor indicated to the regulator that the applicant's performance was unsatisfactory and that the assessor had to withdraw from the role for patient safety reasons.

Upon reviewing the information and receiving submissions from the applicant, the regulator agreed and required the applicant to complete significant additional training before being assessed again.

The Court dismissed the applicant's request for judicial review. The Court found that the applicant had been clearly informed that the experience was an assessment, not a training opportunity. As such the applicant was not entitled to immediate notice of concerns, constructive feedback or opportunities to continue the assessment once safety concerns were identified. The Court also found that there was no appearance of bias on the part of the assessor for forming a quick conclusion. The Court also found that safety concerns could be partially based on record keeping and communication issues that placed the safety of patients at risk.

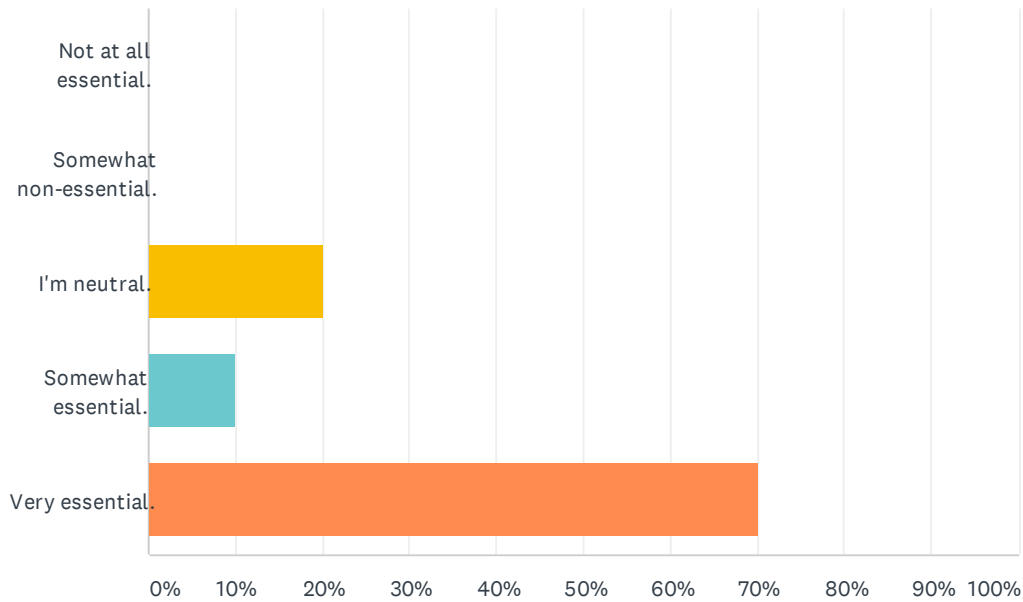
The Court found that the procedural fairness requirements on the regulator were met. On the extent of the duty of procedural fairness, the Court said:

In my view, this statement indicates that determining whether the PRA [assessment] process was fair requires consideration of the statutory and social context. The CPSA [regulator] is charged by statute with responsibility for establishing and enforcing appropriate standards of medical practice in Alberta. It has a duty under the *Health Professions Act* to protect and serve the public interest. It does this, in part, by designing a PRA process that reflects, to the greatest extent possible, the circumstances a physician will encounter in independent practice and ascertains the applicant's ability to manage those exigencies without compromising patient safety. Put simply, Dr. Sandhu was not the only one who had a stake in the outcome of his PRA.

The case illustrates the value of regulators being clear as to the purpose and scope of registration assessments where they occur in a practice setting.

Q1 How would you rate the issues covered in today's Council meeting. Were they:

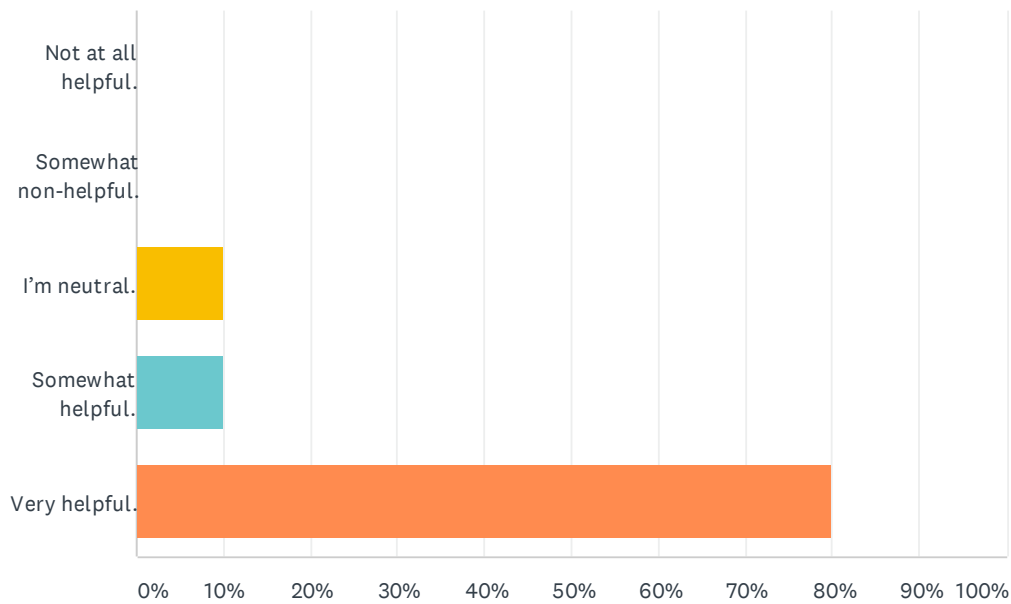
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Not at all essential.	0.00%	0
Somewhat non-essential.	0.00%	0
I'm neutral.	20.00%	2
Somewhat essential.	10.00%	1
Very essential.	70.00%	7
TOTAL		10

Q2 How would you rate the materials provided for today's meeting. Were they:

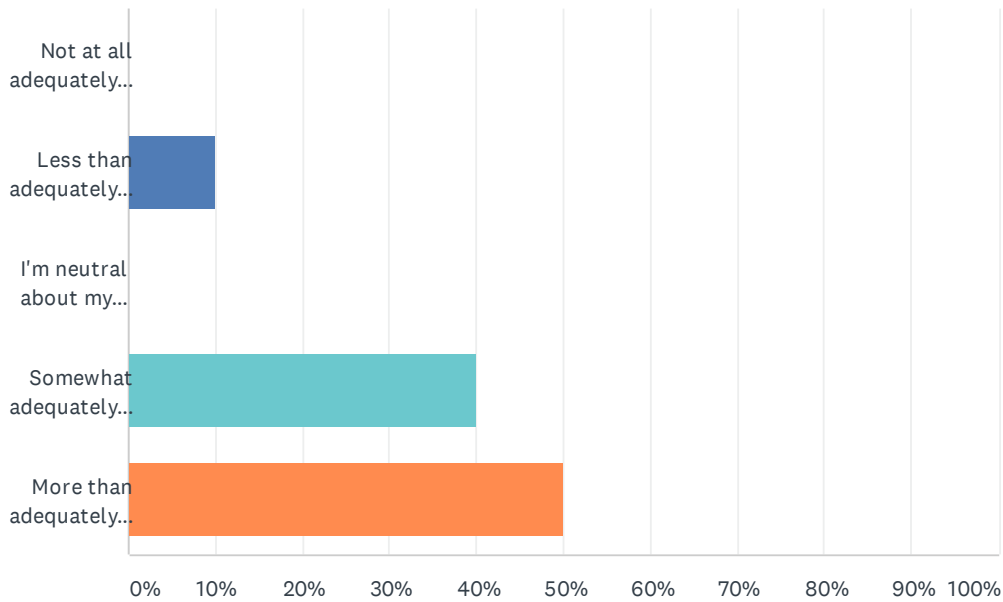
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES
Not at all helpful.	0.00% 0
Somewhat non-helpful.	0.00% 0
I'm neutral.	10.00% 1
Somewhat helpful.	10.00% 1
Very helpful.	80.00% 8
TOTAL	10

Q3 How do you feel your own level of preparedness was for today's meeting? Were you:

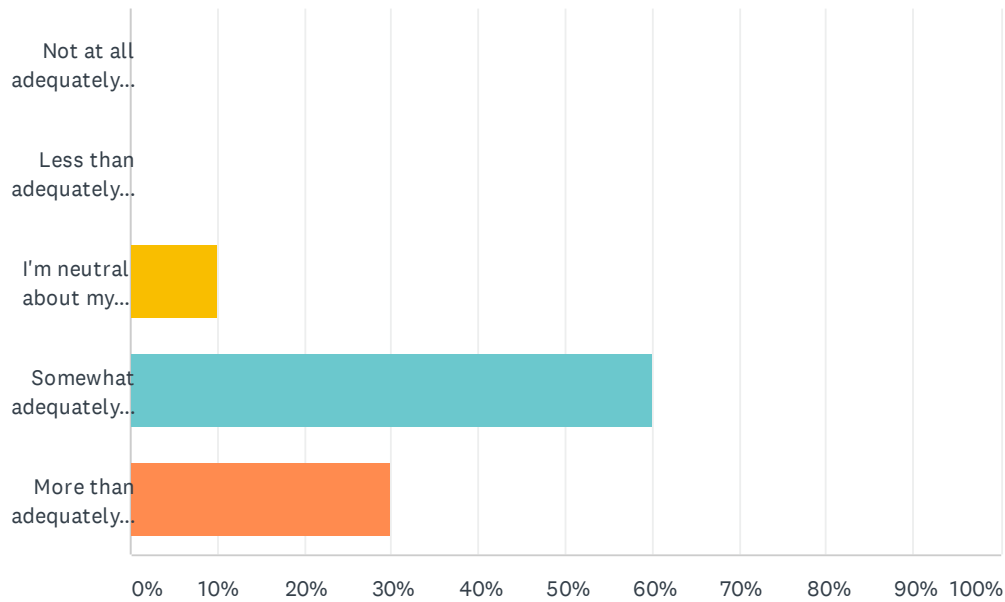
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES
Not at all adequately prepared.	0.00% 0
Less than adequately prepared.	10.00% 1
I'm neutral about my preparedness.	0.00% 0
Somewhat adequately prepared.	40.00% 4
More than adequately prepared.	50.00% 5
TOTAL	10

Q4 When I contemplate the level of preparedness of my colleagues on the Council, I would rate their level of preparedness as:

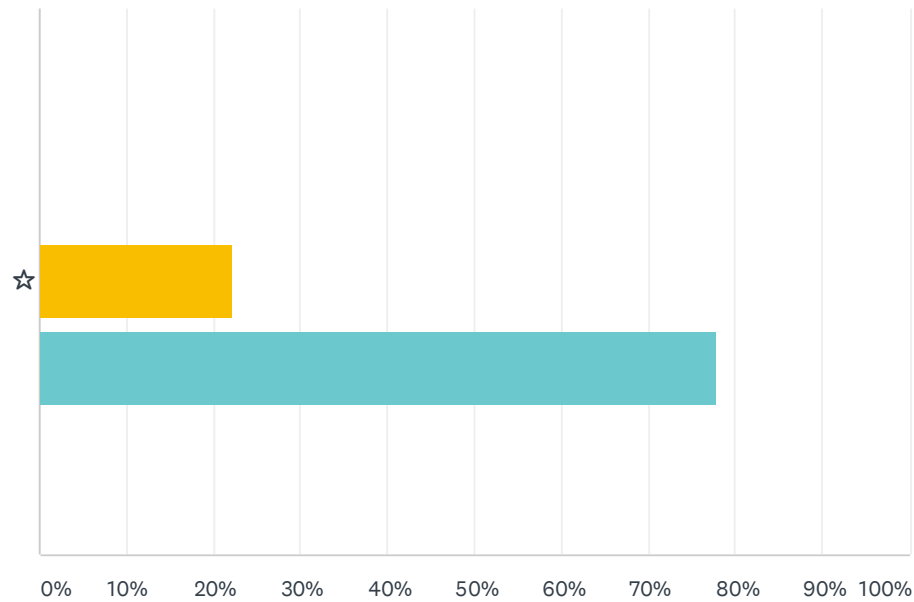
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Not at all adequately prepared.	0.00%	0
Less than adequately prepared.	0.00%	0
I'm neutral about my preparedness.	10.00%	1
Somewhat adequately prepared.	60.00%	6
More than adequately prepared.	30.00%	3
TOTAL		10

Q5 On a scale of 1 to 5, with one being operations and 5 being policy or strategy, would you rate today's discussions as:

Answered: 9 Skipped: 1

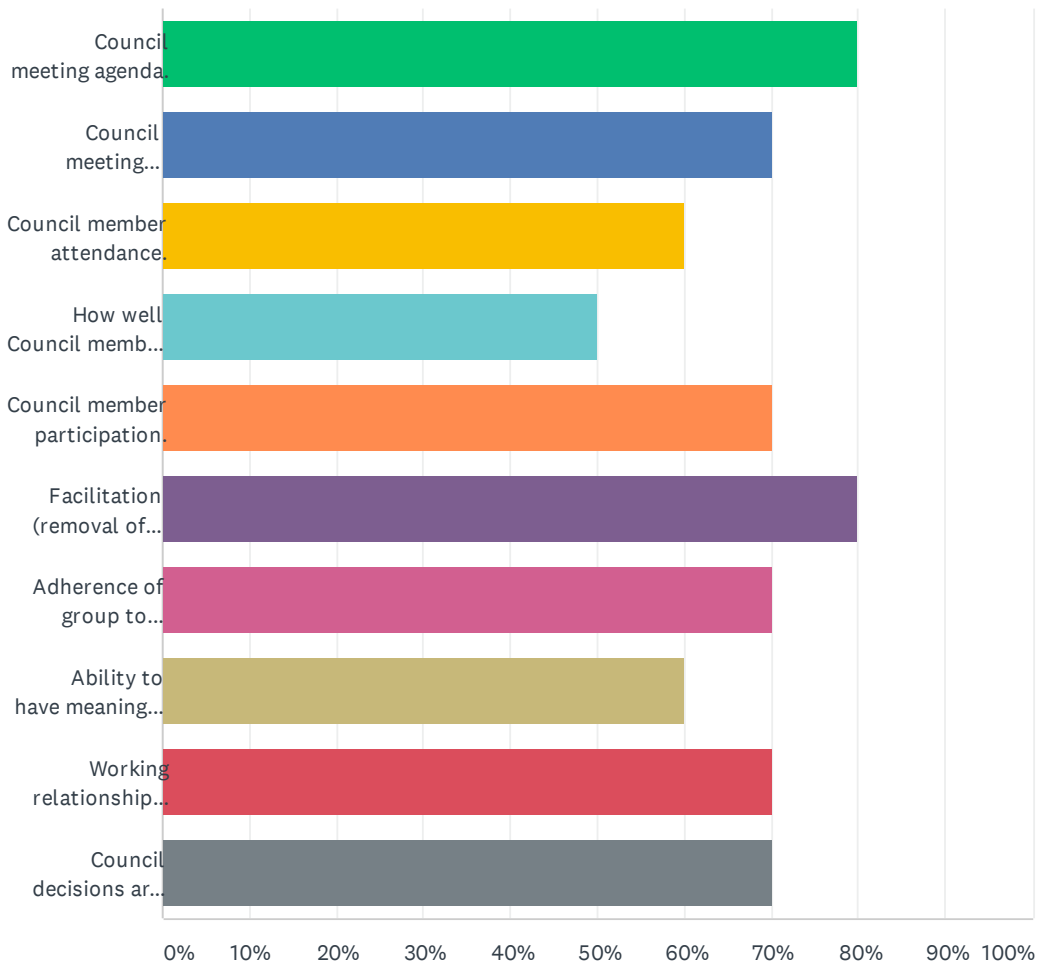


■ 1
 ■ 2
 ■ 3
 ■ 4
 ■ 5

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	22.22% 2	77.78% 7	0.00% 0	9	3.78

Q6 In your opinion, what worked well about today's meeting? Select all that apply.

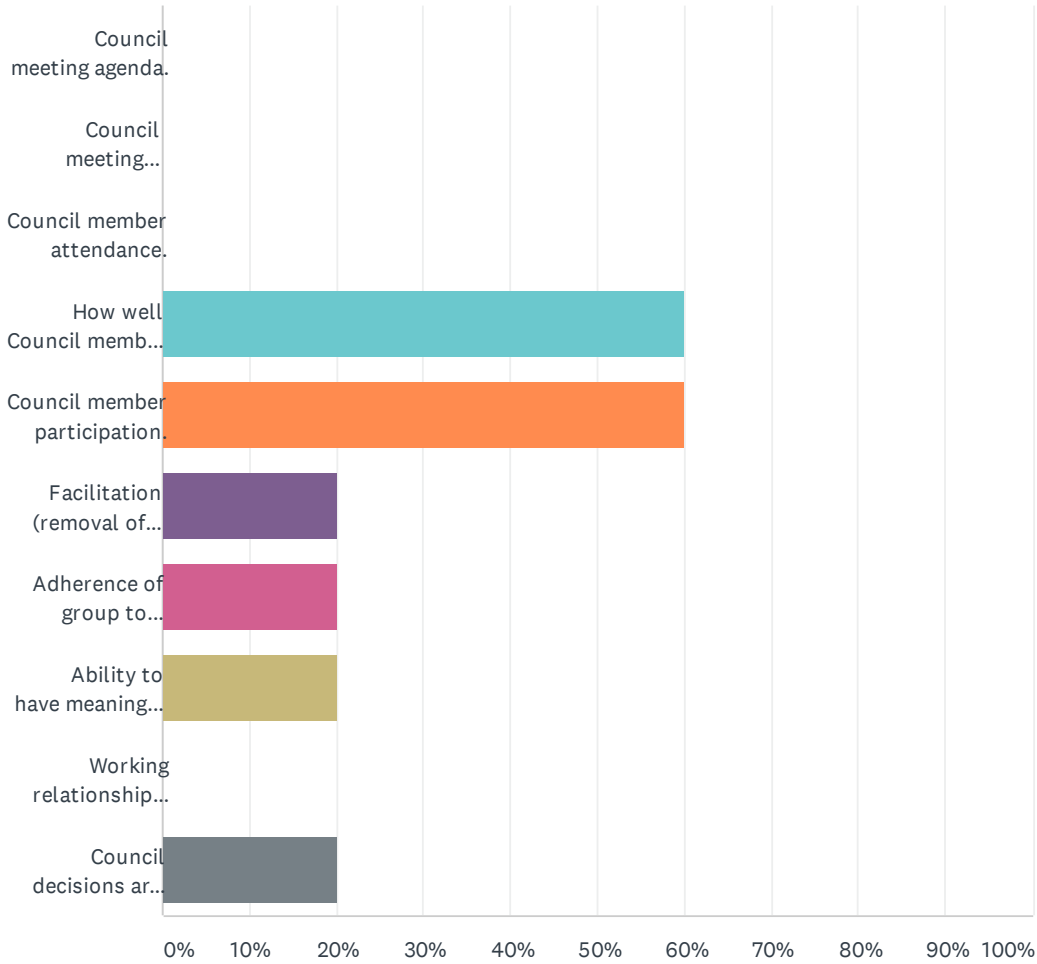
Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
Council meeting agenda.	80.00%	8
Council meeting materials (timeliness and detail).	70.00%	7
Council member attendance.	60.00%	6
How well Council members were prepared.	50.00%	5
Council member participation.	70.00%	7
Facilitation (removal of barriers to participate).	80.00%	8
Adherence of group to meeting norms.	70.00%	7
Ability to have meaningful and open discussions.	60.00%	6
Working relationship with the CEO & staff.	70.00%	7
Council decisions are reflective of the public interest.	70.00%	7
Total Respondents: 10		

Q7 In your opinion, what needs to be improved for future meetings on this platform? Select all that apply.

Answered: 5 Skipped: 5



ANSWER CHOICES	RESPONSES	
Council meeting agenda.	0.00%	0
Council meeting materials (timeliness and detail).	0.00%	0
Council member attendance.	0.00%	0
How well Council members were prepared.	60.00%	3
Council member participation.	60.00%	3
Facilitation (removal of barriers to participate).	20.00%	1
Adherence of group to meeting norms.	20.00%	1
Ability to have meaningful and open discussions.	20.00%	1
Working relationship with the CEO & staff.	0.00%	0
Council decisions are not reflective of the public interest.	20.00%	1
Total Respondents: 5		



The College of Naturopaths of Ontario

MEMORANDUM

DATE: June 30, 2021
TO: Council
FROM: Mary-Ellen McKenna
RE: Type 2 Occurrence Report

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

Type 2 Occurrence Annual Reports Summary

The Designated Registrants for all applicable premises where intravenous infusion therapy (IVIT) procedures are performed are required to submit the Type 2 Occurrence Annual Report form every year by the deadline date of May 1. The reporting period is from March 2 to March 1.

The Designated Registrants for all applicable premises (171) submitted the Type 2 Occurrence Annual Report for the reporting period of March 2, 2020 to March 1, 2021.

Of the 171 premises, 159 submitted the form by the deadline date of May 1, 2021; 12 premises reported late with the final report being received on May 12, 2021.

The General Regulation defines Type 2 occurrences as:

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

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

The Inspection Program Policies state that a summary of Type 2 occurrences will be provided to the Inspection Committee and Council on an annual basis for statistical and planning purposes.

The Type 2 occurrences for the above reporting period were reviewed by the Inspection Committee at its May 27, 2021 meeting.

For the Council's information, below is the summary of reports received for the past 2 reporting periods.

Number of Premises Reporting		Number of Premises Reporting a Type 2 Occurrence	
2020	2021	2020	2021
165	171	35 (21%)	27 (16%)

Adverse Drug Reactions							
Total		Mild		Moderate		Severe	
2020	2021	2020	2021	2020	2021	2020	2021
125	164	92	96	32	66*	1	2

*Reported by one premises for transparency, however it is not an unintended response. This number includes 50 cases of hypertension reported by one premises. The Designated Registrant provided additional information about the patients who experienced an increase in blood pressure. The Inspection Committee determined that the rise in blood pressure would be anticipated due to the treatment and the pre-existing hypertension in these patients and therefore is not an adverse drug reaction according to the above definition.

Infections	
2020	2021
1	0
Unscheduled Treatments	
2020	2021
4	9

Unscheduled Treatments

The *General Regulation* states that Type 2 occurrences include unscheduled treatments of a patient by a Registrant occurring within five days after a procedure was performed at the premises. The reporting form instructs the Designated Registrant to report any unscheduled naturopathic treatments regardless of whether or not they were clearly a direct result of receiving IVIT.

Unscheduled Treatments	Condition	Total	Delegation - Yes	Delegation - No
Reassurance	Anxiety	3		✓
Increase fluids, electrolytes and topical heat applications	Muscular spasms	1		✓
Increase fluids	Headache, fatigue	5		✓

Adverse Drug Reactions

Adverse Drug Reactions	Total	Severity	Delegation
Anxiety	4	Mild	No
Anxiety	4	Mild	Yes
Chest pain, diaphoresis, nausea	1	Severe	No
Chills	1	Moderate	Yes
Diarrhea and headache	1	Moderate	No
Hypertension	52*	Moderate	Yes
Hypoglycemia	3	Mild	No
Hypoglycemia	1	Mild	Yes
Hypoglycemia	1	Moderate	Yes
Hypoglycemia and dizziness	1	Mild	Yes
Hypoglycemia and tachycardia	1	Moderate	No
Infusion site extravasation	21	Mild	No
Infusion site extravasation	7	Mild	Yes
Infusion site extravasation	3	Moderate	No
Infusion site extravasation	2	Moderate	Yes
Maculo-papular rash	4	Mild	No
Nausea	2	Mild	No
Nausea	12	Mild	Yes
Nausea	1	Moderate	Yes
Nausea	1	Severe	No
Nausea and anxiety	1	Mild	Yes
Phlebitis	5	Mild	No
Phlebitis	5	Mild	Yes
Phlebitis	1	Moderate	No

Pre-syncope	8	Mild	No
Pre-syncope	5	Mild	Yes
Pre-syncope	2	Moderate	No
Shortness of breath	1	Mild	Yes
Syncope	2	Mild	Yes
Thrombus	1	Mild	Yes
Urticaria	2	Mild	No
Urticaria	3	Mild	Yes
Urticaria	1	Moderate	No
Vomiting	1	Mild	No
Vomiting	2	Mild	Yes
Vomiting and syncope	1	Mild	Yes
Total	164		

*Reported by one premises for transparency, however it is not an unintended response. This number includes 50 cases of hypertension reported by one premises. The Designated Registrant provided additional information about the patients who experienced an increase in blood pressure. The Inspection Committee determined that the rise in blood pressure would be anticipated due to the treatment and the pre-existing hypertension in these patients and therefore is not an adverse drug reaction according to the above definition.

Summary of adverse drug reactions regarding severity and delegation:

Mild - Delegation: No = 50, Yes = 46

Moderate - Delegation: No = 9, Yes = 57*

Severe - Delegation: No = 2, Yes = 0

A total of 103 adverse drug reactions were reported for IVIT that was delivered through a delegation, compared to 61 when there was no delegation in place. When adjusted for the premises that reported 50 cases of moderate hypertension as noted above, the number of moderate adverse drug reactions that occurred through a delegation was 7 and the total number of adverse drug reactions when delivered through a delegation is 53.



The College of Naturopaths of Ontario

Understanding the Public Interest

In carrying out its objects, the College has a duty to serve and protect the public interest (section 3(3) of the Regulated Health Professions Act, 1991 (RHPA).

The term “public interest” is not defined in any legislation or regulation. What is the public interest?

- It is first and foremost a concept.
- It is contextual, the circumstances of decision-making help determine what it is.
- It is an unbiased concern for society.
- Places the benefit to the whole ahead of the benefit to a group, a few, or any one person.

Serving the public interest means ensuring the following.

- The public has access to professions of choice.
- Individuals are treated with sensitivity and respect.
- There are appropriate standards for the profession.
- There are ethical, safe, competent professionals and services.
- The patient interest is placed over professional interest.
- The principle-driven governance and operations are fair, objective, transparent and accountable.

The public interest is also about public protection and safety. Protecting the public from:

- Harm (physical, psychological, financial).
- Dishonesty and disrespect.
- Poor quality care.
- Sexual abuse.
- Breach of laws.
- Ineffective or unnecessary care.

In its deliberations, Council and Committees should consider the following factors.

- Is the decision fair to all parties?
- Is the decision objective, e.g. evidence-based?
- Is the decision impartial, e.g. made without bias?
- Is the decision transparent, e.g. are all of the relevant considerations clearly articulated and in the public domain?

Considerations/Questions to ask oneself during deliberations include:

- Does the matter relate to the College’s statutory objects (section 3(1) of the Code)?
- Does the decision further one of the College’s four regulatory activities?
- Is the decision being done transparently?
- Who is the primary beneficiary of the initiative?
- Would this better fit into another’s mandate (e.g. the educators, the associations)?
- Who would be unhappy with the initiative and why?

- How would it look on the front page of (any local or national newspaper) or on the evening newscast?
- How would our accountability bodies (e.g. the Government of Ontario, Office of the Fairness Commissioner, Health Professions Appeal Review Board) respond?
- Is our decision consistent with the mandate of the College (e.g. to ensure that Ontarians who wish to receive naturopathic services have access to individuals who have the knowledge, skill and judgment to practice safely, ethically and competently) and with other recent similar decisions.

What the public interest is NOT!

- Advancing the profession's self-interest (e.g. increasing fees charged by or earnings of the profession by limiting the number of members through creating barriers to access to the profession, or by expanding the scope of practice of the profession).
- Advancing personal interests of Council members (e.g. getting good PR in the profession in a re-election year).
- Advancing the interests of a small group of patients who feel that the general health care system is not serving them sufficiently (e.g. patients advocating for expanded scope for illness-specific purposes).

UNDERSTANDING THE RISK ANALYSIS TERMINOLOGY

The risk analysis provided to Council as part of its briefing process is becoming more sophisticated. New terminology will begin to be introduced that may be unfamiliar to many Council members and stakeholders. The table below provides information to allow a reader to interpret the information being provided.

RISK CATEGORY	Risk Type	Type Description	Indicators
HAZARD	People	Loss of key people.	Sudden and unforeseen loss of CEO or senior staff due to resignation, retirement, death or illness.
	Property	Damage or destruction.	Property damage due to fire, weather event, earthquake etc.
	Liability	Claims, and cost of defense claims.	Cost of defending a liability claim or awards paid due to a liability claim.
	Net Income Loss	Net Income loss from hazards.	Loss of Net Income (after expenses) from any of the above noted hazard risks.
OPERATIONAL	People	Risks from people selected to run an organization.	Education, professional experience, staffing levels, employee surveys, customer surveys, compensation and experience benchmarking, incentives, authority levels, and management experience.
	Process	Procedures and practices of an organization.	Quality scorecards, analysis of errors, areas of increased activity or volume, review of outcomes, internal and external review, identification of high-risk areas, and quality of internal audit procedures.
	Systems	Technology or equipment owned by an organization.	Benchmark against industry standards, internal and external review, and analysis to determine stress points and weaknesses.
	External Events	Failure of others external to an organization.	Suppliers unable to provide or deliver supplies, or consultants unable to complete projects on time or on budget.

FINANCIAL	Market risk	Currency price, interest rates, commodity price, equity price, and liquidity risk.	Interest rates, savings, and return on investments.
	Credit risk	Risk of people in an organization lent money to defaulting.	If the College were to lend money or credit to Registrants, the risk of defaulting.
	Price risk	Risk of prices of an organization’s products or services, price of assets bought or sold by an organization.	Price increases of supplies, consultants, and personnel.
STRATEGIC (external to an organization)	Economic environment	GDP changes, inflation, financial crises, and international trade.	GDP, CPI, and Interest rates.
	Demographics	Changing landscape of people, i.e., aging.	Aging population, lower birth rates.
	Political	Changes in the politics where an organization operates.	Changes in government or government policy, locally, regionally, or nationally.
	Reputation	Damage to the reputation of the organization based on decisions taken or perils encountered.	Confidence and trust of stakeholders, the public, and Registrants.

Risk Treatment or Mitigation Techniques

Technique	Description	General Usage?
Avoidance	Stop or never do an activity to avoid any loss exposure	All risk categories
Modify		
Separation	Isolate the loss exposures from one another to minimize impact of one loss. Relates to correlation of risks.	Financial risk
Duplication	Use of back up or spares to keep in reserve to offset exposures.	Operational risk
Diversify	Spread loss exposure over numerous projects, products, or markets.	Financial risk
Transfer	Transfer risk to another organization, typically an insurer.	Hazard risks
Retain	Assume the risk of loss within the organization, typically done when severity and frequency are both low and sometimes when frequency is high, but severity is always low.	Hazard, Operational
Exploit	Use the risk to your advantage	Strategic

To Treat or Not to Treat	Techniques
Do Not Treat	If potential impact is low and likelihood of occurring is low, do not need to treat the risk. May also choose not to treat a risk that has low potential impact and high likelihood in some circumstances.
Treat the risk	Treat a risk that has a high potential impact and high likelihood of occurring. Also treat a risk that has a high potential impact and low likelihood. Treatment methods <ol style="list-style-type: none">1. Avoidance2. Change the likelihood or impact3. Finance risk – transfer (insurance or hedging for market risk) or retain

UNDERSTANDING THE COLLEGE'S COMMITMENT TO TRANSPARENCY

To help protect the public, the College and its Council are committed to transparency. This means providing Ontarians with the tools to make informed decisions, and ensuring that our own decision-making processes are easily understood.

The College and its Council have adopted the Transparency Principles developed by the Advisory Group for Regulatory Excellence (AGRE), a working group of health regulators, as the framework for its decisions.

The following table summarizes the transparency principles adopted by the Council.

Principle	Description
Information to foster trust.	The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.
Improved patient choice and accountability.	Providing more information to the public has benefits, including improved patient choice and increased accountability for regulators.
Relevant, credible, and accurate information.	Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible, and accurate.
Timely, accessible and contextual.	In order for information to be helpful to the public, it must be; a) timely, easy to find, understandable and, b) include context and explanation.
Confidentiality when it leads to better outcomes.	Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.
Balance.	Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.
Greater risk, greater transparency.	The greater the potential risk to the public, the more important transparency becomes.
Consistent approaches.	Information available from Colleges about Registrants and processes should be similar.



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2021-2022**

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

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

16.01 Definition

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

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

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

The following potential conflicts have been declared by the Council members for the period April 1, 2021 to March 31, 2022.

Elected or Appointed Positions

Council Member	Interest	Explanation
	None	

Interests or Entities Owned

Council Member	Interest	Explanation
Dr. Brenda Lessard-Rhead, ND (Inactive)	Partner, BRB CE Group	BRB CE Group provides continuing education courses for NDs through in-person conferences and on-line webinars and records. The College requires NDs to take continuing education courses and approved courses for credits.



Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
Dr. Kim Bretz, ND	CCNM, Designs for Health, New Roots Herbal (Europe only), and Cytomatrix/Canprev – fee for speaking events	Paid on a per engagement basis.
Dr. Shelley Burns, ND	Robert Schad Naturopathic Clinic (at CCNM) – PT Faculty	Provides supervision to students of CCNM at the clinic.

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2021-22 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Asifa Baig	May 26, 2021	June 2, 2021	None
Dr. Jonathan Beatty, ND	May 26, 2021	May 6, 2021	None
Dr. Kim Bretz, ND	May 26, 2021	April 20, 2021	Yes
Dr. Shelley Burns, ND	May 26, 2021	April 24, 2021	Yes
Dean Catherwood	May 26, 2021	May 17, 2021	None
Brook Dyson	May 26, 2021	May 10, 2021	None
Lisa Fenton	May 26, 2021	May 17, 2021	None

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

Sarah Griffiths-Savolaine	May 26, 2021	May 13, 2021	None
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 26, 2021	March 31, 2021	Yes
Dr. Jennifer Lococo, ND	May 26, 2021	May 18, 2021	None
Paul Phillion	July 8, 2021	July 15, 2021	None
Dr. Jacob Scheer, ND	May 26, 2021	May 27, 2021	None
Dr. Jordan Sokoloski, ND	May 26, 2021	May 5, 2021	None
Dr. George Tardik, ND	May 26, 2021	May 18, 2021	None

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

Updated: July 16, 2021



The College of Naturopaths of Ontario

Report from the Council Chair

This is the Chair's Report (previously known as the President's Report) of the current Council cycle and provides information for the period May to July 2021.

This recent two-month period has been a calmer period within the COVID-19 pandemic. We continued the process of moving through the CEO Performance Evaluation, which is being led by Professional Member, Dr. Brenda Lessard-Rhead, ND (inactive), with meetings being held on May 14, 2021 (as previously noted) and July 5 and 7, 2021.

We continue to follow the direction from the Ministry of Health and hope to see positive change coming in the fall.

Dr. Kim Bretz, ND
Council Chair
July 2021



Report on Regulatory Operations

The College of Naturopaths of Ontario

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.1 Regulatory Activity: Registration							
Registrants (Total)							1735
General Class							1541
In Good Standing	1526						1526
Suspended	15						15
Inactive Class							172
In Good Standing	167						167
Suspended	5						5
Life Members	22						22
Changes in Registration Status							
Suspensions	6						6
Resignations	2						2
Revocations	3						3
Reinstatements	1						1
Class Changes							0
GC to IN	0						0
IN to GC (< 2 years)	1						1
IN to GC (> 2 years)	0						0
Life Membership Applications							
Approved	0						0
Not Approved	0						0
Professional Corporations (Total)							
New applications approved	5						5
Renewed	11						11
Revoked	0						0
Resigned/Dissolved	0						0
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	2						2
On-going applications	16						16
Certificates issued	9						9
Referred to RC	2						2
Approved	0						0
Approved – TCLs	0						0
Approved – Exams required	0						0
Approved – Education required	2						2
Denied	0						0

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.2 Regulatory Activity: Entry-to-Practise continued							
PLAR Applications							0
New	0						0
On-going	1						1
1.3 Regulatory Activity: Examinations							
CSE							
Scheduled	0						0
Held	0						0
Candidates	N/A						0
BME							
Scheduled	0						0
Held	0						0
Candidates	N/A						0
Clinical Practical Exam							
Scheduled	1						1
Held	0						0
Candidates	23						23
Therapeutic Prescribing							
Scheduled	1						1
Held	1						1
Candidates	35						35
IVIT							
Scheduled	1						1
Held	1						1
Candidates	19						19
Exam Appeals							
CSE							
*** Granted	0						0
*** Denied	0						0
BME							
*** Granted	0						0
*** Denied	0						0
Clinical Practical							
*** Granted	0						0
*** Denied	0						0
Therapeutic prescribing							
*** Granted	0						0
*** Denied	0						0
IVIT							
*** Granted	0						0
*** Denied	0						0
Exam Question Development							
*** CSE questions developed	0						0
*** BME questions developed	0						0

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.4 Regulatory Activity: Patient Relations							
Funding applications							
New applications	0						0
Funding application approved	0						0
Funding application declined	0						0
Number of Active Files	4						4
Funding Provided	\$2,732 (US)						\$2,732
1.5 Regulatory Activity: Quality Assurance							
Peer & Practice Assessments							
Scheduled	0						0
Completed	0						0
CE Reporting							
Number in group	0						0
Number received	0						0
P&P Assessment required	0						0
QAC Reviews							
Accepted	0						0
Work Required	0						0
QAC Referrals to ICRC	0						0
1.6 Regulatory Activity: Inspection Program							
New premises registered	8						8
New Premise Inspection							
Part I Scheduled	8						8
Part I Completed	8						8
Part II Scheduled	1						1
Part II Completed	1						1
New premises-outcomes							
Passed	12						12
Pass with conditions	5						5
Failed	0						0
Secondary Inspections							
Scheduled	0						0
Completed	0						0
Second inspections							
Passed	0						0
Pass with conditions	0						0
Failed	0						0
Type 1 Occurrence Reports							
Patient transferred to emergency	3						3
Patient died	0						0
Emergency drug administered	0						0

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.7 Regulatory Activity: Complaints and Reports							
New complaints/reports							
Complaints	4						4
CEO Initiated	5						5
ICRC Outcomes							
Letter of Counsel	3						3
SCERP	2						2
Oral Caution	6						6
SCERP & Caution	0						0
No action needed	1						1
Referred to DC	0						0
Summary of concerns							
Advertising	4						4
Failure to comply	0						0
Ineffective treatment	2						2
Out of scope	5						5
Record keeping	1						1
Fees & billing	2						2
Lab testing	0						0
Delegation	0						0
Harassment	0						0
QA Program comply	1						1
C&D compliance	0						0
Failure to cooperate	1						1
Boundary issues	0						0
Practising while suspend.	0						0
Unprofessional, unbecoming conduct	0						0
1.8 Regulatory Activity: Cease & Desist							
C&D Issued	2						2
C&D Signed	1						1
Injunctions							0
Sought	0						0
Approved	0						0
Denied	0						0
1.9 Regulatory Activity: Hearings							
Pre-hearing conferences							
Scheduled	1						1
Completed	0						0
Discipline hearings							
Contested	1						1
Uncontested	1						1
Contested Outcomes							
Findings made	0						0
No findings made	0						0
FTP Hearings	0						0

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.10 Regulatory Activity: Regulatory Guidance							
Inquiries							
E-mail	82						82
Telephone	59						59
Top inquiries							
COVID-19	21						21
Scope of practice	12						12
Conflict of interest	0						0
Tele-practice	9						9
Inspection program	0						0
Patient visits	10						10
Advertising	6						6
Lab testing	0						0
Notifying patients when moving	8						8
Fees & billing	0						0
Record keeping	6						6
Grads working for a Registrant	7						7
Completing Forms/Letters for Patients	4						4
1.11 Regulatory Activity: HPARB Appeals							
RC Appeals							
Filed	0						0
Upheld	0						0
Returned	0						0
Pending	0						0
ICRC Appeals							
Filed	0						0
Upheld	0						0
Returned	0						0
Overturned	0						0
Pending	2						2
1.12 Regulatory Activity: HRT0 Matters							
In progress	1						1
Decided							
In favour of applicant							0
In favour of College							0



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 14, 2021

TO: Council members

FROM: Dr. Brenda Lessard-Rhead, ND (Inactive)
Chair, Governance Policy Review Committee

RE: Review of the Executive Limitations Policies – Part 1
Proposed Changes to GP23 –
New Governance Process Policy

The Governance Policy Review Committee (GPRC) met on July 9, 2021 and welcomed two new Committee members who were appointed by the Council at its May meeting. The Committee met to review the Executive Limitations policy suggestions that had been submitted as part of the regular policy review, as well as to consider on-going changes to other policies.

1. Executive Limitations Policies.

In keeping with the revised Council Annual Cycle, the July meeting of the Council includes a detailed review of the first half part of the Executive Limitations policies. The GPRC has operationalized that by considering all policies numbered EL01 to EL09.

The staff circulated information to Council members in advance of this meeting and a number of questions were posed, which the GPRC considered at its meeting of July 9, 2021.

First and foremost, no substantive feedback was received by the GPRC. Second, several changes were recommended by Council members via the Governance Policy Parking Lot.

EL01 – Global Executive Constraint

A Council member recommended that the word “unethical” might be added to the introductory paragraph of the policy. The GPRC reviewed the proposed amendment and was of the view that the final sentence of the opening paragraph, which states “...by-laws or commonly accepted business and professional ethics” adequately incorporated refraining from unethical conduct.

Recommendation: The GPRC recommends that this change not be made.

EL06 – Financial Planning and Budgeting

A Council member indicated that a line “informs Council if there is a concern of balancing the budget to meeting the ends policy” be added to section 3.

The GPRC reviewed the suggestion and reviewed the other corresponding financial policies. It concluded that the intention of the addition is directly related to the budgeting process and that the Chief Executive Officer (CEO) should inform the Council if they were concerned that the scope of the Ends policies were so broad as to never be achievable with the College’s financial resources.

Recommendation: The GPRC recommends that the following be added to the end of section 3: “and informs the Council if there is a concern in being able to do so.”

EL09 – Workplace Violence Policy

A Council member suggested that the wording “or an attempt” be added to section 1(a) of this policy. The GPRC reviewed the suggestion and noted that section 1(b) addresses the scenario of attempting to exercise physical force. The Committee concluded, however, that sections 1(a) and 1(b) should be combined as a matter good policy writing.

Recommendation: That section 1(b) be struck from the policy and section 1(a) be reworded as follows: (a) the exercise of, or an attempt to exercise, physical force by a person against a worker in a workplace, that causes or could cause physical injury to the worker”.

2. Proposed Amendments to GP23 – Process for Election of Officers

The GPRC received recommendations from the CEO of the College with respect to the above noted policy. The CEO had advised that changes were being recommended as the process for nominations had been altered recently to an on-line process.


Recommendation: The GPRC recommends that the Council approved the proposed amendments set out in the attached, red-lined version of the policy.

3. New Policy GP29 – Participation in Outside activities or events

Earlier this year, the GPRC received a recommendation from the CEO about considering two new policies to increase transparency and guide Council and Committee members in avoiding real or perceived conflicts of interest. The first policy related to disclosing when gifts are received by Council, Committee members and staff. This was approved by Council at its May meeting.

The second policy required greater consideration and clarification and was reviewed again by the GPRC at its July meeting. This policy guides Council and Committee members who may be working with external individuals, groups or organizations about what they may include from their work with the College in that work.

Recommendation: The GPRC recommends that the Council approves GP29 – Participation in Outside activities or events as presented.

 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
	Process for Election of Officers	GP23.02
		Page No.
		1

Annually at the first meeting following the regular election of Council members, and, in the event that the Officer positions become vacant as set out in the by-laws, the Council will hold democratic and open elections for the positions of Officers of the Council.

- Accordingly,
- 1 The elections will be supervised by the CEO.
 - 2 The CEO may appoint scrutineers to assist in the election.
 - 3 Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, or should a position become vacant, the CEO shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the Council Chair, Council Vice-Chair and Officers-at-Large to indicate so, in writing to or on a form set by the CEO.
 - 4 A Council member's intent to seek office must be supported by the two other Council members either electronically or on a form set by the CEO, no later than 5:00 p.m. on the day one week before the meeting of Council when the election of officers shall take place.
 - 5 Where no candidate is nominated for a position or, in the case of Executive Committee members at large where there are insufficient nominations for the number of positions available, nominations from the floor will be permitted.
 - 6 The CEO shall, prior to the deadline indicated in section 4 but not more than one week prior to that deadline, inform all Council members about any Council members' intent to seek election that has been submitted up to the point.
 - 7 At least five (5) days prior to the meeting of Council when the election of officers shall take place, the CEO shall circulate to the Council a list of the eligible candidates for election to the offices of the Council Chair, Council Vice-Chair and Officers-at-Large.
 - 8 A Council member may withdraw as a candidate at any time before the election.
 - 9 At the meeting of Council when the election of officers shall take place, the CEO shall present the names of eligible candidates who have indicated their interest for the position of Council Chair.
 - a) Where there is only one nominee for a position, that person shall be elected by acclamation.
 - b) In the event that there is more than one candidate for the office, the voting will be conducted by ballot or by electronic voting means, with the result being tabulated and then recorded and reported by the CEO.
 - c) Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot).
 - d) The election of a candidate shall be confirmed by a majority vote of those present and voting.

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DATE APPROVED	DATE LAST REVISED
April 28, 2015	January 27, 2021

 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
	Process for Election of Officers	GP23.02
		Page No.
		2

- e) Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and Council shall, by ballot or electronic voting means, vote on the remaining candidates until one candidate receives a majority vote.
 - f) In the event of a tie, a second ballot will take place. If the second ballot also results in a tie, the winning candidate will be determined by lot.
- 10 The results of each election will be tabulated and reported by the CEO, with the number of votes accorded to each candidate to remain confidential.
- 11 Once the Council Chair is elected, the Council Vice-Chair shall be nominated and elected in a similar manner.
- 12 Once the Council Vice-Chair has been elected, the Officer-at-Large positions shall be filled in a similar manner, with the following modifications.
- a) Council shall first elect the Officer-at-Large position(s) to be filled by Registrants(s).
 - b) Once the required number of Registrants has been elected, Council shall elect the remaining Officer-at-Large position(s) to be filled by Public member(s).
 - c) Where two or more positions are available for a Registrant or a Public Member, they may be elected on one ballot.
 - d) The required number of candidates who receive the most votes cast on the ballot shall be declared elected and a majority vote is not required.
- 13 Once the election is completed, the CEO shall call for a motion to destroy the ballots or any record of the electronic voting system.

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DATE APPROVED	DATE LAST REVISED
April 28, 2015	January 27, 2021

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.03b
	Title Participation in Activities or Events with Outside Individuals, Groups, or Organisations	Policy No. GP29.00
		Page No. 1


All Council and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the public interest and is in accordance with the Council's Governance Policies. Participation in activities or events with outside individuals, groups, and organisations must reflect adherence to these policies.

Definitions	Confidential information	Means information concerning the business of the College and its Registrants and stakeholders that is not known to the public, including, without limitation, Registrant and stakeholder lists and information, Council affairs, training seminars and programs, financial and contractual information, as well as any information pertaining to a Registrant's interaction with any program of the College.
	Conflict of Interest	Means a situation where a reasonable person would conclude that a Council or Committee member's real or perceived personal or financial interests may affect their judgement or the discharge of their duties to the College and the public interest.
	Council member	Means a person appointed to the Council by the Lieutenant Governance in Council or a Registrant elected or appointed to the Council.
	Committee member	Means a person appointed to a Statutory or Council committee by the Council.
	Financial gain	Means receiving financial compensation or remuneration.
	Intellectual property	Means all work of or made by any Council or Committee member in connection with the work or other activities of the College during their involvement with the College.
	Remuneration	Means the payment of a fee or stipend to the recipient for the provision of information or for attending a particular event or activity.
	Reputational gain	Means improving one's position or reputation with the community.

Whereas,

- 1 Every Council and Committee member, through their participation in any Council or Committee meeting, or related activity, is committing themselves to the following key governance principles.
 - a) Serving the public interest above both personal and profession interests.
 - b) Owing the College a duty of undivided loyalty above any other organisation with which they might choose to become involved.
 - c) Always acting in good faith and in keeping with the trust that is bestowed upon them by the people of Ontario.
 - d) Serving diligently and obediently to the mandate of the College and with respect, courtesy and civility.

DATE APPROVED	DATE LAST REVISED

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.03b
	Title Participation in Activities or Events with Outside Individuals, Groups, or Organisations	Policy No. GP29.00
		Page No. 2

- 2 Every Council and Committee member, through their participation in any Council or Committee meeting, or related activity, is committing themselves to abide by the Council’s Governance Process policies that apply to their specific roles. These include,
 - a) Avoiding Conflict of Interest.
 - b) Confidentiality.
 - c) Intellectual Property.

- 3 Through their participation in Council and College regulatory activities, Council and Committee members will have access to confidential information both in terms of individuals and in an aggregate form. In keeping with s. 36 of the RHPA, the College’s bylaws and Privacy Code and the Council’s aforementioned Governance Process policies, this information may not be used or disclosed for any purpose other than the execution of regulatory duties within the College.


Accordingly,

- 4 A Council or Committee member **may not**, without the express written approval of the CEO, use such information in any of the following ways.
 - a) As part of a presentation or speech to any individual, group or organisation outside of the College.
 - b) As part of a biography or in promotional material for any course, disclosing a Committee member’s involvement in a Committee.
 - c) As part of an educational program or continuing education course.
 - d) As a participant in a conference as a speaker or as part of a panel discussion or group discussion.
 - e) As a participant in any activity that will result in financial or reputational gain in any way.

- 5 Notwithstanding paragraph 3, a Council or Committee member may use any publicly available information published by the College, including but not necessarily limited to information from the Annual Report, the College’s public website, a newsletter or news bulletin, in a professional manner.

- 6 Requests for approval from the CEO to participate in activities or to use information in any of the ways set out in paragraph 4 shall be based on the following considerations.
 - a) Whether any confidential or personal information would be disclosed in an anonymized fashion.
 - b) Whether any privileged and protected deliberative information would be disclosed and, if so, whether the disclosure may be anticipated to hamper future free and open deliberations by a Committee or by the Council.
 - c) Whether the Council or Committee member would be seen as directly or indirectly speaking on behalf of the College and whether they have been authorized to do so.
 - d) Whether the public interest of the disclosure outweighs any anticipated consequences.

DATE APPROVED	DATE LAST REVISED

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.03b
	Title Participation in Activities or Events with Outside Individuals, Groups, or Organisations	Policy No. GP29.00
		Page No. 3

Such a request for approval would not be unreasonably withheld; however, the CEO may impose restrictions as may be necessary.

- 7 Any Council or Committee member who is found to have failed to conform with this policy may be subject to removal from their position pursuant to section 15.02 of the by-laws.

DRAFT

DATE APPROVED	DATE LAST REVISED



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT FOR THE FISCAL YEAR 2020-2021

The Audit Committee consists of the following individuals:

- Dr. Elena Rossi, ND (Chair)
- Dr. Januma Kailish ND
- Lisa Fenton, Council Member

The audit for fiscal year April 1, 2020 – March 31, 2021, was completed remotely by Kriens-Larose, LLP. The Auditor's Report and Draft Financial Statements were received by the Committee on July 12, 2021. Following receipt of the completed audit materials, the Audit Committee met by video conference on July 15, 2021, to discuss the Auditor's Report and the Draft Financial Statements. Thomas Kriens, Auditor, joined the Committee on the video conference to present the report and answer questions. Agnes Kupny, Director of Operations, Thusha Pirabakaran, Finance Coordinator and Monika Zingaro, Administrative Assistant Operations, were also in attendance.

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

- The auditor did not find any major issues or serious difficulties through the process of the audit and confirmed that the financial statements are sound, requiring only routine audit adjustments.
- The auditor identified a couple of new items on the Financial Statements that were not included in previous years: CEWS Subsidy as an additional revenue stream for the College as a result of Government Assistance during COVID-19, and the establishment of three new restricted reserve funds: Business Continuity, Investigations and Hearings, and Succession Planning. The Strategic Initiatives fund has been dissolved.
- The Unrestricted Net Assets are noted as (\$394,094) as a result of the re-distribution of funds to the new Restricted Reserve Funds and with the College ending its fiscal year with a deficit of (\$811, 990).
- Another insert has been included in the Financial Report (page 5) that shows additional information regarding the changes made to the Net Assets.
- The Audit Committee inquired when the College anticipates the Net Assets having a positive balance, Ms. Kupny, Director of Operations, stated that it expects the deficit to be cleared in the 2022-2023 fiscal year.
- The Deferred Revenue noted includes both Registration fees and a small portion includes Exam fees.
- Pre-paid expenses were slightly higher than previous years due to the addition of the College's membership to CANRA.
- Exam Expenses were noted higher than the previous year, this is due to the additional work on the Biomedical exam and maintenance.
- Lastly, there were a total of 13 Adjusted Journal Entries, which is more than previous years. These year end entries were to adjust for prepaid expenses, CEWS Subsidy and Deferred Revenue.

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

150 John St., 10th Floor, Toronto, ON M5V 3E3

T 416.583.6010 F 416.583.6011

collegeofnaturopaths.on.ca

Respectfully submitted,
Dr. Elena Rossi, ND
Chair
July 16, 2021

THE COLLEGE OF NATUROPATHS OF ONTARIO
FINANCIAL STATEMENTS
MARCH 31, 2021

Draft

THE COLLEGE OF NATUROPATHS OF ONTARIO
FINANCIAL STATEMENTS
MARCH 31, 2021

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Statement of Changes in Net Assets	5
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INDEPENDENT AUDITOR'S REPORT

To the Members of
The College of Naturopaths of Ontario

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of The College of Naturopaths of Ontario, which comprise the statement of financial position as at March 31, 2021, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The College of Naturopaths of Ontario as at March 31, 2021, and the results of its operations and its cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

INDEPENDENT AUDITOR'S REPORT (continued)

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

INDEPENDENT AUDITOR'S REPORT (continued)

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

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

KRIENS~LAROSE, LLP

**Chartered Professional Accountants
Licensed Public Accountants**

Toronto, Ontario
July 28, 2021

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2021

	2021	2020
	\$	\$
ASSETS		
CURRENT		
Cash and cash equivalent (Note 2)	3,824,614	3,996,624
Accounts receivable	880,624	933,424
Prepaid expenses	121,269	55,620
	4,826,507	4,985,668
EQUIPMENT (Note 3)	41,279	54,495
	4,867,786	5,040,163
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	220,915	579,598
Deferred revenue (Note 4)	2,550,449	1,521,221
HST payable	275,938	306,870
	3,047,302	2,407,689
NET ASSETS (NOTE 5)		
Unrestricted net assets	(394,094)	2,467,385
Patient relations	89,193	89,704
Strategic initiatives	-	75,385
Business continuity	1,075,385	-
Investigations & Hearings	1,000,000	-
Succession Planning	50,000	-
	1,820,484	2,632,474
	4,867,786	5,040,163

APPROVED ON BEHALF OF THE COUNCIL:

_____, Director _____, Director

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CHANGES IN NET ASSETS
 FOR THE YEAR ENDED MARCH 31, 2021

	Unrestricted net assets 2021 \$	Patient relations 2021 \$	Strategic Initiatives 2021 \$	Business continuity 2021 \$	Investigations & hearings 2021 \$	Succession planning 2021 \$	Total 2021 \$	Total 2020 \$
Balance, beginning of year	2,467,385	89,704	75,385	-	-	-	2,632,474	2,368,999
Excess (deficiency) of revenues over expenses for the year	(811,479)	(511)	-	-	-	-	(811,990)	263,475
Interfund transfers	(2,050,000)	-	(75,385)	1,075,385	1,000,000	50,000	-	-
Balance, end of year	(394,094)	89,193	-	1,075,385	1,000,000	50,000	1,820,484	2,632,474

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2021

	2021	2020
	\$	\$
REVENUES		
Registration and member renewal fees	1,564,176	2,555,036
Government assistance (Note 6)	443,313	-
Examination fees	164,225	305,775
Inspection and hearing fees	51,250	82,050
Incorporation fees	24,112	18,650
Interest	7,001	45,253
TOTAL REVENUES	2,254,077	3,006,764
TOTAL EXPENSES	3,066,067	2,743,289
(DEFICIENCY) EXCESS OF REVENUES OVER EXPENSES FOR THE YEAR	(811,990)	263,475

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
 FOR THE YEAR ENDED MARCH 31, 2021

	2021	2020
	\$	\$
EXPENSES		
Salaries and benefits	1,597,738	1,366,521
Rent and utilities	284,540	269,879
Exam fees and expenses	212,865	127,989
Consulting fees		
Consultants - General	152,062	115,772
Consultants - Assessors/inspectors	10,256	32,418
Consultants - Complaints and inquiries	117,171	77,276
Legal fees		
Legal fees - Complaints	40,415	81,696
Legal fees - Discipline	121,428	87,427
Legal fees - General	37,366	67,766
Public education	91,462	74,009
Office and general	85,609	99,162
Council fees and expenses	78,668	84,613
Translation	48,949	13,293
License	45,006	81,051
Equipment maintenance	40,716	35,022
Insurance	27,533	27,426
Discipline & FTP committee	20,667	5,134
Amortization	16,102	19,194
Audit fees	16,000	17,002
Website	10,093	16,837
Education and training	6,134	7,389
Travel accommodation & meals	2,452	24,736
Printing and postage	1,946	10,927
Patient relations fund expenses allocation	511	-
Patient relations committee	378	750
TOTAL EXPENSES	3,066,067	2,743,289

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CASH FLOWS
 FOR THE YEAR ENDED MARCH 31, 2021

	2021	2020
	\$	\$
CASH FROM OPERATING ACTIVITIES		
Cash receipts registration and membership renewal	2,665,795	932,761
Cash receipts from inspection fees	51,250	82,050
Cash receipts from examination fees	197,175	294,075
Cash receipts from incorporation fees	24,112	18,650
Interest income	7,001	45,253
Cash receipts from government assistance	390,772	-
Cash paid to suppliers and employees	(3,505,230)	(1,934,885)
	(169,125)	(562,096)
CASH FROM INVESTING ACTIVITIES		
Purchase of equipment	(2,885)	(47,058)
Change in cash	(172,010)	(609,154)
Cash, beginning of year	3,996,624	4,605,778
Cash, end of year	3,824,614	3,996,624
Cash consists of:		
Cash in bank account	1,737,986	1,915,102
RBC Money Market Fund & Cashable GIC	2,086,628	2,081,522
Cash, end of year	3,824,614	3,996,624

See accompanying notes to the financial statements

PURPOSE OF THE ORGANIZATION

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

The College received proclamation on July 1, 2015.

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

The College operations include:

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

1. SIGNIFICANT ACCOUNTING POLICIES

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

Financial Instruments

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

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

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

Use of Estimates

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

Cash and Cash Equivalents

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

Prepaid Expenses

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

Equipment

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

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

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

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

Revenue Recognition

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

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

Unrestricted investment income is recognized as revenue when earned.

Government Assistance

Government assistance is a restricted contribution and is accounted for using the deferral method based on the assistance provided:

Wage Subsidies

Wage subsidies are recognized as revenue in the year the related wages are incurred

Donated Property and Services

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

2. CASH AND CASH EQUIVALENT

Cash and cash equivalent is summarized as follows:

	2021 \$	2020 \$
Cash	1,737,986	1,915,102
RBC Money Market Fund	1,573,676	1,570,765
Cashable Guaranteed investment certificates, 0.4% maturing July 24, 2021	512,952	-
Cashable Guaranteed investment certificate, 0.5% maturing July 24, 2020	-	510,757
	<hr/>	<hr/>
	3,824,614	3,996,624

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

The College has a revolving line of credit facility with the Royal Bank of Canada of \$100,000. The credit is available at prime plus 3.5% and is secured by a general security agreement covering all assets of the College. The line of credit was not utilized as at March 31, 2021.

3. EQUIPMENT

	2021		2020	
	Cost	Accumulated	Cost	Accumulated
	\$	\$	\$	\$
Office equipment	159,391	141,681	159,391	135,681
Computer equipment	69,647	46,078	66,762	35,977
	229,038	187,759	226,153	171,658
Net book value	41,279		54,495	

4. DEFERRED REVENUE

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

	2021	2020
	\$	\$
Registration fees	2,517,499	1,521,221
Examination fees	32,950	-
Total	2,550,449	1,521,221

5. NET ASSETS

Patient Relations Fund

The College set aside \$100,000 for potential obligations under the *Regulated Health Professions Act, 1991* (the “Act”) with respect to cases where a patient alleges they were sexually abused by a Registrant and sought funding for counselling. Decisions on granting funding rest with the Patient Relations Committee as set out in the Act. The funds set aside are reviewed on an annual basis. In fiscal 2021, \$511 (2020: \$4,406) was spent from the patient relations fund.

Strategic Initiatives Fund

The College established an internally restricted net asset to fund strategic initiatives developed by the CEO. The initial contribution was 50% of the 2017 fiscal year surplus. In the 2021 fiscal year \$Nil (2020: \$Nil) was spent from the strategic initiative fund. By the end of 2021 fiscal year, the remaining balance of the fund has been disbursed to business continuity fund and is no longer in use.

Business Continuity Fund

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

Investigations and Hearings Fund

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

Succession Planning Fund

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

6. GOVERNMENT ASSISTANCE

During the fiscal year, the College received government assistance in the form of Canada Emergency Wage Subsidy (CEWS). The CEWS serves as financial relief for a portion of employee wages. The assistance received is not repayable albeit is subject to audit by the Canada Revenue Agency (CRA). The CEWS is temporary and is available from March 15, 2020 to eligible employers. \$52,541 of the CEWS is included in the March 31, 2021 accounts receivable.

7. COMMITMENTS

Premises Lease Commitment

The College is committed to total minimum rentals under a long-term lease for premises, which expires on February 28, 2023. Minimum rental commitments remaining under this lease approximate \$306,293 as follows:

2022	159,570
2023	146,723
	<hr/>
	306,293

The College is committed under the lease agreement for a total lease term of 10 years and 2 months. The cost of the premise improvements totaling \$203,158 was paid by the landlord and included in the basic rent over the term of the lease. In the event the lease is terminated prior to the natural expiry of the term, The College agreed to pay the unamortized balance of the premise improvements. The unamortized balance as at March 31, 2021 is \$38,300 (2020: 58,283).

Other Commitments

The College is committed to a fees for implementation of Alinity License Management (Association Management Solution software). The agreement is effective until December 31, 2021 with remaining commitment of \$19,800.

The College is committed to consulting services related to Council Evaluation Program effective until August 2023. The remaining commitment approximates \$151,563, for which \$64,338 is due in the fiscal year 2022, \$58,775 is due in the fiscal year 2023, and \$28,450 is due in the fiscal year 2024

8. FINANCIAL INSTRUMENTS

The College is exposed to various risks through its financial instruments. The following presents the College's risk exposures and concentrations at March 31, 2021.

Credit Risk

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

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

Actual exposure to credit losses from account receivable has been moderate in prior years. The allowance for doubtful accounts is \$32,375 (2020: \$32,375).

Liquidity Risk

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

Market Risk

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

Currency Risk

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

Interest Rate Risk

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

8. FINANCIAL INSTRUMENTS (continued)

Other Price Risk

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

9. FINANCIAL IMPACT OF THE NOVEL CORONAVIRUS (COVID-19)

In March 2020, the World Health Organization declared a global pandemic due to the novel Coronavirus (COVID-19). The situation is constantly evolving and the economic impact has been substantial.

As at July 28, 2021, the College is aware of changes in its operations as a result of the COVID-19 crisis, including staff primarily working from home, the cancellation/postponement of the some exams, a reduction of 2020/2021 registration fees, and the inability to increase 2021/2022 membership fee due to the ongoing impact of the pandemic to the profession.

Assets and liabilities have been recorded using the best information available at the time of financial statement preparation. The uncertainty due to the pandemic may cause recorded amounts to be different than those realized. Management is closely monitoring the situation and as at July 28, 2021, the College is not able to fully estimate the impact of COVID-19 on operations at this time given the continuous evolution of the pandemic. The financial impact will be accounted for when it is known and able to be assessed.



The College of Naturopaths of Ontario

BRIEFING NOTE
Draft Amendments to the Good Character Policy

PURPOSE: The Registration Committee is seeking Council approval of the draft amendments to the College's Good Character Policy.

OUTCOME Approval of the amended policy is sought.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Review and discussion of policy revisions.		
Results:	Decision.		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Chair, Registration Committee to present overview and decisions point.	5 minutes
	2.	Questions from Council and answers.	5 minutes
	3.	Motion and Vote.	5 minutes

BACKGROUND:

On October 30, 2014, the then transitional Council of the College of Naturopaths of Ontario approved a policy which defines and sets out the requirements for ensuring applicants for registration and Registrants of the College are of good character.

In May 2021, the Registration Committee undertook a review of good character requirements, in conjunction with this policy.

Draft amendments to the Good Character Policy (attached) have been made to reduce redundancy, add clarity and to update policy definitions, terminology and language to align with the newer policies under the College.

DISCUSSION POINTS:

Assessment of Character – Applicant vs Registrant

Having been drafted prior to proclamation, the processes for assessing the good character of applicants and Registrants differ and have progressed substantially in the six years since the policy was approved. Information with respect to how both groups are assessed has been updated to accurately reflect the current processes, including the removal of conduct assessment criteria that does not apply specifically to applicants.

Citing Legislation

For additional clarity, the applicable sections of the Registration Regulation which note conduct

and good character requirements for applying for and maintaining one's certificate of registration have been added.

Amended Definitions and Gender Neutrality

Minor amendments have also been made to capture language associated with the new governance model (e.g., Registrant vs Member) and to remove gender specific pronouns, a process in keeping with any older, existing policies undergoing review and amendment.

ANALYSIS

Risk Assessment –The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Information Items of the Consent Agenda. Only those risks that have been identified will be addressed.

- Operational risk:
 - Process: Process risk comes from the Committee, in their review, ensuring that all of the necessary practices and procedures for update have been identified and properly amended.
- Strategic risk:
 - Reputational: Confidence and trust in the organization comes from ensuring that its practices and procedures are accurate, consistent, and up to date.

Privacy Considerations – There are no privacy considerations.

Transparency –The transparency assessment is based on the document *Understanding the College's Commitment to Transparency*, a copy of which is included in the Information Items of the Consent Agenda. Only those transparency principles that are relevant have been identified and addressed.

- Information to foster trust: Updating the policies and making them publicly available will allow the public, the profession, and future members of the profession to access the necessary information in order to understand and trust that assessments of good character are consistent and reliable.
- Relevant, credible, and accurate information: Ensuring that registration policies are consistent with other policies of the College and accurately reflect the processes in place for applicants and Registrants of the College may increase trust in the registration processes of the College.
- Great risk, greater transparency: As an applicant's or Registrant's good character and the assessment thereof can directly impact patient safety, it is important that information made publicly available accurately reflects the College's requirements and assessment processes.

Financial Impact – There is no financial impact at issue on this matter.

Public Interest – The public interest assessment is based on the document the Public Interest, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed.

- The consistent and ongoing assessment of good character for Registrants and applicants ensures the safe and professional provision of naturopathy to Ontarians.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve revisions to the Good Character Policy.

ACTION ITEMS

The policy will be updated and posted on the College website.

Dr. Danielle O'Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations


July 13, 2021

 <p>The College of Naturopaths of Ontario</p>	Policy Type REGISTRATION	PROGRAM POLICIES
	Title Good Character	Policy No. P07.03
		Page No. 1

Intent/Purpose To establish a policy governing Good Character for the College of Naturopaths of Ontario.

4. Definitions	Applicant	<u>Means, a</u> An individual who has made a formal application to the College for a Certificate of Registration.
	<u>Chief Executive Officer (CEO)</u>	<u>Means, the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule 2 of the Regulated Health Professions Act, 1991 and who performs the duties assigned to the position of Registrar under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.</u>
	<u>The Code</u>	<u>Means, the Health Professions Procedural Code, which is Schedule 2 to the Regulated Health Professions Act, 1991.</u>
	Good Character	<u>Means, p</u> Personal characteristics, including, but not limited to, ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.
	<u>Member/Registrant</u>	<u>Means, an individual, a</u> As defined in section 1(1) of the Health Profession Procedural Code means a Member of the College.
	Registration Committee	<u>Means, the statutory committee of the College responsible for all Registration matters referred to it by the CEO, and the imposition of terms, conditions or limitations on certificates of registration as deemed necessary in accordance with the Health Professions Procedural Code.</u> The statutory committee of the College responsible for all registration matters referred to it by the Registrar. Panel(s) of this statutory committee are responsible for all registration matters as set out in the Health Professions Procedural Code.
	Registration Regulation	<u>Means, Ontario Regulation 84/14 as amended from time to time.</u>
	Term, Condition or Limitation (TCL)	A Term, Condition or Limitation imposed on a Certificate of Registration by a panel of the Registration Committee that restricts a Member's activities within the practice of the profession.
Supporting Documentation	<u>Means, o</u> Official records provided by a court, tribunal, educational institution, licensing or regulating body, or other government sanctioned organization which provides details surrounding, and the outcome of, an event.	
General	<u>Good Character Requirement</u>	<u>As a condition of registration, Applicants and Registrants are required to satisfy certain provisions in the Registration</u>

DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 30, 2014

 <p>The College of Naturopaths of Ontario</p>	Policy Type REGISTRATION	PROGRAM POLICIES
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Regulation known collectively as the “Good Character” requirement.

Purpose


The purpose of the Good Character requirement is to protect the public through the maintenance of high ethical standards and ensuring Applicants for registration and Registrants of the College meet those standards.

Regulation, as it applies to Applicants

Subsections 3(1) and 3(2) of the Registration Regulation requires that an Applicant satisfies the following requirements for issuance of a certificate of registration:

1. ~~3. An applicant must satisfy the following requirements for the issuance of a Certificate of Registration of any class: At the time of application, the Applicant must provide written details about any of the following that relate to the Applicant and, where any of the following change with respect to the Applicant after submitting the application but before the issuance of a certificate, the Applicant must immediately provide written details with respect to the change:~~
 1. ~~The applicant must, at the time of application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, the applicant must immediately provide written details with respect to the change:~~
 - i. A finding of guilt for any of the following:
 - A. A criminal offence.
 - B. An offence resulting in either imprisonment or a fine greater than \$1,000.
 - ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iv. A finding of professional negligence or malpractice in any jurisdiction.
 - v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the Applicant.
 - vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession,

DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 30, 2014

 <p>The College of Naturopaths of Ontario</p>	Policy Type REGISTRATION	PROGRAM POLICIES
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- vii. Whether the Applicant was in good standing at the time ~~he or she~~they ceased being registered with a body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
 - viii. Any other event that would provide reasonable grounds for the belief that the Applicant will not practise naturopathy in a safe and professional manner.
2. The Applicant's previous conduct must afford reasonable grounds for the belief that ~~he or she~~they will practise naturopathy in a safe and professional manner.


Regulation, as it Applies applies to MembersRegistrants

Subsections 4(1) and 4(2) of tThe Registration Regulation requires ~~than that~~ a Member Registrant satisfies the following requirements for maintaining their certificate of registration:

~~4. Every Certificate of Registration is subject to the following terms, conditions and limitations:~~

1. The Member Registrant shall provide the College with written details about any of the following that relate to the Member Registrant no later than ~~thirty~~ (30) days after the Member Registrant becomes aware of it occurring:
 - i. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - ii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iii. A finding of professional negligence or malpractice in any jurisdiction.
 - iv. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the Member Registrant.
 - v. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or in another jurisdiction, that has not resulted in a passing grade.

DATE POLICY APPROVED		REVIEW DATE
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 <p>The College of Naturopaths of Ontario</p>	Policy Type REGISTRATION	PROGRAM POLICIES
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- vi. Whether the ~~Member-Registrant~~ was in good standing at the time ~~he or she~~ they ceased being registered with a body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
 - vii. Any other event that would provide reasonable grounds for the belief that the ~~Member-Registrant~~ will not practise naturopathy in a safe and professional manner.
2. The ~~Member-Registrant~~ shall provide the College with written details about any finding of guilt relating to any offence in any jurisdiction as soon as possible after receiving notice of the finding, but not later than ~~thirty (30)~~ days after receiving the notice.

~~Good Character Requirement~~


~~Collectively, these provisions are known as the "Good Character" requirements.~~

~~Purpose~~

~~The purpose of the Good Character requirement is to protect the public through the maintenance of high ethical standards and ensuring Applicants for registration and Members meet those standards.~~

Determining an Applicant's Good Character	Information Relating to Good Character	In accordance with section 3(1) of the Registration Regulation, all Applicants to the College are asked a series of questions relating to Good Character. Questions to which the Applicant responds in the affirmative require that supporting documentation be provided.
	Applicant's Declaration	All Applicants are also required to indicate their agreement with a legal declaration relating to Good Character, which indicates that the Applicant is required to provide the Registrar-CEO with any new information relating to the Good Character questions posed, within thirty 30 days, while their application is under review by the College. In addition, the Applicant must also indicate their agreement with a legal declaration attesting to the completeness and accuracy of the information provided in the application.
	Condition of Membership	As a condition of membership, all Members are required to notify the College within thirty (30) days of being made aware of any events that may affect an assessment of their Good Character, as listed in section 4(1) of the Registration Regulation.
	Assessment of Character of Applicants	Upon disclosure or finding of past conduct which raises doubt as to the Applicant having satisfied good character provisions , the Registrar-CEO may refer an Applicant to a panel of the Registration Committee in accordance with

DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 30, 2014

 <p>The College of Naturopaths of Ontario</p>	Policy Type REGISTRATION	PROGRAM POLICIES
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section 15(2) of the ~~Health Professions Procedural Code, which is Schedule II of the Regulated Health Professions Act, 1991 (the "RHPA").~~

While character evolves and a person may rehabilitate over time so as to overcome past character issues, the passage of time in the absence of other evidence does not necessarily establish that the character issue has been remedied.

The panel of the Registration Committee shall assess what impact the disclosed conduct has on the Applicant's ability to practise in a safe and professional manner. -The assessment shall include, but is not necessarily limited to:

- a) The nature of the ~~misconduct~~;
 - i. Was there a ~~guilty finding of guilt for~~ an offence under the Controlled Drugs and Substances Act (Canada), the Food and Drugs Act (Canada), the Criminal Code (Canada), ~~or provincial offences, College regulations, standards of practice, by-laws or Code of Ethics;~~
 - ii. Whether the misconduct occurred while the Applicant was ~~registered or licensed to practice Naturopathic Medicine/naturopathy or any other regulated profession~~ in Ontario, or in any other jurisdiction;
 - iii. Whether the Applicant's employment was terminated or suspended or ~~whether as~~ the Applicant ~~was~~ otherwise disciplined by an employer;
 - iv. Whether a licence/Certificate of Registration was denied or revoked for failure to meet or maintain Good Character requirements;
 - v. Whether the misconduct occurred as a part of the Applicant's ~~post-secondary~~ education.
- b) The severity of the misconduct. -Elements that may be taken into consideration include:
 - i. ~~Degree~~ ~~degree~~ of dishonesty or breach of trust;
 - ii. ~~Motivation~~ ~~motivation~~;
 - iii. ~~Duration~~ ~~duration~~;
 - iv. ~~Whether~~ ~~whether~~ it was an isolated incident or repeated behaviour;
 - v. ~~Concealment~~ ~~concealment~~;
 - vi. ~~Whether~~ ~~whether~~ the offence was one in which the ~~Member~~ ~~Applicant~~ was impaired or intoxicated;
 - vii. ~~Whether~~ ~~whether~~ the matter was an issue of capacity.

DATE POLICY APPROVED		REVIEW DATE
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- c) The Applicant’s attitude toward the conduct, to the degree that it can be determined:
 - i. Whether the Applicant appears remorseful;
 - ii. Whether the Applicant has provided an explanation;
 - iii. Whether external verification is available for the Applicant’s attitude.
- d) Any rehabilitative treatment undergone since the conduct:
 - i. Whether treatment was sought by the Applicant, voluntarily or otherwise;
 - ii. Whether education was sought by the Applicant, voluntarily or otherwise;
 - iii. ~~Whether the Applicant worked with no further incidents.~~
- e) Subsequent conduct of the Applicant;
 - i. Whether there is evidence of subsequent wrongdoing;
 - ii. The observations and references of those working in direct contact with the Applicant, in particular those who are not friends and have a duty to be candid.

Decisions of the Panel of the Registration Committee

After considering all the information, the panel will make any order, or combination of orders, consistent with section 18(2) of the Code.

Determining a Registrant’s Good Character

Assessment of Character of Members


The ~~CEO~~Registrar shall review any disclosure provided by a ~~Member~~Registrant within five ~~(5)~~ business days and shall annually review information and declarations provided by ~~Members~~Registrants upon renewal of their registration using similar considerations as would be applied to an Applicant.

Where the ~~Registrar~~CEO has concerns about the Good Character of ~~a Registrant~~theya Member, at ~~their~~his/her sole discretion, may ~~make file~~a Registrar’s Report pursuant to section 75(1)a of the ~~Health Professions Procedural~~Code.

~~Ruling of the Panel of the Registration Committee~~

~~After considering all the information, the panel may make any order, or combination of orders, consistent with section 18(20) and (3) of the Code. In accordance with section 19 of the RHPA, Members may apply for a variation of the panel’s order.~~

DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 30, 2014

 <p>The College of Naturopaths of Ontario</p>	<u>Policy Type</u> REGISTRATION	<u>PROGRAM POLICIES</u>
	<u>Title</u> Good Character	<u>Policy No.</u> P07.03
		<u>Page No.</u> 7

~~P:\C-Corp\C.11-Corp-Plcy-Procdrs\11.04-Professional Practice And Program Policies\11.04.05-Program Policies\Registration\APPROVED\Good Character Policy APPROVED Oct 2014 (P07.03).Docx~~

DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 30, 2014



The College of Naturopaths of Ontario

BRIEFING NOTE
Ontario Clinical Sciences Examination Blueprint Revisions

PURPOSE: Council is asked to review and approve revisions to the Ontario Clinical Sciences Examination Blueprints

OUTCOME Approval of the amended blueprints is sought.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Review and discussion of blueprint revisions.		
Results:	Decision.		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Chair, Registration Committee to present overview and decisions point.	5 minutes
	2.	Questions from Council and answers.	5 minutes
	3.	Motion and Vote.	5 minutes

BACKGROUND:

The Registration Regulation establishes that the College's registration examinations are set or approved by Council. Examination blueprints are the foundational document which establishes the content for high stakes examinations and provides a means for the Council to set and/or approve the examinations without having to review individual questions or other content.

In April 2019, the Ontario Clinical Sciences exam replaced the NPLEX II examination in Ontario as a requisite entry-to-practise examination for registration with the College.

As part of its duties, the Exam Committee (Entry-to-Practise) undertakes regular reviews of the examination blueprints, to ensure ongoing accuracy of weighting with respect to testable content, currency of entry-to-practise competency, as well as clarity of language and makes recommendations to the Registration Committee regarding needed revisions.

Draft revisions to the Ontario Clinical Sciences Exam blueprint (attached) were made following the Exam Committee's March 2021 and the Registration Committee's May 2021 reviews.

DISCUSSION POINTS:Amended Blueprint Competencies

Minor amendments made to the wording of two competencies in the blueprints, competency 1.04.01 and 2.06.07.

Competency 2.03.04 – the list of therapeutic diets was removed to eliminate redundancy, as the

asterisk in the blueprint relates to the list of therapeutic diets noted in the Ontario Clinical Sciences Study Reference Guide, where the blueprint also appears.

Competency 2.04.05 – The term ‘galvanism’ was removed as it was felt to be outdated and poorly as a technique, and not common practise, particularly at entry-to-practise.

Taxonomy Weighting

A minor amendment was made to the taxonomy weighting to accurately reflect the percentage of critical thinking questions being assessed on any given exam form.

ANALYSIS

Risk Assessment –The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Information Items of the Consent Agenda. Only those risks that have been identified will be addressed.

- Strategic risk:
 - Reputation - As tested competencies change and differ over time from the NPLEX series, the College will continue to face the ongoing risk of criticism from external parties regarding the validity and psychometric soundness of the College’s Clinical Sciences exam.

Privacy Considerations – There are no privacy considerations.

Transparency –The transparency assessment is based on the document *Understanding the College’s Commitment to Transparency*, a copy of which is included in the Information Items of the Consent Agenda. Only those transparency principles that are relevant have been identified and addressed.

- Relevant, credible, and accurate information: Ensuring that examination blueprints are consistently updated to reflect what is being assessed in the examination may increase trust in the processes of the College.

Financial Impact – There is no financial impact at issue on this matter.

Public Interest – The public interest assessment is based on the document the Public Interest, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed.

- The Ontario Clinical Sciences exam will continue to assess relevant competencies for the provision of safe and competent naturopathic care for Ontarians.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve revisions to the Ontario Clinical Sciences Examination blueprints.

ACTION ITEMS

The blueprints will be updated as a separate document and in the Clinical Sciences Exam Reference Guide; an updated copy of the Reference Guide will be posted on the College website.

Dr. Danielle O’Connor, ND
Registration Committee Chair

Erica Laugalys
Director, Registration & Examinations

July 13, 2021

Council Meeting

July 28, 2021

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CONO Clinical Examination Blueprint

Competencies	% of Exam
1. ASSESSMENT & DIAGNOSIS	30-34%
<i>1.01 Evaluate patients.</i>	
1.01.01 Apply ethical principles to doctor-patient interactions.	
1.01.02 Take a medical and psychosocial history.	
1.01.03 Perform a physical examination.	
1.01.04 Select lab tests*.	
1.01.05 Collect and prepare specimens for lab evaluation.	
1.01.06 Select imaging studies*.	
<i>1.02 Assess common conditions, both acute and chronic.</i>	
1.02.01 Identify risk factors.	
1.02.02 Recognize signs and symptoms.	
1.02.03 Identify comorbidities.	
1.02.04 Generate a differential diagnosis.	
1.02.05 Determine pathogenesis and etiologies.	
<i>1.03 Interpret findings.</i>	
1.03.01 Interpret findings of physical examination.	
1.03.02 Interpret results of lab tests.	
1.03.03 Identify factors that may interfere with lab results.	
1.03.04 Interpret results of imaging.	
1.03.05 Predict the complications and sequelae.	
1.03.06 Determine the prognosis.	
1.03.07 Monitor patient progress using lab tests and imaging studies.	
<i>1.04 Apply evidence informed practice to patient management.</i>	
1.04.01 Interpret and critique the results of research studies.	
1.04.02 Apply the results of research studies to patient management	
2. MODALITIES	55-59%
<i>2.01 Manage patient care by applying principles of botanical prescribing.</i>	
2.01.01 Evaluate the safety of botanical medicine prescriptions, including side effects, contraindications, interactions, and toxicity.	
2.01.02 Prescribe botanical medicines* based on pharmacognosy, therapeutic effects, indications, mechanisms of action, and route of administration.	
2.01.03 Determine the posology, including documentation of prescribing abbreviations.	
<i>2.02 Manage patient care by applying principles of homeopathic prescribing.</i>	
2.02.01 Demonstrate knowledge of the critical aspects of case taking (e.g., timing, sidedness, intensity, aggravating and ameliorating factors).	
2.02.02 Prescribe homeopathic preparations* for acute conditions based on keynote.	
2.02.03 Determine the posology, including use of prescribing abbreviations based on classical Hahnemannian homeopathy.	

Competencies	% of Exam
<i>2.03 Manage patient care by applying principles of clinical nutrition, including nutraceuticals*.</i>	
2.03.01 Assess diet and nutritional status (intake, absorption, utilization, loss).	
2.03.02 Evaluate the safety of nutritional interventions, including side effects, contraindications, interactions, and toxicity.	
2.03.03 Prescribe nutritional interventions based on indications, bioavailability, food sources, route of administration, and requirements for macronutrients and micronutrients.	
2.03.04 Prescribe therapeutic diets* (e.g., elimination, low glycemic, anti-inflammatory, vegetarian/vegan, candida, etc.) based on indications and contraindications.	
2.03.05 Counsel patients about general nutrition and food sources of nutrients.	
<i>2.04 Manage patient care by applying principles of physical medicine.</i>	
2.04.01 Evaluate the safety of physical medicine interventions, including side effects, contraindications and interactions.	
2.04.02 Perform specialized orthopedic tests*.	
2.04.03 Perform osseous manipulation.	
2.04.04 Perform soft tissue manipulation.	
2.04.05 Treat patients using therapeutic devices (diathermy, sine wave and TENS, galvanism , interferential and micro-current, traction and compression, light therapy, and therapeutic ultrasound).	
2.04.06 Prescribe and administer hydrotherapy treatments.	
2.04.07 Prescribe therapeutic exercise.	
2.04.08 Counsel patients regarding prevention of musculoskeletal conditions.	
<i>2.05 Manage patient care by applying principles of counseling and health psychology.</i>	
2.05.01 Apply basic counseling principles, and use counseling techniques to provide patient care.	
2.05.02 Counsel patients regarding lifestyle choices, health promotion, and the prevention of chronic disease.	
2.05.03 Use and prescribe mind-body techniques.	
2.05.04 Identify and address lifespan/developmental issues.	
2.05.05 Use evidence-based psychological assessment tools*.	
<i>2.06 Manage patient care by applying principles of Traditional Chinese Medicine.</i>	
2.06.01 Demonstrate knowledge of the critical aspects of case taking (e.g., ten questions, pulse and tongue).	
2.06.02 Recognize signs and symptoms according to Traditional Chinese Medicine patterns (eight principles, vital substances, organs, meridians, five elements).	
2.06.03 Diagnose Zang-Fu pathologies*.	
2.06.04 Evaluate the safety of Chinese patent herbal formulas*, including side effects, contraindications, interactions, and toxicity.	
2.06.05 Prescribe Chinese patent herbal formulas based on Zang-Fu diagnosis.	
2.06.06 Determine acupuncture* prescription.	

Competencies	% of Exam
2.06.07 Administer acupuncture including point location, angulation, depth, and clean needling technique.	
2.06.08 Evaluate the safety of acupuncture including side effects, contraindications, interactions, and cautions.	
2.06.09 Prescribe adjunct therapies (moxibustion, cupping, electro-acupuncture, and laser).	
<i>2.07 Manage patient care by applying principles of pharmacotherapy.</i>	
2.07.01 Evaluate the safety of pharmaceuticals, including side effects, contraindications, interactions, and toxicity.	
2.07.02 Prescribe pharmaceuticals* based on therapeutic effects, indications, mechanisms of action, and route of administration.	
2.07.03 Monitor and assess for therapeutic drug levels.	
3. CRITICAL CARE AND PUBLIC HEALTH	9-13%
<i>3.01 Manage high-risk patients and critical conditions.</i>	
3.01.01 Identify high-risk patients and critical conditions.	
3.01.02 Manage high-risk patients and critical conditions, including referral as appropriate.	
3.01.03 Perform Cardiopulmonary Resuscitation.	
3.01.04 Administer oxygen.	
<i>3.02 Implement occupational and public health policies.</i>	
3.02.01 Apply principles of sterilization, disinfection, and universal precautions.	
3.02.02 Manage bio-hazardous substances and materials.	
3.02.03 Counsel patients regarding communicable diseases.	
3.02.04 Report communicable diseases to local public health authorities.	
3.02.05 Report adverse reactions to therapeutic substances to Health Canada.	

Other Blueprint Parameters

Condition	% of Exam
1. Vascular	9-11%
2. Infectious	9-11%
3. Neoplastic	4-6%
4. Degenerative	9-11%
5. Inflammatory/Immunologic	9-11%
6. Congenital/Developmental	6-8%
7. Autoimmune	8-10%
8. Toxic/Environmental	6-8%
9. Traumatic	4-6%
10. Endocrine	9-11%
11. Metabolic	6-8%
12. Psychosomatic/Psychiatric	9-11%

Patient Population	% of Exam
Pediatric (0-14)	15-25%
Adult (15-49)	25-35%
Older Adult (50-65)	25-35%
Geriatric (over 65)	15-25%

Item Type	% of Exam
Independent	28-32%
Case-Based	68-72%

Taxonomy (Cognitive Level)	% of Exam
Knowledge/Comprehension	15-25%
Application	45-55%
Critical Thinking	25-35%



The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 14, 2021

TO: Council members

FROM: Dr. Gudrun Welder, ND
Chair, Governance Committee

RE: Equity, Diversity and Inclusion Committee

At its May meeting, the Council approved Terms of References for the Council's new Equity, Diversity and Inclusion (EDI) Committee. Subsequently, the Chief Executive Officer (CEO) issued a call for interested individuals to submit applications to be appointed to the Committee. The CEO asked the Governance Committee (GC) to review all applications that were received and to make recommendations to the Council in keeping with the mandate of the Committee.

The GC met on July 8, 2021 to consider 12 applications that had been received. The review entailed considering the Council's approved Terms of Reference for the EDIC, the call for applications released by the CEO and the qualifications set out in the College's by-laws for both registrant and Public Representative appointments.

The GC is pleased to recommend the following individuals be appointed to the Equity, Diversity and Inclusion Committee:

Dr. Jamuna Kailash, ND as Chair
 Dr. Melvia Agbeko, ND
 Dr. Laura Batson, ND
 Brenda Brown, Public Representative
 Dr. Shelley Burns, ND (Council representative)
 Dr. Stephanie Cordes, ND
 Dr. Ky Lo, ND
 Dr. Denis Marier, ND
 Dr. Johanne McCarthy, ND
 Dr. Onkar Singh, ND

The Governance Committee will continue to receive any new applications for this and other Committees and bring them forward to the Council after completing its evaluation. We also look forward to working with the CEO in the ongoing development of the College's volunteer program.

Respectfully submitted,

150 John St., 10th Floor, Toronto, ON M5V 3E3
 T 416.583.6010 F 416.583.6011
collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

Statutory Committee Annual Reports 2020-2021

- Discipline Committee.
- Executive Committee.
- Fitness to Practise Committee.
- Inquiries, Complaints and Reports Committee.
- Patient Relations Committee.
- Quality Assurance Committee.
- Registration Committee.

Statutory Committee Annual Reports

Following are the 2020-2021 annual reports from the College's Statutory Committees as required under the *Regulated Health Professions Act, 1991*. The reports cover the period from April 1, 2020, through March 31, 2021.

Discipline Committee

The Discipline Committee as a whole met once during the reporting period, on July 17, 2020 for its annual training. An optional refresher training for new Committee members or for those who wanted a review was held on July 3, 2021.

In the fall of 2020, the Committee initiated a Request for Proposals for the role of ILC. A Selection Committee was formed, and proposals were subsequently reviewed. A new contract was awarded to Rosen Sunshine LLP in December 2020.

Hearings Completed

Panels of the Discipline Committee completed one contested and six uncontested Discipline Hearings in the reporting period.

CONO & Leslie Ee (CONO file DC19-01)

- Hearing date: April 7, 2020
- Decision and Reasons issued on April 24, 2020

The Registrant had admitted to the allegations of professional misconduct and a Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The Panel concluded that the facts supported a finding of professional misconduct and found that the Registrant committed acts of professional misconduct as admitted in the Agreed Statement of Facts.

Total cost to the College: \$34,400. The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$6,500, which amounted to 19% of the College's costs.

CONO & Elvis Ali (CONO file DC20-01)

- Hearing date: July 16, 2020.
- Decision and Reasons issued on August 19, 2020.

The Registrant had admitted to the allegations of professional misconduct and a Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The Panel concluded that the facts supported a finding of professional misconduct and found that the Registrant committed acts of professional misconduct as admitted in the Agreed Statement of Facts.

Total cost to the College: \$21,146. The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$6,400, which amounted to 30% of the College's costs.

CONO & Helen Cohen (CONO files DC19-03)

- Hearing date: September 28, 2020.
- Decision and Reasons issued on October 27, 2020.

The Registrant had admitted to the allegations of professional misconduct and a Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The Panel concluded that the facts supported a finding of professional misconduct and found that the Registrant committed acts of professional misconduct as admitted in the Agreed Statement of Facts.

Total cost to the College: \$29,011. The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$3,500, which amounted to 12% of the College's costs.

CONO & Helen Cohen (CONO files DC19-04)

- Hearing date: September 28, 2020.
- Decision and Reasons issued on October 28, 2020.

The Registrant had admitted to the allegations of professional misconduct and a Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The Panel concluded that the facts supported a finding of professional misconduct and found that the Registrant committed acts of professional misconduct as admitted in the Agreed Statement of Facts.

DC19-04 total cost to the College: \$11,591. The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$3,500, which amounted to 33% of the College's costs.

CONO & Taras Rodak (CONO file DC18-01)

- Hearing dates: October 5 -7, 2020; November 16, 2020.
- Decision and Reasons issued on February 12, 2021.

A panel of the Discipline Committee completed a four day (excluding penalty hearing) contested hearing regarding Taras Rodak, referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) on June 7th, 2018. The Registrant had admitted to some of the allegations of professional misconduct in the Notice of Hearing, and contested others. The Panel made findings on some, but not all, of the allegations.

The penalty hearing was completed in the next reporting period.

CONO & Yelena Deshko (CONO file DC19-05)

- Hearing date: December 7, 2020.
- Decision and Reasons issued on March 1, 2021.

The Registrant had admitted to the allegations of professional misconduct and a Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The Panel concluded that the facts supported a finding of professional misconduct and found that the Registrant committed acts of professional misconduct as admitted in the Agreed Statement of Facts.

Total cost to the College: \$47,060. The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$11,000, which amounted to 23% of the College's costs.

CONO & Anna Blaszczyk (CONO file DC20-03)

- Hearing date: March 19, 2021.
- Decision and Reasons issued on April 7, 2021.

The Registrant had admitted to the allegations of professional misconduct and a Joint Submission as to Penalty and Costs had been agreed upon prior to the hearing. The Panel concluded that the facts supported a finding of professional misconduct and found that the Registrant committed acts of professional misconduct as admitted in the Agreed Statement of Facts.

Total cost to the College: \$24,213. No costs were awarded in this case and the Panel accepted this aspect of the Proposed Order. It was more important for the public interest that the Registrant could ensure she had the financial ability to purchase tail insurance.

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

New Referrals from the Inquiries, Complaints and Reports Committee

Specified allegations against the following Registrants were referred to the Discipline Committee by the ICRC during the reporting period:

- Natasha Turner (DC20-02).
- Anna Blaszczyk (DC20-03).
- Allan Bortnick (DC20-04).

Statistics

- Number of uncontested Hearing Days - **5** (two matters were heard on the same day).
- Number of contested Hearing Days – **4**.
- Reinstatement Hearings – **0**.
- Divisional Court Reviews – **0**.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

Executive Committee

During the reporting period the Executive Committee held 5 meetings, all of which were held by teleconference.

The Committee's work can be contemplated in two distinct contexts, the work it does on behalf of the Council between meetings of the Council (pursuant to section 12(2) of the Code and the work it undertakes as a standing committee responsible for providing overall governance direction and monitoring on behalf of the College.

Work undertaken on behalf of the Council

During this reporting period, the Executive Committee considered the following matters on behalf of the Council of the College, typically because the timing and urgency of the matters precluded deferring the matters to the next full Council meeting:

- Review and acceptance of the quarterly unaudited financial statements (Q4 2019-20, Q1 and Q2 2020-21);
- Governance Report implementation of the College Council.

Work undertaking in governing the College

During this reporting period, the Committee considered important governance aspects including:

- Public member appointments and the process;
- Committee Appointments;
- Discussed the Report on the Registrar-CEO Performance Review for fiscal year 2019-2020;
- Reviewed and discussed the new proposed Registrar-CEO Performance Review Process and corresponding Forms in support of the new process;
- Establishing COVID-19 Reopening Guidelines;
- Stakeholder communications;
- Council's own evaluation process;
- The Operational Plan for the College's next fiscal year.

Respectfully submitted,

Dr. Kim Bretz, ND
Council Chair

Fitness to Practise Committee

There were no referrals to, or hearings of the Fitness to Practise Committee between April 1, 2020 and March 31, 2021.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

Inquiries, Complaints and Reports Committee

During the reporting period the Inquiries, Complaints and Reports Committee (ICRC) held 14 meetings, two of which were held by teleconference and 12 of which were held by video conference.

Closed matters

The Committee completed its review and closed 27 matters with the number of dispositions as follows:

- No Further Action – **4**.
- Letter of Counsel - **11**.
- Oral Caution - **3**.
- Specified Continuing Education and Remediation Program (SCERP) - **0**.
- SCERP & Oral Caution - **2**.
- Acknowledgement & Undertaking - **0**.
- Referral to Fitness to Practice - **0**.
- Referral to Discipline Committee - **5**.
- Referral to Discipline Committee & Letter of Counsel - **2**.
- Frivolous and vexatious - **0**.

Health Inquiries

Under section 58 of the Health Professions Procedural Code, the ICRC can make inquiries into the health of a registrant if it believes that the Registrant is incapacitated. There were no health inquiries conducted during the reporting period.

Appeals

Two decisions of the ICRC were appealed to the Health Professions Appeal Review Board in the previous reporting period. One matter is currently being reviewed by the Board. Regarding the second matter, the request for review was withdrawn.

New investigations

The ICRC approved 26 Registrar's investigations in the reporting period based on the information received from the following sources:

- Public inquiries - **13**.
- Matters reported by Registrants - **0**.
- Matters reported by other College departments - **3**.
- Referral from ICRC to CEO - **6**.
- Referral from QAC to ICRC - **3**.
- Referral from another regulator - **1**.

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

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

- Advertising - **13**.

- Inappropriate/unsatisfactory patient care - **7**.
- Failure to comply with the Standard for IVIT/Injections – **4**.
- Failure to comply with the Standard for Requisitioning Laboratory Tests - **4**.
- Practising outside the Scope - **2**.
- Failure to keep records in accordance with the standards of the profession - **1**.
- Failing to comply with an order of a panel of the College - **1**.
- Failure to comply with a Cease-and-Desist letter from the College - **1**.
- Failure to abide by an undertaking given to the College - **2**.
- Inappropriate billing procedures - **6**.
- Sexual abuse, violation of professional boundaries - **5**.
- Unprofessional Conduct with an employee - **1**.
- Failure to notify the College within 30 days of any current charges - **1**.

Advertising continues to be a concern, as a majority of the matters reviewed by the ICRC have been of this nature.

There were 10 COVID related matters for this reporting period, 4 Complaints and 6 Reports.

Complaints/Registrar's Reports Investigation Timelines

The average length of a Complaint/Report investigation during the last reporting period was 456 days, with the shortest investigation completed in 70 days and the longest - in 2102¹ days.

Financial data: Complaints/Registrar's Reports Investigation

The cost of an investigation includes the College's legal expenses, investigators' fees (where formal investigator appointments are required), experts' fees, the ICRC per diems, and mailing costs. The average amount spent on a matter in the reporting period was \$4,996.72. The lowest cost of the investigation was \$187 and the highest - \$13,937.80.

Respectfully submitted,

Dr. Erin Psota, ND
Chair

¹ Four files from 2015-2016 were on hold until late 2018 pending receipt of the judgment in relation to a relevant criminal charge.

Patient Relations Committee

During the reporting period the Patient Relations Committee held 2 meetings.

No applications for Funding for Therapy/Counselling were received during this period, however, the Committee continued to monitor the four previously approved applications for Funding. The College's funding program managed by the PRC provided \$4,725.00 to applicants during the reporting period and \$15,667.10 since it's inception.

During the reporting period, the Committee finalized its review and published updated Registrant and Patient Guides.

Respectfully submitted,

Mr. Sam Laldin, Chair

Quality Assurance Committee

The Quality Assurance Committee held 8 meetings during the reporting period.

Self-Assessment Program

- Total Registrants required to complete the Self-Assessment by March 31, 2021: **1511**
- Total Registrants who completed the Self-Assessment by March 31, 2021: **589**

Continuing Education (CE) Credits

- CE Applications received – **509**.
- CE Applications approved - **382**² (75%).
 - Live/in-person courses – **135** (35%).
 - Online/webinar course – **247** (65%).
- Number of approved applications pertaining to specialized requirements:
 - IVIT - **8** (2%).
 - Pharmacology - **82** (21%).
 - Jurisprudence - **16** (4%).

Continuing Education Reporting (Group III)

- Registrants required to their submit CE logs by September 30, 2020 – **449**.
- Registrants' reports received - **443** (99%).
- Registrants with log discrepancies requiring correction - **70** (16%).
- Deferral/extension requests received – **16**.
- Deferral/extension requests approved – **8**.

Peer & Practice Assessments

- Registrants selected for a Peer & Practice Assessment - **0**³.
- Deferral requests received – **0**.
- Deferral requests approved – **0**.
- Registrants who went inactive or resigned prior to completing their Assessment – **0**.
- Total number of Peer & Practice Assessments completed – **0**.
- QA Committee Ordered Assessments – **3**.

Other

- Registrants referred to the ICRC for non-compliance with the QA Program: **2**

Respectfully submitted,
Mr. Barry Sullivan, Chair

² The QA Committee is currently awaiting more information on 41 of the 125 courses not approved, before making a final determination.

³ Due to the COVID-19 Pandemic the QA Committee suspended all Peer & Practice Assessments during the reporting period.

Registration Committee

During the reporting period noted, the Registration Committee met 11 times. In total, the Committee reviewed 6 applications for registration, 4 life Registration applications and one class change (over two-years) in this reporting period. In addition, the Committee reviewed program policies related to Registration and Examinations and set remediation plans for exam candidates who had made two unsuccessful attempts of a College examination.

Entry-to-Practise

A total of 72 applications for registration were received between April 1, 2020, and March 31, 2021. Of these, 6 applications for registration were referred to the Registration Committee for review for one or more of the following reasons:

- Reasonable doubt of the applicant having practised the profession in another regulated jurisdiction (under subsections 7(3) of the *Registration Regulation*) – 1.
- Reasonable doubt that the applicant will practise in a safe and professional manner based on prior conduct – 1.
- concerns regarding a physical or mental condition or disorder (under subsection 3(4) of the *Registration Regulation*) – 2.
- currency [under subsections 5(4)(a) and 5(2)(b) of the *Registration Regulation*] – 4.

The Registration Committee disposed of these six referrals as follows:

- Directed that a certificate of registration be granted – 2.
- Directed that a certificate of registration be granted after the completion of additional training or examinations – 4.

No assessments were conducted to determine substantial equivalency via the College's Prior Learning Assessment and Recognition (PLAR) program.

Registration

During this reporting period, the Registration Committee reviewed one application for class change from Inactive to General (over two-years) as required under paragraph 6 of section 10(1)(6) of the *Registration Regulation*, and four applications for Life Registration, as required under section 23(1) of the College by-laws.

Examinations

Under the *Registration Regulation*, the Registration Committee is required to set remediation plans for examination candidates who have made two unsuccessful attempts of a College examination. The Committee set 22 such remediation plans during this period.

The Committee also finalized amendments to and approved the Ontario Biomedical Exam blueprint and finalized updates to the Ontario Clinical Sciences Exam blueprint.

Policy Updates

The Committee discussed policy timelines effected by COVID-19 restrictions for the Standards of Practice for Intravenous Infusion Therapy (IVIT) and Prescribing.

The Committee finalized amendments to and approved the Registration Policy, the Language Proficiency Policy, the PLAR Program Policy and the new PLAR Appeals Policy.

Respectfully submitted,

Dr. Danielle O'Connor, ND
Chair



The College of Naturopaths of Ontario

BRIEFING NOTE Organizational Performance Evaluation

PURPOSE: The Council oversees and monitors the performance of the College against its Ends policies.

OUTCOME To review and accept the Organizational Performance Evaluation

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Presentation/Discussion		
Results:	Acceptance of Outcomes		
Overall Timing:	How much time is allocated on the agenda for this item.		
Steps/Timing:	1.	CEO to present briefing and evaluation	5 minutes
	2.	Council to discuss outcomes	10 minutes
	3.	Motion	5 minutes

BACKGROUND:

Last year, the Council developed and approved a new process for the Performance Evaluation of the Chief Executive Officer (CEO). This process was based on advice and recommendations of an external consultant retained to assist in the process.

Prior to this process, the Council used the Organizational Performance Review to evaluate the CEO's performance. This was based on a standard within the Policy Governance approach that equated CEO performance to organizational performance.

With the change in evaluation of the CEO, the Council has agreed that it will receive twice each year a Report on Operations from the CEO. This report provides the Council with the ability to monitor organizational performance against the performance indicators set out in the Operational Plan.

Each year just prior to the start of the next fiscal year, the CEO presents the Council with an Operational Plan, along with Operating and Capital budgets. While the Council is not responsible for delivering operational activities, it does perform an important oversight role as it is accountable for all College activities. Its monitoring role holds the CEO accountable for performance against operational performance.

It will be important to bear in mind that the Operational Plan is presented as the "means" by which the CEO intends to deliver on the Council's Ends Policies (Ends Statements and Ends Priorities). When the Council accepted the Operational Plan, it was accepting that the plan was representative of movement toward accomplishing the Ends Statements.

Since the Operational Performance Evaluation is no longer equivalent to CEO Performance, i.e., the CEO Performance Review will be conducted separately and during an *in-camera*

portion of the meeting, there is nothing confidential in the Operational Performance Evaluation. It is therefore necessary and appropriate that the evaluation of the performance of the College on the whole is conducted in the open portion of the Council meeting.

DISCUSSION POINTS:

Council's role

Given that Operational Performance no longer equates to CEO performance, the Council's role is to receive the report, review it and pose any questions about what was and what was not completed in terms of the intended activities to be undertaken.

Council is now assessing globally the ability of the College to meet its intended targets as set out in the performance indicators. After reviewing the report, the Council can either:

1. Accept the report as an accurate reflection of what was undertaken and what was not and why.
2. Reject the report as not being accurate and direct the CEO to take specific action.

Additionally, the Council can direct the CEO to take any additional actions or provide any additional information that it may desire. Council would most properly do this through changes to the Ends Statements and Ends Priorities policies.

Summary of the Evaluation

Since the Operational Performance Review is lengthy, the following summarizes the Evaluation provided to the Council by the CEO and senior staff of the College.

No.	Activity	Evaluation against Performance Indicators		
		Below	Met	Above
1.	Regulation the Profession			
	1.1 Entry to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	1.2 Examinations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.3 Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	1.4 Patient Relations Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1.5 Quality Assurance Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1.6 Inquiries, Complaints and Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	1.7 Discipline/Fitness to Practise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	1.8 Inspections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1.9 Scheduled Substance Review	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1.10 Regulatory Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Governance			
	2.1 Good Governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2.2 Support to Committees	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2.3 Transparency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2.4 Program Policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2.5 Governance Review	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2.6 CPMF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Corporate Activities			
	3.1 Human Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3.2 Financial Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3.3 French Language Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3.4 Operating Policies/Procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3.5 Records Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.6 Corporate Communications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Program Development			
	4.1 Biomedical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4.2	PLAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Registration Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Volunteer Program Redevel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Inspection Program Review	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.7	College Data Management Syst.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Overall, College operations met or exceeded all targets except for six of the 28 (22%); however, several of these can be attributed to the direct or indirect impact of COVID-19 on the College and its partners.

ANALYSIS

Risk Assessment – The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Information Items of the Consent Agenda. Only those risks that have been identified will be addressed.

- Operational risk:
 - People – The College relies on its people to deliver on the planned activities set out in the Operational plan. The inability to deliver activities may be related to and/or indicative of issues with the selection of the people, whether there are enough people, the authority provided to them and their compensation levels and incentives.
 - Process – The report identifies where the College has not been able to meet its intended activities. While not a formal one, it is a scorecard evaluation of operations. It therefore can support the identification of broader risks to the College.
- Strategic risk:
 - Reputation – Disclosure of areas where the College has not met intended operational targets can risk damaging the reputation of the College.

Privacy Considerations – There are no privacy considerations associated with this item.

Transparency – The transparency assessment is based on the document *Understanding the College's Commitment to Transparency*, a copy of which is included in the Information Items of the Consent Agenda. Only those transparency principles that are relevant have been identified and addressed.

- Information to foster trust – Disclosure of the ability of the College to meet its operational targets is warranted and fosters greater trust and accountability.
- Timely, accessible and contextual – Disclosure of the information is timely, coinciding with several other year-end evaluations and provides the context as to why certain activities might not have been completed.

Financial Impact – There is no immediate financial impact based on this item.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. The public interest is served by the disclosure of this evaluation. It indicates that the Council is fulfilling its responsibility to oversee the operations of the College and that consideration is given to whether the College sets and meets its intended strategic targets. Good governance is a fundamental of serving the public interest.

Andrew Parr, CAE
Chief Executive Officer
July 2021

Organizational Performance Evaluation

APRIL 1, 2020 TO MARCH 31, 2023

Activity	Performance Indicators
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THE ORGANIZATIONAL PERFORMANCE EVALUATION 2020-2021

This is a performance evaluation of the College of Naturopaths of Ontario against the Operational Plan accepted by the Council and is based on the activities and performance indicators as wet out in the plan.

The following rating scale will be used by both the staff in conducting the organization’s “self-assessment” and the Executive Committee in making a performance recommendation to Council.

Rating	Rating Explanation
Below expectations	Some but not all operating activities were undertaken.
Met expectations	The operating activity was undertaken as expected.
Above expectations	The operating activity was undertaken, and additional related activities completed.

Data relating to all performance indicators and outcomes is set out in Appendix 1. For each indicator, the page reference is provided for the location of the data in the appendix.

<h3>1. Regulate the Profession</h3>	
<p>In each of the three years of the operating plan, the College will perform the following operational activities.</p>	
<h4>1.1. Entry to Practise</h4>	
<h5>All 3 Planning Years</h5>	
<p>Receive, review and process applications for registration, approve those who qualify and refer others to the Registration Committee for review and a determination.</p>	<ul style="list-style-type: none"> • Step 1 applications for registration are <ul style="list-style-type: none"> ○ Acknowledged within two business days, ○ Reviewed and triaged within one (1) business day of online receipt and;

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
	<ul style="list-style-type: none"> ○ Processed within three (3) business days. • Step 2 and 3 applications are <ul style="list-style-type: none"> ○ Acknowledged by e-mail on the day of receipt of documentation and fees. • Notice of Referrals for applicants being referred to the Registration Committee are sent on average within seven (7) business days of receipt of their full application (i.e. online application form, application fee, criminal records check and copy of CPR). • Applicants being referred to the Registration Committee due to subsections 5(2) and 5(4)(a) are contacted by phone by Exams/Entry-to-Practice staff upon receipt of their application for registration to provide information about the process, and anticipated timelines for review and decision by the Registration Committee. • Applicants whose applications for registration are referred to the Registration Committee are contacted by phone on average within one business day of the scheduled Committee meeting date and provided with a verbal reporting of the outcome unless the matter requires formal reasons and decisions to be prepared and sent to the applicant. • Applications not requiring review by the Registration Committee are processed on average within ten (10) business days.
<p>Receive, review and process applications for a determination of substantial equivalency under the Prior Learning Assessment and Recognition Program (PLAR).</p>	<ul style="list-style-type: none"> • Applications under PLAR are acknowledged within two (2) business days of receipt at each stage of the PLAR process. • DEEs are reviewed by staff and assessors and recommendations regarding substantial equivalency are made to the PLAR panel on average within sixty (60) days of receipt. • DEE assessment decisions are provided within ninety (90) days of receipt.

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
	<ul style="list-style-type: none"> • Demonstration-based assessments are scheduled within sixty (60) days of the date of issuance of a positive DEE assessment decision notice.
Submit the annual Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC).	<ul style="list-style-type: none"> • The annual Fair Registration Practices submission will be made by the OFC stated deadline.
Support the Registration Committee in consideration of applicants referred to it and implement the decisions provided by the Committee.	<ul style="list-style-type: none"> • Decisions made by the Committee will be implemented by the Director of Registration and Examinations, including: <ul style="list-style-type: none"> ○ Drafting of the decision and reasons (D&R) on average within twenty-one (21) days of the decision; and ○ Notification of the applicant on average within three (3) days of the approval of the D&R. • Appropriate inclusion of information on the Register prior to issuance of the certificate of registration.
Support the Registration Committee in appeals made by applicants to the Health Professions Appeal Review Board (HPARB).	<ul style="list-style-type: none"> • Files will be provided to HPARB on average within three days (3) of receipt of the appeal. • Staff will attend the hearings in support of the Registration Committee decisions.
Maintain current information on the College’s website about the application process, the Prior Learning Assessment and Recognition Program.	<ul style="list-style-type: none"> • The College’s website will be reviewed on a quarterly basis and updated as needed.
Annual review of the Prior Learning Assessment and Recognition Program (PLAR).	<ul style="list-style-type: none"> • Annual review of the PLAR program including related policies and procedures will occur based on changes to legislation, assessment criteria, CMNE-accreditation standards and information obtained from conducted assessments. • Additional revisions to the program, related policies and procedures and supporting documents will occur on an as-needed basis.
Organization’s “self-assessment”	

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
<input type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations <input checked="" type="checkbox"/> Above expectations
Why? (factors effecting performance):	
<ul style="list-style-type: none"> • Step 1 applications were acknowledged same day and processed within 1 business day on average. • Notices of referral to a Panel of the RC were sent within 5 business days on average. • Staff spoke with all applicants referred to a Panel of the RC under section 5 provisions to provide additional information and clarification with respect to the review process. • All applicants referred to a Panel of the RC were contacted on the same day as the meeting to be provided with a verbal reporting of the outcome. • Average processing time for Step 2 applications not requiring referral to the RC was 10 days. • Drafting of D&R documents was completed within 14 business days and sent to the applicant within 1 business day, on average, following approval of the D&R. • No appeals were filed with HPARB in the 2020 fiscal. • Website updates were completed as needed, including page reviews and edits of content to aid the launch of the revamped College website in December 2020. 	

1.2. Examinations	
All 3 Planning Years	
Maintain and deliver practical Clinical Examinations for new applicants to the profession.	<ul style="list-style-type: none"> • Three (3) sittings of the Clinical (practical) Examinations will be delivered annually. • The examination questions and supporting materials will be reviewed on a regular basis.
Maintain and deliver the written Clinical Sciences Examination (CSE).	<ul style="list-style-type: none"> • Two (2) sittings of the written Clinical Sciences Examination will be delivered annually. • A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP).
Maintain and deliver the written Biomedical Examination (BME).	<ul style="list-style-type: none"> • One (1) sitting of the BME will be held in 2020 and two (2) sittings of the written BME will be delivered annually thereafter.

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
	<ul style="list-style-type: none"> Beginning in 2021, a minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP).
Maintain and deliver the Intravenous Infusion Therapy (IVIT) Examination for those Members who wish to meet the Standard of Practise.	<ul style="list-style-type: none"> Two (2) sittings of the IVIT Examination will be delivered annually. The examination questions and supporting materials will be reviewed on a regular basis.
Maintain and deliver the Therapeutic Prescribing (TP) Examination for those Members who wish to meet the Standard of Practise.	<ul style="list-style-type: none"> Two (2) sittings of the TP Examination will be delivered annually. The examination questions and supporting materials will be reviewed on a regular basis.
Organization's "self-assessment"	
<input checked="" type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations
<input type="checkbox"/> Above expectations	
Why? (factors effecting performance):	
<p>As a result of COVID-19 associated lockdowns and fluctuating caseload numbers, both 2020 sessions of the IVIT examination and one session of the Ontario Prescribing and Therapeutics examination (June 2020) were required to be cancelled. One session of the Clinical (Practical) Exams in Feb 2021 was postponed to July 2021 due to the province's extended stay at home order.</p> <ul style="list-style-type: none"> ETP Exams administered: online Sept 2020 CSE, online November 2020 BME (initial launch), Clinical (Practical) Exams in October and November 2020 Post-registration exams administered: October 2020 TP. 40 exam items developed for the CSE exam. <p>Other:</p> <ul style="list-style-type: none"> Creation of online exam guides and Candidate Acknowledgment statement to inform candidates of processes, procedures and requirements for sitting the CSE or BME via the online administration and proctoring platform. Review and revision of all exam candidate, examiner/assessor and invigilator materials to incorporate new COVID-19 protocol. Review and revision of all exam templates (timetables, schedules etc.) to incorporate new protocol re screening requirements, capacity restrictions, the disinfecting of exam supplies and areas on exam days, etc. Timely provision of announcements/communiques re. exam schedule changes as a result of provincial actions to 'flatten the curve', impacting exam administrations. 	

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
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- Timely provision of alternate exam schedules and options, which allowed the majority of examinations to run and provided fair opportunity for those seeking registration with the College to complete ETP requirements.

1.3. Membership/Registration	
All 3 Planning Years	
<p>Conduct an annual renewal process that includes enabling Members to pay their annual fees in each year and update their Information Return with the College.</p>	<ul style="list-style-type: none"> • Forms and process for the annual renewal will be completed by mid January annually. • Annual renewal campaign will be launched no later than mid February annually. • Member calls and e-mails will be responded to within two (2) days on average. • An annual renewal rate (receipt of fees and information return) will be at a minimum of 90% by 5:00 p.m. March 31 annually.
<p>Receive, review and process applications for change of class, approving those who qualify and referring the remainder to the Registration Committee for review and a determination.</p>	<ul style="list-style-type: none"> • Applications under two (2) years are completed on average within ten (10) business days. • Applications of two (2) or more years will be referred to the Registration Committee within thirty (30) days. • Decision and Reasons to advise Members of the Registration Committee’s decision is issued on average within twenty-one (21) days from the date the Committee approves the Decision & Reasons. • Annual review/revision of all forms and materials will be completed by the end of September annually.
<p>Manage (adding, modifying and auditing records) the public register of Members for use by the public as required in the <i>Regulated Health Professions Act, 1991</i> and the College by-laws.</p>	<ul style="list-style-type: none"> • Any changes to Members’ information are reflected on the public register on average within three (3) business days.
<p>Submit the annual reporting data to Health Force Ontario as required under the Code.</p>	<ul style="list-style-type: none"> • The annual Health Force Ontario submission will be made by May 30 and any corrections submitted by September 30.

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
Receive, review and process applications for Certificates of Authorization for professional corporations	<ul style="list-style-type: none"> • Applications for certificates will be acknowledged within three (3) days on average. • Applications will be reviewed, and decisions made within seven (7) days on average of receipt of an application. • New corporations will be added to the Corporations Register within three (3) days on average of decisions to approve applications.
Conduct annual renewals of Certificates of Authorization for professional corporations.	<ul style="list-style-type: none"> • Renewal notice letters are e-mailed to members on average six (6) weeks prior to Certificate of Authorization expiry date. • Complete renewal applications are processed within three (3) business days on average. • Certificate of Authorization will be revoked on average within five (5) days from the date of the deadline provided in the revocation notice.
Organization's "self-assessment" <input type="checkbox"/> Below expectations <input type="checkbox"/> Met Expectations <input checked="" type="checkbox"/> Above expectations	
Why? (factors effecting performance):	
<ul style="list-style-type: none"> • 2021 renewal launched on Feb 18, 2021, in the new Alinity database. • All forms, handbooks and associated web content completed by late January 2021 due to the database change-over and database release timelines. • Annual renewal rate at close of renewal on March 31, 2021, was 98% • Annual renewal rate at close of renewal on September 30, 2020 (extended 2020 renewal deadline as per the Council approved COVID-19 relief measures) was 98%. • Applications under two years were completed on average within two business days. • One application of two or more years was referred to the Registration Committee within 16 days. • One Decisions and Reasons to advise the above Registrant of the Registration Committee's decision was issued within 19 days from the meeting date, and within 2 days of the Committee's approval of the Decision & Reasons. • Annual review/revision of all forms and materials will be completed by the end of September annually. 	

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
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- The annual Health Force Ontario submission was made by June 17, 2020.
- Applications for certificates were acknowledged within 1 business day on average.
- Applications were reviewed, and decisions made within two business days on average of receipt of an application.
- New corporations were added to the Corporations Register within two business days on average of decisions to approve applications.
- Renewal notice letters are e-mailed to members on average 30 days prior to the Certificate of Authorization expiry date.
- Complete renewal applications were processed within two business days on average.
- No Certificates of Authorization were revoked in the 2020 fiscal.

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> .	<ul style="list-style-type: none"> • The College will maintain information on its website and in handbooks about the patient relations program generally and funding for patients who believe they have been sexually abused. • A minimum of three (3) committee meetings will be held, provided the Chair authorizes the convening of the meeting. 	
Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.	<ul style="list-style-type: none"> • Applications for funding will be reviewed and a decision rendered within thirty (30) days of receipt on average. 	
Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> • The College maintains a member guide to preventing sexual abuse; a patient guide on understanding sexual abuse, a standard of practice on Therapeutic Boundaries, a Patient Rights document (customizable), and resources related to the Funding program. • 4 meetings were scheduled during the year. 2 meetings were convened. 1 was cancelled due to lack of agenda items and the other cancelled due to the committee not being properly constituted. • No new applications were received during the year. The Committee continues to manage 4 previously approved applications. 		

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
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1.5. Quality Assurance Program

All 3 Planning Years

The College will operate a Quality Assurance (QA) Program as set out in the *Regulated Health Professions Act, 1991* and the Quality Assurance Regulation made under the *Naturopathy Act, 2007*.

- QA staff will follow up within five (5) business days on average with those members who declared no on their Self-Assessment, following the closing of registration renewals.
- For Group 3 Members, reporting Continuing Education Logs (CELs) will be sent electronically five (5) months before September 30 deadline.
- QA staff will confirm receipt of all CELs within three (3) business days on average.
- E-mail reminders will be sent on the day the CELs are due to those members who have not submitted their logs.
- Members who fail to submit their logs will be notified on average within five (5) business days.
- Individuals who have undergone a Peer and Practice Assessment (PPA) will be contacted and a list of possible assessors will be created.
- Assessor training will take place in the spring.
- The QA Committee will randomly select no less than fifty (50) members to undergo a PPA. QA staff will notify members and send a Pre-assessment Questionnaire and Declaration of Conflict of Interest forms.
- QA Committee will review all CE applications with sixty (60) days on average of applications being submitted.
- The decision of the QA Committee will be sent electronically to all CE organizers within one (1) week on average of the decision.
- Approved courses will be uploaded on the website within three (3) business days on average after the QA Committee Meeting and approval.

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators	
	<ul style="list-style-type: none"> All inquiries related to QA are responded to within three (3) business days on average. 	
<p>The Quality Assurance Committee will be supported by the College and will be provided with information in a timely fashion.</p>	<ul style="list-style-type: none"> Up to ten (10) meetings of the committee will be held at the discretion of the Chair. 	
<p>Standards and guidelines will be reviewed by the Quality Assurance Committee 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"> The QA Committee will initiate review of the Core Competencies, Code of Ethics and Standards and Guidelines based on their approved timing. Where amendments are deemed warranted, changes will be developed by the Committee, circulated for consultation and considered by the QA Committee. Proposed changes will be brought forward to the Council for consideration. 	
<p>Organization's "self-assessment"</p>		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
<p>Why? (factors effecting performance):</p>		
<ul style="list-style-type: none"> Email notices were sent on October 1, 2020 those who did not submit their CE Logs by the September 30, 2020 deadline. Group III CE Reporting reminders were sent electronically to Registrants on may 1, 2020. Receipt of all CE logs were confirmed within three business days. Close to the end of the submission deadline an automated system was set up to confirm receipt of submissions due to the volume of submissions Email notices were sent to each registration on October 1 that failed to submit. The QAC decided to cancel all Peer & Practice Assessments during the 2020-2021 year due to Covid 19 All completed CE Applications are reviewed within 60 days on average from the date of receipt. All QAC decisions regarding Credit Applications are sent out within one week from the completion of the meeting. All approved courses are uploaded to the website within 3 business days on average of the QAC Approval. All inquiries related to QA are responded to within 3 business days on average. The Committee had 10 meetings scheduled during the reporting period. One meeting was cancelled due to not being properly constituted and another was cancelled due to lack of agenda items. Meeting packages are sent the QA Committee within 7 days on average prior to the meeting. QAC meeting minutes are completed within 1 day and circulated to the Committee members within 7 business day. 		

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
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- The QAC reviewed the Core Competencies and made drafted amendments as they deemed appropriate.
- The Core Competencies were circulated for public consultation
- The QA Committee reviewed the feedback provided however due to a new Standards Committee expected to be created, they deferred a decision on the competencies but rather decided to refer the matter to the Standards Committee with a recommendation from the QAC.

1.6. Inquiries, Complaints and Reports

All 3 Planning Years

The College will receive information and complaints about Members of the profession and fulfil its obligations to investigate the matters in accordance with the *Regulated Health Professions Act, 1991* through the Inquiries, Complaints and Reports Committee (ICRC).

- Receipt of complaints/reports is acknowledged within three (3) days on average and Members are notified within fourteen (14) days on average.
- Potential professional misconduct and grounds for an RI are reported to the Registrar within fourteen (14) days of receipt of information.
- Investigator appointments and clarifying documents are sent to the investigative team within fourteen (14) days of the investigator approval. Staff supports investigators on as needed basis.
- Complaints are resolved within one hundred and fifty (150) days as required by the Code, or if a complaint is not resolved within one hundred and fifty (150) days, the parties involved and HPARB are notified every thirty (30) days following the one hundred and fifty (150) day deadline.
- Expenses related to each matter are tracked. Expense summaries are maintained on the server and are made available to legal counsel and the Registrar within twenty-four (24) hours.
- Complaints and Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decision is reported to the Deputy Registrar within three (3) days.

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators
<p>The ICRC will be supported by the College through the timely provision of information, assistance in preparing Decisions and Reasons and through the provision of expert and legal advice and assistance when needed.</p>	<ul style="list-style-type: none"> • Up to fourteen (14) meetings of the committee will be held at the discretion of the Chair. • Decisions and Reasons and report templates are developed and regularly updated by staff. • Inquiries from ICRC members are responded to and required information is provided to Members within three (3) business days. • Training is conducted for a new Member appointed. • Decision and Reasons are drafted by ICRC/staff, reviewed by legal counsel, reviewed and approved by the Panel and provided to the parties involved within twenty-one (21) days of the Panel’s approval of the Decision and Reasons. • 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.
<p>Staff will develop a database of prior decisions and legal opinions to assist the ICRC.</p>	<ul style="list-style-type: none"> • Database of Decisions and Reasons issued by the ICRC (to support decision writing process) and Members’ prior history with the College/BDDT-N is maintained.
<p>Cease and desist (C&D) letters will be issued to unauthorized practitioners and the Register will be managed in accordance with Council policy.</p>	<ul style="list-style-type: none"> • C&D letters are drafted and sent to the Process Server within fourteen (14) days. • Practitioners’ names are posted on the website within three (3) days of receipt of the affidavit of service. • Staff follows up on the performance of signed confirmations and updates the Register of Unregulated Practitioners every six (6) months. • Information regarding practitioners who have violated the confirmation is provided to the Deputy Registrar within seven (7) days.

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All 3 Planning Years	2020-2021	2021-2022	2022-2023
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Activity	Performance Indicators	
	<ul style="list-style-type: none"> Information about practitioners who failed to sign a confirmation is provided to the Deputy Registrar within seven days of the deadline indicated in the C&D. Decisions on whether the College will seek an injunction from the Ontario Superior Court of Justice are made within sixty (60) days. 	
<p>The Appeals process will be supported through the timely provision of information to the Health Professions Appeal Review Board and participation in HPARB hearings.</p>	<ul style="list-style-type: none"> Documents are provided to HPARB within three (3) business days of the request, case conferences and reviews are attended as required. 	
<p>Organization's "self-assessment"</p>		
<input type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations	<input checked="" type="checkbox"/> Above expectations
<p>Why? (factors effecting performance):</p>		
<ul style="list-style-type: none"> Complaints/Reports are confirmed within 2 days on average and Registrants notified within 3 days on average (Same day notification for s. 75 investigations). All new matters that have been brought to the College's attention are reviews and potential RIs reported to the CEO within 7 days of receipt. Investigator appointments are sent to the investigative team within 6 days on average of the approval. If a complaint is not resolved within 150 days the parties involved and HPARB are notified every 30 days following the 150 day deadline with the anticipated deadline and the reason for the delay. Expense tracking and summaries are updated when a new invoice is received (e.g. investigators, legal counsel). Expense inquiries are responded to within the hour of request. Complaint and Report outcomes are reviewed weekly at department meetings. Manager, Professional Conduct is notified by the coordinator within 1 day of any deviation. The ICRC Met 14 times over the fiscal year. Meeting packages are provided on average 6 days prior to the meeting. Draft minutes are circulated to the Committee within 2 days on average following the meeting. All Templates were reviewed and updated to reflect new College wording and are maintained on the server and the Dropbox account for access by Committee members. Inquiries are responded to within 1 business day on average. 		

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Activity	Performance Indicators
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- Individual training is provided when a new committee member is appointed. In addition the whole committee undertakes a complete training on specified subjects. New ICRC members are trained as needed by the Deputy CEO and PC Manager. 2 new public members were trained in 2020/21. New DC members are trained yearly by ILC.
- Decision and Reasons are provided to the parties involved within 8 days on average.
- When a matter is received a Panel appointment is drafted and submitted to the Chair for approval. A database of appointments is maintained on the server and COIs are tracked in the minutes and in the matter summary file.
- The Database of Decision and Reasons and prior history is updated each time a new decision is issued and maintained on the College’s server.
- C&D letters are sent within 2 days on average of receipt. As C&Ds are currently being issued via email due to COVID it has allowed for quicker issuance.
- Practitioners names are posted on the website the same day as the letter is delivered.
- Staff review the unauthorized practitioners register monthly.
- Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO the same day the information comes to the College’s attention.
- Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO the same day the information comes to the College’s attention.
- When a practitioner may have violated the confirmation the matter is discussed with Legal Counsel and the CEO and a decision on how to proceed is made within 60 days.
- Documents are provided to HPARB within 2 days on average. Case Conferences and reviews are attended by the Deputy CEO.

1.7. Discipline/Fitness to Practise	
All 3 Planning Years	
The College will support the Discipline and Fitness to Practise committees as quasi-judicial and independent adjudicative bodies by providing annual training as necessary and by supporting the selection of panels by the Chair.	<ul style="list-style-type: none"> • Full committee meetings will be facilitated by the staff as directed by the Chair. • Training will be scheduled and delivered as directed by the Chair, on advice of Independent Legal Counsel (ILC).

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Activity	Performance Indicators
	<ul style="list-style-type: none"> • The Rules of Procedure will be review by staff and suggestions for amendments will be forwarded to ILC on behalf of the committee. • Staff facilitates scheduling of pre-hearing conferences and hearings, provides information to panel members and supports ILC as required. • The Chair of the Discipline Committee (DC) will be notified within three (3) business days following the conclusion of a hearing of: <ul style="list-style-type: none"> ○ The oral decision of the panel, ○ Any order of the panel, ○ The names of the panel members for follow up, and ○ The names of ILC for the panel for follow up.
<p>Independent Legal Counsel 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.</p>	<ul style="list-style-type: none"> • A retainer governing existing ILC will be secured unless otherwise directed by the Chair. • If directed by the Chair, <ul style="list-style-type: none"> ○ A Request for Proposals will be developed by the staff, approved by the Chair and released to interested legal firms, ○ Proposals will be received, collated and presented to the Committee for consideration, and ○ A Professional Services Agreement or Letter of Appointment will be prepared and signed on behalf of the Committees.
<p>The Registrar & CEO, with the support of the Deputy Registrar, Manager of Professional Conduct and with the advice of legal counsel, will oversee the prosecution of matters referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee.</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. • 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.

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Activity	Performance Indicators	
	<ul style="list-style-type: none"> • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the Registrar & CEO representing the College, with support of legal counsel, as prosecution. • Expenses related to each matter are tracked. Expense summaries are maintained on the server and are made available within twenty-four (24) hours. 	
<p>Referrals by the Inquiries, Complaints and Reports Committee to the Discipline Committee or the Fitness to Practise Committee will be managed in accordance with the Code and the rules of procedure.</p>	<ul style="list-style-type: none"> • 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 within twenty-four (24) hours of a change. • The Member is notified of the ICRC decision and provided with a copy of allegations referred to DC on average within seven (7) days of the referral. • Information for disclosure is provided to the Registrar/legal counsel within (7) seven days of the referral. • Performance of discipline orders/undertakings is monitored on an ongoing basis. Any deviation is reported to the Registrar within three (3) days. • Staff drafts and provides a summary to Director of Communications quarterly. 	
<p>Staff will monitor and enforce the Members' compliance with orders of the Discipline/FTP panels.</p>	<ul style="list-style-type: none"> • Orders of panels will be monitored on an on-going basis to ensure the Member is in compliance. Any deviation from the order is reported to the Registrar within three (3) days. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register within three (3) days of the Panel's order. 	
<p>Organization's "self-assessment"</p>		
<input type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations	<input checked="" type="checkbox"/> Above expectations
<p>Why? (factors effecting performance):</p>		

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Activity	Performance Indicators
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- The full discipline committee met to undergo online training.
- A two-part Discipline Committee training was delivered electronically as directed by the Chair.
- Rules of Procedure are reviewed by staff yearly and suggestions for amendments are forwarded to ILC. Rules were last reviewed on July 17, 2020.
- 6 uncontested and one contested (4 days) electronic hearings were held during the fiscal year.
- The Chair of the DC is updated immediately following the conclusion of each hearing
- On October 15, 2020 upon direction of the Chair of the Discipline Committee, an RFP for ILC was issued to 6 firms.
- Proposals were received by 5 firms for consideration by the DC selection panel. Upon review the Selection Panel identified 3 additional questions and 1 scenario that was provided to the firms that submitted proposals.
- On January 22, 2021 a Professional Services Agreement and a Retainer Letter was provided and signed by Rosen Sunshine LLB
- Each matter referred by the ICRC is reviewed by the CEO, Deputy CEO and Legal Counsel. A summary brief is provided by legal counsel for each matter outlining the options and summary of similar dispositions from other Colleges.
- A pre-hearing conference is held for each matter. An ASF and JSP is drafted for each matter.
- Updates to current referrals, hearing schedules and DC decisions are published to the website within 1 day of the change
- The Registrant, CEO and Legal Counsel are notified of the ICRC decision within 1 day on average of the referral.
- DC orders are reviewed based on the date of the deadline. Any deviation is reported to the CEO immediately.
- Each issue of iNformed included a Summary of a recent DC decision and a summary of a complaint/report matter. Each issue of iNformed included an article from the Regulatory Education Specialist. In addition 6 FAQs were included in News Bulletins and 6 blogs drafted with 3 posted during the reporting period.

1.8. Inspections	
All 3 Planning Years	
<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 manage the IVIT Premises Registry on its website. • Premises which have had an initial inspection will have a subsequent inspection within five (5) years of the date of the initial inspection, or earlier upon agreement between the College and the Premises. • Fees will be levied for inspections and payments made within sixty (60) days of the issuance of invoices.

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Activity	Performance Indicators
	<ul style="list-style-type: none"> • Incidences of IVIT procedures being provided in unregistered premises will be reviewed within three (3) business days and, where appropriate, a request made to the ICRC to appoint an investigator and a cease & desist letter is sent to the Member.
The Inspections Committee will be supported by the College.	<ul style="list-style-type: none"> • Up to ten (10) meetings of the Committee will be held at the discretion of the Chair.
Inspectors will be recruited and trained in support of the program as needed.	<ul style="list-style-type: none"> • A pool of ten (10) qualified and trained inspectors will be established and maintained. • New inspectors will be recruited and trained as needed to maintain the pool.
New premises will be inspected within one hundred and eighty (180) days of becoming registered with the College.	<ul style="list-style-type: none"> • Part 1 of the New Premises inspection will allow the premises to begin operations and will be completed within one hundred and eighty (180) days of becoming registered with the College. • Part 2 of the New Premises inspection, includes direct observation of the performance of procedures, will be completed approximately six (6) months after Part 1.
The College will manage the Premises Registry on its website.	<ul style="list-style-type: none"> • Addition of new premises will be posted within five (5) days of receipt of complete registration materials. • Changes to information relating to existing premises will be made on average within three (3) days of receipt of the information.
Type 1 and Type 2 occurrence reports will be processed and reviewed by the Inspection Committee and statistical data reported annually.	<ul style="list-style-type: none"> • 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 Member, they will be contacted within ten (10) days of the meeting. • Type 2 occurrence report forms will be collected annually, analyzed and reported to the Committee and Council.
<p>Organization's "self-assessment"</p> <p> <input type="checkbox"/> Below expectations <input checked="" type="checkbox"/> Met Expectations <input type="checkbox"/> Above expectations </p>	
<p>Why? (factors effecting performance):</p>	

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Activity	Performance Indicators
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- The database and IVIT premises register is maintained regularly throughout the year and updated after each inspection committee meeting.
- This has not been completed. The inspection period for the second inspection of existing premises will not begin until Fall 2021. The Committee was provided with information regarding the review of the Inspection Program Policies, Inspection Program Requirements and the Inspection Fee. Consultations were conducted for proposed changes to the Inspection Program Requirements and the Inspection Fee.
- Since the recommendations to amend the Inspection Program Requirements and the Inspection Fee will be brought to Council in 2021-22, bringing the program policies to Council will be done at the same time, as some changes to the policies align with changes to the program requirements and fees
- Where information came to the attention that IVIT procedures were provided in an unregistered premises, the information was reviewed and provided to the necessary staff within 1 business day.
- The inspection Committee had 9 meetings scheduled. 1 meeting was cancelled due to lack of agenda items and another cancelled due to the Committee not being properly constituted.
- Inspection Committee packages are prepared and provided electronically on average 7 days prior to the meeting.
- Meeting minutes are prepared within 1 business day on average following the Inspection Committee meeting and circulated to all committee members within 7 days.
- A pool of 7 inspectors was maintained. Due to COVID-19 restrictions, only new premises inspections were conducted. No formal training was conducted for inspectors during the reporting period. The intention is, and activity is underway, to increase the pool to more than 10 for 2021-22.
- From April 1, 2020-March 31, 2021, 16 new premises were registered with the College. One premises withdrew from the process. 9 premises completed their Part I inspection within the 180 day deadline. 6 premises are still waiting to be assigned an inspector, but have roughly 2-5 months to complete them still. We are confident that we will get these premises completed before their deadline for COVID-19 has already put a hold on their inspection commencing from stay-at-home orders by Premier Doug Ford.
- From April 1, 2020-March 31, 2021, 19 premises underwent a Part II inspection. All 19 premises did not meet the 6 month deadline to be inspected after the Part I completed. The reasoning for them not meeting the deadline was due to restrictions in place preventing us from completing inspections from March 23, 2020- July 7, 2020.
- All applications for registering a new IVIT premises are processed in Alinity within three business days and confirmed receipt.
- All applications requesting a change of information within the IVIT premises are processed in Alinity within three business days and confirmed receipt.

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Activity	Performance Indicators
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- All Type 1 occurrence reports are reviewed by staff, confirmed receipt within three business days and then provided to the Inspection Committee to review at the next meeting
- Designated Registrants were notified in April and type 2 reports received by the deadline of May 2. The data was analyzed and the aggregate information was provided to the Inspection Committee and the Council.

1.9. Scheduled Substance Review Program

All 3 Planning Years

The College will operate a process to review the tables to the General Regulation outlining the drugs and substances authorized for use by the profession and review the specimens and tests that can be taken, performed or ordered by the profession.	<ul style="list-style-type: none"> • SSRC will review the drugs and substances in the general regulation and the list of laboratories tested to ensure appropriateness and to identify any gaps.
The Scheduled Substances Review Committee will be supported by the College through the timely provision of information for meetings.	<ul style="list-style-type: none"> • Up to three (3) meetings of the committee will be held at the discretion of the Chair.
In 2020-2021, the SSRC will review and consider making recommendations to Council for additional considerations to the schedules of drugs, substances and lab tests.	<ul style="list-style-type: none"> • Where gaps and deficiencies are identified in the list of drugs and substances in the General Regulation or tests in the LSCCLA, the SSRC will make amendment recommendations to Council.
In 2020-2021, necessary research will be conducted in support of additional considerations as established by the Council.	<ul style="list-style-type: none"> • 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.

Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations

- Why? (factors effecting performance):**
- During the reporting year the SSRC chair and staff of the College began to develop the process for the Scope review.
 - No meetings were held with the Committee as a whole as the Chair did not initiate any meetings as the process for completing the Scope of Practice Review which was directed by Council in the reporting period

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Activity	Performance Indicators
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- The Council directed that the SSRC undertake a review of the Scope of Practice of the profession. The process to undertake the project was developed. The Deputy CEO and Chair of the SSRC provided answers and information to the MOH regarding the proposed amendments to the General Regulation submitted in 2019

1.10. Regulatory Education		
All 3 Planning Years		
The Regulatory Education Specialist will respond to Members’ 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 within three (3) business days on average. 	
The College will use <i>iNformeD</i> , the website and other communications channels to ensure that the profession is aware of the regulations, standards and guidelines for the profession.	<ul style="list-style-type: none"> Each issue of <i>iNformeD</i> will include a regulatory guidance article, complaints scenario and a discipline summary. News Bulletins will include a practice-related FAQ, links to various practice resources including new blogs, standards, guidelines etc. Three (3) postings related to the regulations, standards and guidelines will be made in the Registrar’s Corner (blog). 	
The College will respond to inquiries from the public, Members and stakeholders by telephone or through written communication as required.	<ul style="list-style-type: none"> E-mail and telephone inquiries will be responded to within three (3) business days on average. 	
All standards, guidelines and policies will be maintained on the College’s website.	<ul style="list-style-type: none"> Standards, guidelines and policies will be maintained on the website. New standards, guidelines and policies will be added to the website within five (5) business days. 	
Organization’s “self-assessment”		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> All inquiries are responded to within 3 business days on average. For a total of 313 phone calls – 239 were responded to on the same day, of the remaining 74, they were responded to in just over 1 day on average. For a total of 585 emails – 254 were replied to on the same day, of the remaining 331, they were replied to in just over 1 day on average. 		

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Activity	Performance Indicators
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- all Standards, Guidelines and Policies were reviewed and updated with summaries on the new College website. The updated Standard of Practice for Infection Control and Telepractice Guideline were updated and posted to the website 1 day following Council Approval.
- The updated Standard of Practice for Infection Control and Telepractice Guideline were posted to the website within 1 business day of Council Approval.
- Each issue of iNformed included an article from the Regulatory Education Specialist. In addition 6 FAQs were included in News Bulletins and 6 blogs drafted with 3 posted during the reporting period.

2. Governance 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. As such, the following operational activities will be undertaken.

2.1. Good Governance

2.1.1 Ensuring Council is Properly Constituted

All 3 Planning Years

<p>Council elections will be conducted annually as required by the by-laws.</p>	<ul style="list-style-type: none"> • Calls for Nominations will be issued in early November. An election handbook will be provided to guide interested Members through the election process • Nominations will be acknowledged within three (3) days on average. • Nominations and candidacy materials will be provided to the Nominations and Elections 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.
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Activity	Performance Indicators
Executive Committee elections will be initiated immediately following the completion of Council elections and will be held at the first meeting of the Council following the Council elections.	<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 conducted in accordance with Council’s policies at the meeting in April.
The Registrar will monitor the appointments of public members to the Council to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the needs to appointments and re-appointment as necessary.	<ul style="list-style-type: none"> All public appointments will be tracked. Appointees whose term will expire will be provided materials to inform the government if they wish to seek reappointment a minimum of five (5) months prior to the appointment expiration.
The College will work with and respond to all external oversight agencies to ensure that it is meeting all legislative requirements.	<ul style="list-style-type: none"> Requests for information from oversight agencies will be responded to within the timeframe established by the agencies.
2.1.2 Council Orientation	
All 3 Planning Years	
The Registrar will work with the Executive Committee, the President and Legal Counsel to provide a program of annual orientation for existing and newly elected/appointed Councillors.	<ul style="list-style-type: none"> A one-day training session will be offered to new in-coming Council members the day prior to the April Council meeting and all sitting Council members will be invited to attend and identify areas in which they wish additional information.
Members of the Council will be oriented to the governance model and their fiduciary responsibilities annually.	<ul style="list-style-type: none"> Information about the governance model and fiduciary responsibilities will be included in the one-day orientation session.
2.1.3 Reporting to Council	
All 3 Planning Years	
The Registrar will submit quarterly reports to the Council detailing operational activities, based on the ENDS policy, as well as his performance with respect to his statutory responsibilities. These reports will be made public.	<ul style="list-style-type: none"> A quarterly Registrar’s Report will be provided to the Council in advance of each Council meeting setting out the operational and statutory activities undertaken by the College.
The Registrar will provide trending information to the Council relating to the nature of complaints/investigations, discipline	<ul style="list-style-type: none"> Trending information about complaints and reports, as well as regulatory guidance will be included in the Registrar’s Report.

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Activity	Performance Indicators
referrals, performance of groups of candidates on examinations and issues identified by the public and Members.	<ul style="list-style-type: none"> Societal and governance trending information will be provided as part of the Council’s consent agenda.
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.	<ul style="list-style-type: none"> Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process.
2.1.4 Assessing Performance	
All 3 Planning Years	
The Council will undertake an annual organizational performance review measuring the College’s activities against the Operating Plan and Operating Budget.	<ul style="list-style-type: none"> The Registrar and staff will provide the Council and Executive Committee with materials necessary to conduct the annual organizational and Registrar performance review as set out in Council policy.
The Council will undertake a performance review of the Registrar on an annual basis in accordance with its policies.	<ul style="list-style-type: none"> Council will undertake the performance review as part of the July Council meeting.
The Council will undertake a bi-annual (2020, 2022) assessment of its own performance over the course of the prior two years.	<ul style="list-style-type: none"> The bi-annual Council self-assessment will be undertaken in March 2020 and reported to Council at its April 2020 meeting.
2.1.5 Identification and Mitigation of Risk	
All 3 Planning Years	
The Registrar, 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.	<ul style="list-style-type: none"> Insurance policies will be reviewed and renewed 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 	<ul style="list-style-type: none"> Changes to the risk-assessment document, if any, will be included in the Council’s consent agenda. 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.

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Activity	Performance Indicators	
<ul style="list-style-type: none"> Establishing a means to ensure corrective actions are implemented in a timely manner. 		
Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> All requirements in support of the Council and Executive Committee elections were met. Orientation sessions were held for individual directors but not the full Council due to COVID-19. Process for annual performance reviews were instituted and new ones develop for the future years. Risk processes have been identified and all briefings for Council now include a risk assessment. Anti-discrimination policies have not yet been established. Trending information for complaints, reports, regulatory guidance and QA is provided for each CEO's Report During the reporting year briefings were provided to Council on Member and Patient Guide updates, Infection Control Standard, Telepractice Guideline The CEO and College Performance Review was initiated on May 12, 2020 and completed at the July Council Meeting. 		

2.2. Support to Committees		
2.2.1 Composition, Recruitment and Appointment		
2020-2021		
Recruitment of non-Council Members for Committees and operational roles in the College will be undertaken and will include a robust screening process.	<ul style="list-style-type: none"> Development of a competency-based volunteer program will be completed and fully implemented by March 31, 2021. 	
All 3 Planning Years		
	<ul style="list-style-type: none"> Recruitment of volunteers will be undertaken on an on-going basis. 	
The Council will be asked to appoint Members of Council and non-Council Members to the Committees.	<ul style="list-style-type: none"> Council will be presented a slate of appointments, at minimum annually at its April meeting. 	

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Activity	Performance Indicators
	<ul style="list-style-type: none"> On-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.
2.2.2 Committee Training and Guidance	
2020-2021	
The College will provide training to the new Committee volunteers.	<ul style="list-style-type: none"> A new and comprehensive training initiative for volunteers for Committees and other College roles will be developed and implemented.
All 3 Planning Years	
The College will provide training to the Committees on issues relating to conflict of interest, bias, health and safety, human rights, as well as, on how Committees operate within the College and the specific role of each Committee.	<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. A tracking process to monitor on-going training will be maintained.
<p>The College will develop guidelines, policies or other similar documents for Committee members about the potential for bias or risk to impartiality in the assessment process. These documents should include content on:</p> <ul style="list-style-type: none"> Characteristics or types of bias and/or situations that may compromise the impartiality of assessment decisions, Procedures to follow where there is a potential for bias, and Actions to prevent discriminatory assessment practices. 	<ul style="list-style-type: none"> 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.
2.2.3 Committee meetings	
All 3 Planning Years	
Council Committees will meet on an “as-needed” basis ensuring effective use of financial and human resources. Wherever possible, and with the consent of the Chair, meetings will be conducted electronically.	<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.
The College will monitor Committee attendance to ensure that quorum requirements have been met.	<ul style="list-style-type: none"> Committee attendance will be monitored, reported through the minutes and absences will be reported by staff to the Chair.

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Activity	Performance Indicators	
Committees will receive their information for meetings in a timely manner.	<ul style="list-style-type: none"> All committees will receive their meeting materials on average seven (7) days prior to the meeting. All draft minutes will be circulated to the Committees on average fourteen (14) days following the meeting. 	
Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> All Committee meetings were held at the discretion of the chair. Due to Covid-19 all meetings were moved to an online platform. Chairs were briefed of issues and several meetings were cancelled due to lack of agenda items or not being properly constituted. Meeting minutes for each Committee meeting reported committee member attendance. No specific committee attendance issues were identified The QAC, Inspections, and PRC received their meeting materials on average 7 days in advance of the meeting. The ICRC received their meeting materials on average 6 days in advance of the meeting. The QAC, IC, PRC and ICRC all received the meeting minutes on average within 7 days following the meeting. The RC received their meeting materials on average 7 days in advance of the meeting and minutes were circulated on average within 7 days following the meeting. The Exam Appeals Committee did not meet in this fiscal. The Audit Committee received their meeting materials on average 7 days in advance of the meeting and minutes were circulated within 7 days following the meeting. 		

2.3. Transparency		
2.3.1 Reporting		
All 3 Planning Years		
<ul style="list-style-type: none"> The qualitative Annual Report format will be continued and augmented to provide information to the public and stakeholders about Council processes and decisions. 	<ul style="list-style-type: none"> The Annual Report will be developed by staff and published in Q3. 	
<ul style="list-style-type: none"> Audited financial statements and the Auditor's Report will be reviewed by Council, approved and publicly released. 	<ul style="list-style-type: none"> Audited financial statements and the Auditor's report will be presented to the Council at its July meeting and included in the Annual Report. 	

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Activity	Performance Indicators	
<ul style="list-style-type: none"> Committee reports will be presented to the Council at each meeting and an annual report of Committee activities presented to the Council. 	<ul style="list-style-type: none"> Quarterly Committee reports will be sought from Committee Chairs and included in the Council consent agenda for each Council meeting. Annual Committee reports will be developed by the staff and reviewed by Committee Chairs and presented to the Council in July. 	
2.3.2 Decision-making		
All 3 Planning Years		
<ul style="list-style-type: none"> A decision-making matrix/tree for the Council and each of its Committees will be developed, reviewed and adopted by Council and published. 	<ul style="list-style-type: none"> Decision-making matrices/trees will be reviewed regularly by Committees that have them and updates provided to the Council in the consent agenda. 	
<ul style="list-style-type: none"> Council meetings, agenda and materials will continue to be posted publicly. 	<ul style="list-style-type: none"> Council meeting materials will be posted to the website a minimum of seven (7) days prior to the Council meeting. 	
2.3.3 Regulatory Processes and Public Interest		
All 3 Planning Years		
<ul style="list-style-type: none"> The College will maintain a summary table of active and resolved complaints and inquiries. 	<ul style="list-style-type: none"> The summary table of active and resolved complaints and inquiries is maintained and updated monthly. Information about complaints in progress and those resolved will continue to be published on the website. 	
<ul style="list-style-type: none"> The College will alert the public to discipline hearings and outcomes. 	<ul style="list-style-type: none"> The process of publishing upcoming hearing dates on the website and in the news section will continue and be maintained. 	
<ul style="list-style-type: none"> In addition to Notices of Hearing and Decisions and Reasons of Discipline Panels, the College will ask the DC to consider providing access to Joint Submissions on Penalty and Costs and Agreed Statements of Facts. 	<ul style="list-style-type: none"> ASF and JSPs, as exhibits to hearings, will be posted to the College’s website on average within seven (7) days of the hearing date. Decisions and Reasons will be posted to the website on average within three (3) days of its receipt from ILC. 	
Organization’s “self-assessment”		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations

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Activity	Performance Indicators
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Why? (factors effecting performance):

- Information to support the Annual Report was provided to the Communications Department as requested and the Annual Report was submitted to the Council for review at their July meeting.
- Audited financial statement and the Auditor’s report were provided to Council for acceptance at their July meeting.
- Committee Chair Reports are provided for each Council Meeting
- Annual Committee reports are drafted by staff and provided for review by the Chairs of the respective Committee and provided to Council at their July meeting
- Decision making Matrix/Trees were reviewed and maintained by the QAC, ICRC, RC and Inspection Committees
- The Summary table of active and resolved complaints and reports is maintained after each ICRC meeting.
- Information about complaints in progress is updated on the College website after each ICRC meeting
- upcoming hearing dates is published in the News Section, on the Hearings page as well as included in the News Bulletin and iNformed.
- ASF and JSPs are posted to the College’s website within 1 day of receipt of the Decision and Reasons.
- Decisions and Reasons are posted within 1 day of receipt from ILC.

2.4. Program Regulations and Policies

2.4.1 Review of Regulations and Program Policies

2020-2021

The College will review Regulations and Program Policies and recommend any required policy changes.

- A review of the Registration (Entry-to-Practice) and General Regulation will be undertaken by staff and related Committees and proposed changes presented to Council.
- The following programs will be reviewed but not limited to: General Regulation (Inspections, IVIT, Prescribing), Entry to Practice, PLAR and language proficiency.

Organization’s “self-assessment”

Below expectations

Met Expectations

Above expectations

Why? (factors effecting performance):

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Activity	Performance Indicators
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- The General regulation was reviewed by the Inspection Committee for the purposes of the Inspection Program and the Quality Assurance Committee for the purposes of the Core Competencies
- The complete inspection program was reviewed and consultation initiated on the program policies, requirements and Fees.
- Registration program area reviews were conducted of the PLAR program, Entry-to-Practise and Language Proficiency with amendments being made to associated policies. Full review of the Registration Regulation was not conducted in this fiscal.
- Registration policies were reviewed and proposed amendments brought forward to the Council.

2.5. Governance Review		
2.5.1 Undertaking a Review		
2020-2021		
<ul style="list-style-type: none"> • Working with the consultant and the Executive Committee, the final report from the Governance Review undertaken in the prior planning year will be completed. 	<ul style="list-style-type: none"> • The report will be finalized and presented to the Executive Committee and to Council for final approval. 	
2.5.2 Acting on Review Outcomes		
2020-2021		
<ul style="list-style-type: none"> • The Report will be submitted to the Minister of Health and Long-Term Care. • The Report will be disseminated among the other health regulatory Colleges and other regulators • By-law changes, where required, will be developed by the Registrar and presented to Council for final review. • Other activities will be determined based on the content of the Report. 	<ul style="list-style-type: none"> • A letter from the President to the Minister will be prepared and signed by the President providing highlights of the report and a copy of the final report. • The report will be disseminated via the Federation of Health Regulatory Colleges of Ontario (or its successor organization). • By-laws changes will be prepared by the Registrar, reviewed by legal counsel, circulated for consultation and presented to the Council by January 2021. • The report will be posted on the College website and made available to Members, the public and stakeholders. 	
Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations	<input checked="" type="checkbox"/> Above expectations

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Activity	Performance Indicators
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Why? (factors effecting performance):
<ul style="list-style-type: none"> • The Governance Review final report was presented to the Council in July 2020. • A proposed implementation plan was also presented at that time and approved by the Council. • All immediately actionable items were completed, including changes to terms of reference, terminology, and the letter to the Minister. • The report was provided to the Ministry and to the other regulatory Colleges. • Presentations were made to two other Colleges about the report on behalf of the Council.

2.6. College Performance Measurement Framework		
2.6.1 Implementation		
2020-2021		
<p>The College develops the necessary infrastructure to meet and report to the Ministry on priority Standards, performance measures and supporting evidence.</p>	<ul style="list-style-type: none"> • Methods of collecting evidence required to report on each of the performance measures for each of the standards is developed. • Where the standards and performance measures are not met or only partially met, operational changes will be developed and implemented to ensure that those than can be met are. • Council is briefed on the CPMF, the standards, performance measures and evidence required. Any changes within Council policies that may be needed to meet the standards are identified and an action plan developed. 	
Organization’s “self-assessment”		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> • The SMT collected and added data and evidence to the CPMF tool. • Information was developed for each measure not met or partially met on how it may be met in the future. • The Council was presented with the SMT completed CPMF at its March Council meeting 		

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Activity	Performance Indicators
<h3>3. Corporate Activities</h3>	
<h4>3.1. Human Resources</h4>	
<p>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.</p>	
<h5>3.1.1 Recruitment</h5>	
<h6>All 3 Planning Years</h6>	
<p>Each position in the College will have a relevant and up-to-date position description.</p>	<ul style="list-style-type: none"> • Position descriptions will be maintained, and updates reviewed by the Management team prior to initiating recruitment processes.
<p>Existing staff will be considered first for open positions as opportunities for advancement or development prior to advertising positions.</p>	<ul style="list-style-type: none"> • Members of the Management team will consider new or vacant positions as opportunities for advancement (increasing duties/responsibilities) or development (lateral moves) for existing employees. • All new or vacant positions will be posted internally to the College prior to publishing externally.
<p>New and vacant positions available in the College will be advertised in an open and transparent fashion and will ensure that the College is an equal opportunity employer.</p>	<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. • Where appropriate, specialized programs will be consulted for potential recruitment of new employees.
<h5>3.1.2 Compensation</h5>	
<h6>All 3 Planning Years</h6>	
<p>A set of salary ranges that reflect current market value will be updated annually based on cost of living and used to recruit new employees.</p>	<ul style="list-style-type: none"> • A salary range for each position shall be maintained and updated by the Director of Operations using the Consumer Price Index for November Ontario All-Items published in December • Directors will be informed of changes in the salary ranges. • Compensation for new hires will be based on the salary ranges.

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Activity	Performance Indicators
	<ul style="list-style-type: none"> • A new compensation policy will be drafted.
3.1.3 On-boarding New Staff	
All 3 Planning Years	
<p>A specified process for on-boarding new staff will be implemented that properly and effectively orients new staff to the College and its role/mandate and the functions of the College departments.</p>	<ul style="list-style-type: none"> • A policy governing the on-boarding of new staff will be developed, maintained and made available to all staff. • Orientation to new staff will be delivered as needed. • Initial training of new staff shall be provided by the College to enable quick integration into the work force.
3.1.4 Performance Management	
All 3 Planning Years	
<p>Staff performance will be evaluated in an open and transparent way based on standardized performance management processes.</p>	<ul style="list-style-type: none"> • A comprehensive policy for performance management and compensation changes will be developed and published for all staff to be aware.
<p>Performance reviews will be conducted on all staff annually and during their probation period by the College.</p>	<ul style="list-style-type: none"> • Performance reviews for all staff will be completed no later than June 15 annually. • Probation performance reviews will be completed for all new staff at minimum two weeks prior to the completion of the probationary period. • Changes in compensation will be in accordance with the rates set by the Management team or as approved by the Registrar. • Staff will be paid within the salary range for their position unless their tenure with the College is such that they have reached the top of the range, in which case they will be provided performance bonuses as warranted. • External training opportunities will be included as part of performance management systems and as rewards for good and excellent performance.
3.1.5 Enhancing the College Team	

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Activity	Performance Indicators
All 3 Planning Years	
<p>Management and staff will work collectively to continue to build and enhance the College “team” as a unified work force.</p>	<ul style="list-style-type: none"> • On at least a semi-annual basis, the College will provide formal social opportunities for the staff to bond with one another and build the important support network within the office. • The Registrar shall work to support the staff in organizing informal social opportunities to continue to build the bonds between staff. • On at least a bi-monthly basis, the Registrar shall convene a staff meeting for the purposes of information sharing among staff regarding their work priorities and workflow and a means of building the College team. • The College will implement an annual Staff Satisfaction Survey.
<p>Staff will be informed of corporate activities and provided information and guidance to enhance their own performance and that of the entire team.</p>	<ul style="list-style-type: none"> • On an as-needed basis, but not less than quarterly, the Registrar shall convene staff meetings to provide staff with information about corporate issues and provide information and support to enhance overall and individual performance.
<p>Ensuring an environment that is free from harassment, abuse and discrimination.</p>	<ul style="list-style-type: none"> • The Registrar shall take all necessary and prudent steps to ensure that the College workplace environment is free from harassment, abuse and discrimination. • On an annual basis, the Registrar shall review with all staff the College’s harassment and violence prevention programs and shall ensure that proper investigations are conducted when concerns are raised
3.1.6 Training	
All 3 Planning Years	
<p>The College will provide staff within on-going training to enhance individual and program performance.</p>	<ul style="list-style-type: none"> • The Registrar will provide all staff with group training in areas of importance to the College and its regulatory work. • Staff will be encouraged, and where financially viable supported, in undertaking on-going training to enhance their own

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Activity	Performance Indicators	
	<p>performance, that of the program areas and as developmental opportunities.</p> <ul style="list-style-type: none"> • 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. • Unless budgets do not permit, the College will send a minimum of three staff to the CLEAR Annual Education Conference • Unless budgets do not permit, the College will send a minimum of three staff to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s). 	
3.1.7 Off-Boarding		
All 3 Planning Years		
<p>A specified process for off-boarding staff will be implemented that ensures the College has the opportunity to glean information from staff departures about the College functionality, work environment and College leadership as a means of learning from staff experiences.</p>	<ul style="list-style-type: none"> • Staff who resign their position will be asked to complete an exit interview that provides the desired information to the College. • Staff who are being removed from their position shall only be removed after all opportunities to explore systemic or environmental factors have been completed. 	
Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> • Professional Practice and Professional Conduct performance reviews were completed for staff on May 12, 2020 • Registration performance reviews were completed for staff on June 2, 2020 • Operation performance reviews were completed for staff on May 5, 2020 • 1 probation performance review was completed on July 14, 2020 • 1 probation performance review for Registration dept staff (3-month review) was completed on February 16, 2021 • All performance reviews included areas of improvement and identified training opportunities that would benefit the employee. 		

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Activity	Performance Indicators
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- All staff job descriptions are up to date and current-each job description is re-reviewed with SMT for changes prior to posting.
- Vacancies are shared with internal staff for consideration
- Compensation levels for each salary range are adjusted annually in alignment with CPI
- Formal onboarding process for all new staff delivered within 30 days of start date
- Due to COVID-19 the College was unable to provide the team with in person networking activities
- Staff meetings were held bi-monthly and an online December social took place
- SMT has incorporated Form 4 “Development Plan” from the CEO’s template
- Staff PA’s have a development section to support staff education
- Budget has been allocated to support training needs at \$500 per individual per year

3.2. Financial Management

The following activities relating to the financial management of the College will be undertaken.

3.2.1 Budget Development

All 3 Planning Years

The Registrar, through the Director of Operations, will develop a budget 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.	<ul style="list-style-type: none"> • The draft budget, which includes the Capital Budget and the Operating Budget will be presented to the Council for consideration as part of the January meeting annually.
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The budget development process will include a consultation process with the Council, Committees and with the Executive Committee in order to ensure that the needs of the Council and the Committees have been adequately addressed.	<ul style="list-style-type: none"> • The drafting process shall include discussions with the Committees or the Committee Chairs. • The draft budget will be presented to the Executive Committee for feedback as part of its December meeting.
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3.2.2 Financial Reporting

All 3 Planning Years

The Registrar, through the Director of Operations, will provide Council with Quarterly Unaudited Financial Statements and a variance report explaining expenditures against budgeted amounts.	<ul style="list-style-type: none"> • Unaudited financial statements and the variance report will be e-mailed to the Council within sixty (60) days of the completion of the quarter with an invitation for questions to be raised with the staff or through the Executive Committee.
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Activity	Performance Indicators	
<p>Quarterly unaudited Financial Statements will be presented to the Executive Committee for review and acceptance.</p>	<ul style="list-style-type: none"> • Unaudited financial statements and the variance report will be presented to the Executive Committee for review as part of their meeting materials. 	
<p>3.2.3 Annual Audit</p>		
<p>All 3 Planning Years</p>		
<p>The Registrar, through the Director of Operations, will support the annual audit of the College’s finances by the external auditor selected by the Council and in concert with the Council’s Audit Committee.</p>	<ul style="list-style-type: none"> • The Audit will be supported by the staff through the provision of information requested by the auditor. • The Audit Committee will meet at least once 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. 	
<p>The Registrar will address any concerns surrounding the management of the College’s finances, as set out by the Auditor or the Audit Committee at the time the Auditor and Audit Committee present their findings to the Council.</p>	<ul style="list-style-type: none"> • Any concerns identified by the Auditor with respect to financial management practices will be addressed by the Registrar within thirty (30) days of the report being accepted by the Council. 	
<p>Organization’s “self-assessment”</p>		
<p><input type="checkbox"/> Below expectations</p>	<p><input checked="" type="checkbox"/> Met Expectations</p>	<p><input type="checkbox"/> Above expectations</p>
<p>Why? (factors effecting performance):</p>		
<ul style="list-style-type: none"> • The draft operational and capital budget was presented to Council in January 2021 and received final approval in March 2021 • Unaudited financial statements were first presented to Executive Committee up to December 2020 and are now presented directly to Council • The Audit committee met in May 2020 to review the scope of the audit and in July 2020 the committee had the audit results presented by the Auditor • Audited Financial Statements were presented to the Council in July 2020 • No areas of concern regarding financial management were escalated to the CEO. 		

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Activity	Performance Indicators
3.3. French Language Services	
3.3.1 Translation of materials	
All 3 Planning Years	
Existing content materials for key College programs, will be systematically reviewed and translated into French and made available by the College.	<ul style="list-style-type: none"> • Discipline, complaints, patient relations, PLAR, examinations and applications for entry-to-practise will be translated into French. • Once approved and submitted to be translated, the translation will be completed and posted on the College website within thirty (30) days.
On a go forward basis, all new materials developed by the College, will be translated once approved and posted to the website.	<ul style="list-style-type: none"> • The Annual Report, Standards of Practise and Practise Guidelines will be translated into French. • Once approved and submitted to be translated, the translation will be completed and posted on the College website within thirty (30) days.
The College will translate all Decisions and Reasons of the Discipline Committee into French.	<ul style="list-style-type: none"> • Once approved and submitted to be translated, the translation will be completed and posted on the College website within thirty (30) days.
3.3.2 French Speaking Personnel	
All 3 Planning Years	
<ul style="list-style-type: none"> • The College will maintain sufficient French speaking personnel to be able to respond to the needs of the public and the members. 	<ul style="list-style-type: none"> • A minimum of 15% of all personnel will be fluently bilingual • All bilingual staff will be oriented to College activities to be able to respond to inquiries.
<ul style="list-style-type: none"> • The College will undertake training of existing French-speaking personnel and any non-French speaking personnel who desire additional learning to encourage the development and maintenance of French language capabilities. 	<ul style="list-style-type: none"> • Bilingual staff who are interested will be supported through on-going French-language training. • Non-bilingual staff who are interested will be supported through formal French-language training opportunities.
<ul style="list-style-type: none"> • The College will encourage existing French-speaking personnel and those learning to use French in the office environment. 	<ul style="list-style-type: none"> • The College will provide opportunities for French-language personnel to speak with one another in French.
Organization's "self-assessment"	

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Activity	Performance Indicators	
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> All Discipline Decisions are translated into French following the receipt by ILC. The Complaints materials (including forms) as well as all Patient Relations documents were translated into French and maintained. Once approved all translated Discipline Decisions are posted to the College’s website within 1 business day of receipt PLAR and Examination materials were translated on an as needed basis due to changes in the 2020 fiscal in both program areas French materials not available as development of new site in French is not yet active. Few staff enrolled in French language refresher training but were unable to complete as courses were cancelled due to COVID 19 		

3.4. Operating Policies & Procedures	
<p>The College has developed and implemented many operating policies since proclamation. These will be reviewed to ensure that they reflect current practices and the most efficient means of operating. While procedures have been established, few are fully documented. Finally, there are areas where no written policies or procedures are in place.</p>	
3.4.1 Existing Operating Policies & Procedures	
All 3 Planning Years	
<p>A review will be undertaken of existing operating policies and procedures to ensure that they reflect good practices and are consistent with the objects of the College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias. This will coincide with the program reviews.</p>	<ul style="list-style-type: none"> 20% of all existing policies and procedures will be reviewed on an annual basis. Reviewed policies will be posted for staff review A list of all reviewed policies and procedures will be provided to the Council as part of the Annual Organizational Performance Review.
2020-2021	
<p>The College will review Regulations and Program Policies and recommend any required policy changes.</p>	<ul style="list-style-type: none"> A review of the Registration (Entry-to-Practice) and General Regulation will be undertaken by staff and related Committees, and proposed changes presented to Council.

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Activity	Performance Indicators
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	<ul style="list-style-type: none"> The following programs will be reviewed but not limited to: General Regulation (Inspections, IVIT, Prescribing), Entry-to-Practice, PLAR and language proficiency.
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3.4.2 Development of New Operating Policies & Procedures

All 3 Planning Years

New operating policies will be developed based on needs identified by the senior management team or based on Council directions.

- New operating policies and procedures will be developed on an as-needed basis.
- A list of all new policies and procedures developed will be provided to the Council as part of the Annual Organizational Performance Review.

Organization's "self-assessment"

Below expectations

Met Expectations

Above expectations

Why? (factors effecting performance):

- All Discipline Operating Policies were reviewed in Q3.
- All operating policies are maintained on the College's Smartsheet email notices issued to all staff when a policy is updated or added.
- The Following new operating policies were developed: cease and desist, online hearings, online oral cautions, operating reserve funds.
- Safety Plan was developed, and staff education delivered regarding the re-opening of the office/precautions/ restrictions etc. due to COVID-19 and is updated on a regular basis.
- Initial review of Registration and Examination operating policies conducted in 2020; due to COVID-19 changes (examinations) and database change-over and program release schedule; operating policy revisions postponed to 2021.

3.5. Records Management and Retention

3.5.1 Records Management Audit

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.

- 20% of all programs of the College will be reviewed annually.

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Activity	Performance Indicators
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	<ul style="list-style-type: none"> Records will be adjusted in the identified areas to ensure that they are retained in accordance with the policy and protocols will be established for an ongoing review of the records system. A list of all audits conducted will be provided to the Council as part of the Annual Organizational Performance Review.
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Organization’s “self-assessment”		
<input checked="" type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations

Why? (factors effecting performance):
<ul style="list-style-type: none"> The overall review was not undertaken due to work volumes and senior staff shortages. Departmental “Records Champions” have been identified who will be responsible to conduct regular record reviews in accordance with the College’s Record Management and Retention policies moving forward.

3.6. Corporate Communications

3.6.1 Communications Return on Investment

All 3 Planning Years

<p>The College will monitor its communication vehicles (<i>iNformeD</i>, <i>News Bulletin</i>, website) to determine overall utilization and a means of gaging its return on investment, as well as opportunities to solicit audience feedback.</p>	<ul style="list-style-type: none"> Analytics for each of the College’s primary communications channels (website, newsletter) will be collected and analyzed quarterly to increase overall readership and return on the College’s investment in these materials. Readership surveys will be conducted on a regular basis of key College materials.
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3.6.2 Communications Support and Issues Management

All 3 Planning Years

<p>Provide ongoing marketing communications counsel, planning and development of materials to all College departments as needed.</p>	<ul style="list-style-type: none"> The College’s communications department will work with the program areas to provide advice and guidance on improving overall readability and ensuring optimal understanding of materials by users.
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Activity	Performance Indicators
Continue with a proactive issues management program to ensure the College is prepared as possible for media interest in upcoming Discipline hearings and other matters, including those that may solicit negative feedback from Members and other stakeholders.	<ul style="list-style-type: none"> The Communications department will provide support to the Registrar, Deputy Registrar and Directors on managing College issues and matters that are or may be raised in the media.
3.6.3 The College Website	
All 3 Planning Years	
The College’s website will be accurate, up-to-date and a valued tool for users.	<ul style="list-style-type: none"> The site will be updated on a quarterly basis and a summary of updates will be provided to Council as part of the annual organizational performance review. Analytics will be analyzed quarterly to demonstrate the value of the site and to guide management of site content and user experience.
3.6.4 Public and Stakeholder Engagement	
All 3 Planning Years	
The College will engage naturopathic stakeholders in on-going dialogue.	<ul style="list-style-type: none"> The College President and Registrar will meet with the President and the CEO of the OAND twice annually. The College President and Registrar will meet with the President and the Board Chair of CCNM twice annually. The College President and Registrar will meet with the Executive Director and Board Chair of CAND on an as-needed basis. The College President and Registrar will participate in the CNCC on an as-needed basis.
The College will engage the Ontario Government in on-going dialogue.	<ul style="list-style-type: none"> The College President and Registrar will meet with Assistant Deputy Minister for regulatory matters in the Ontario Ministry of Health on an as-needed basis. The Registrar will liaise with the Ministry of Health on an on-going basis and respond to inquiries on a timely basis.

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Activity	Performance Indicators
<p>The College will engage other health regulatory Colleges in Ontario through the Federation of Health Regulatory Colleges (FHRCO) or its successor organization.</p>	<ul style="list-style-type: none"> • The Registrar will participate in FHRCO as a Director on the Board of Directors, subject to any limitations placed upon that role by Council. • The Communications department will continue to support the work of FHRCO Communications Committee where appropriate, and particularly with respect to campaigns that raise public awareness of Ontario health regulatory Colleges, such as ontariohealthregulators.ca and related ad and publicity activities. • Director of Communications will participate in the Communications Conference and in the broader Regulatory Communicators Network of all Ontario regulatory Colleges • The Deputy Registrar, Director of Registration and Examinations and Managers will participate in working groups of FHRCO as they are available.
<p>The College will engage other Canadian naturopathic regulators and support as much as is possible.</p>	<ul style="list-style-type: none"> • The College will continue to support the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) in its development through the hosting of teleconferences and one in-person meeting, as well as, through the provision of staff support as required. • The College President and Registrar will participate in CANRA meetings and provide leadership to the Alliance through facilitation of learning and issue management.
<p>The College will engage Ontarians on regulatory matters.</p>	<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 Registrar blog.

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Activity	Performance Indicators
	<ul style="list-style-type: none"> • The College will create and manage a social media account as a channel to communicate with the public and allow for greater opportunities for the public to engage in our work and provide their input. • The College will explore, assess and identify whether to host a booth at a public-facing conference as a means of building awareness of the College and the Register among the public. • The College will re-issue its RFP to conduct a public opinion poll to measure Ontarians’ overall awareness of the organization, their usage of naturopaths and their knowledge of how we can support them if they have a problem or issue with an ND or naturopathic treatment. The survey may also measure attitudes toward relevant issues related to the regulation of the profession, e.g., advertising, title usage, or other relevant topics/issues at the time the survey is conducted.
<p>The College will engage Members on regulatory and profession-specific matters.</p>	<ul style="list-style-type: none"> • The College will publish information for the Members on key regulatory matters through a variety of means. • Where relevant, the College will use surveys and other methods to engage Members. • The College will implement its bi-annual Member Communications Survey to measure effectiveness of its communications channels and to identify areas for improvement.
<p>The College will engage naturopathic educational students on regulatory and profession-specific matters.</p>	<ul style="list-style-type: none"> • The Director of Registration and Examinations will meet, at least once, with CCNM students about the registration process and ETP exam(s). • The College will continue to publish a Student’s corner in its regular newsletter.

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Activity	Performance Indicators
	<ul style="list-style-type: none"> The College will make topic specific presentations to the students on an as-needed basis. The Director of Communications will contact the president and VP external of the CCNM, NSA each year to ensure an open channel of communication exists between the College and student body as a means of ensuring additional ways of getting information to students.
2021-2022	
The College will engage Ontarians on regulatory matters.	<ul style="list-style-type: none"> The College will develop and implement a Public Safety Campaign to raise awareness about the College and the importance of working with a regulated naturopath, including the ways the College protects the public and supports patient safety, and promotion of the Public Register.
Organization's "self-assessment"	
<input checked="" type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations
<input type="checkbox"/> Above expectations	
Why? (factors effecting performance):	
<ul style="list-style-type: none"> Virtual meetings have been held with the association and educational program. Regular liaison activities have been undertaken with the Ministry of health The Deputy CEO maintains participation in the Investigations and Hearings Group, Deputy Registrar's Working Group and the Practice Advisors group Information was provided regarding exams and ETP to accompany the new grad convocation package disseminated by the CCNM to it's 2020 graduating class. The Students' corner section of the iNformed newsletter was maintained. A live webinar information session was conducted on July 23, 2020, date, with the participation of the CEO, the Director of Registration and Examinations, and examination staff on the online exam delivery and proctoring platform for the administration of the CSE during test centre closures. 	

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Activity	Performance Indicators
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4. Program Development

In addition to the continued delivery of its existing examinations, the College will focus on the development and launch of new written Entry-to-Practise and biomedical exams. Demonstration-based Objectively Structured Clinical Examinations (OSCEs), initially envisioned for PLAR, will be developed to replace the College’s current clinical examinations in the future.

4.1. Written Biomedical Examination

4.1.1 BME Development

2020-2021

The College will continue the development of the written biomedical entry-to-practise examination.

- Sufficient examination questions will be prepared and reviewed by the Exam Development Committee.
- The exam blueprint will be refined and approved by August 2020.
- Candidate documents related to the examination will be completed and posted on the College website (e.g. study reference guide and handbook) by November 2020.
- A biomedical examination policy will be approved and published on the College website by November 2020.
- The examination will be operationalized through Yardstick Testing Centres for delivery beginning in November 2020.

Organization’s “self-assessment”

Below expectations

Met Expectations

Above expectations

Why? (factors effecting performance):

- The Biomedical exam blueprint was approved in April 2020.
- Candidate documents related to the examination were completed and posted on the College website by September 2020.
- The biomedical examination policy (i.e., the Clinical Sciences and Biomedical Examinations Policy) was approved and published on the College website in April 2020.
- The examination was operationalized through Yardstick Testing and delivered on November 19, 2020, through the online administration and proctoring platform.

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Activity	Performance Indicators
4.2. Prior Learning Assessment and Recognition Program (PLAR)	
The College will engage external experts who, in concert with College staff, Committees and Council, will conduct a review of the PLAR program, redevelop it as necessary and fully operationalize the program. As such, the following operational activities will be undertaken.	
4.2.1 PLAR Redevelopment	
2020-2021	
The PLAR Program will be refined and streamlined.	<ul style="list-style-type: none"> The PLAR Program and related policies will be refined based on the outcome of the review conducted in 2019-2020 and presented to the Council for approval.
4.2.2 PLAR Program Implementation	
2020-2021	
PLAR documentation will be fully developed and operationalized.	<ul style="list-style-type: none"> The College will develop operating policies and procedures to follow and monitor adherence to timelines, and to inform applicants about potential delays and estimated decision dates when delays are unavoidable. Assessment materials in support of the PLAR, such as refining the Document of Education and Experience (DEE) and case studies for the demonstration component, will be fully developed, tested and implemented. The College will develop a PLAR application tracker to help inform and monitor adherence to stipulated PLAR timelines. The College will develop a policy on alternate documentation for PLAR applicants. Assessor criteria will be set by the College and included in the revised PLAR program policy.
PLAR training will be developed and implemented.	<ul style="list-style-type: none"> Training and reference materials (guidelines) will be developed for the PLAR components, including:

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Activity	Performance Indicators
	<ul style="list-style-type: none"> ○ Additional information and materials are required to facilitate on-going training of DEE assessors, including recommendations from the OFC with respect to bias and related training, and ○ Demonstration-based assessors (assuming the case studies and interview questions remain a part of PLAR). ● The College will develop and implement formal training plans for assessors and decision-makers that cover topics on the following as they relate to assessment and registration practices: <ul style="list-style-type: none"> ○ Anti-discrimination, and ○ Cultural diversity.
4.2.3 PLAR Information for Applicants	
2020-2021	
<p>The College will provide information for PLAR applicants as set out in the report of the Office of the Fairness Commissioner</p>	<ul style="list-style-type: none"> ● The College will ensure that information for applicants regarding the criteria, policies and process for PLAR is clear, accurate, complete and includes information on: <ul style="list-style-type: none"> ○ The criteria against which prior learning during the demonstration-based assessment components of the PLAR process is measured, ○ The linkage between the criteria used in the assessment and each of the requirements of the PLAR process, and ○ The procedures followed by the College to provide applicants in the PLAR process with special arrangements as needed. ● The College will develop a plain language PLAR candidate handbook which provides information on all stages of the PLAR process. ● Provide information on an applicant’s right to an internal review of an assessment decision in online information for applicants. Information should include content on:

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Activity	Performance Indicators
	<ul style="list-style-type: none"> • Applicants’ rights to review assessment decisions, • Applicants’ rights to make submissions, • The format in which submissions must be made by an applicant, • The statutory grounds for referring their application for a review, and • The specific steps and sequence that an applicant needs to follow to complete the review.
	<ul style="list-style-type: none"> • The College will develop a PLAR checklist to assist applicants applying for registration that undergo the PLAR process, which includes both PLAR requirements and application requirements in one document. Review the checklist for clarity, accuracy and completeness and provide access to this resource on the College’s website.
	<ul style="list-style-type: none"> • A statement will be added to the PLAR section of the website directing applicants to contact the College for more information about alternative documentation that may be acceptable if an applicant is unable to obtain required documents for reasons beyond their control.
	<ul style="list-style-type: none"> • Clear, plain language information will be provided to applicants regarding any limitations or conditions on the availability of administrative reconsiderations and the reasons why they are necessary.
	<ul style="list-style-type: none"> • Information about fees for all registration steps will be organized in one section of information for applicants. This will include costs associated with the PLAR stages and refer to related costs, such as those for translations and third-party assessments that an applicant may incur.

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Activity	Performance Indicators
	<ul style="list-style-type: none"> The College will establish and provide timelines for each stage of the PLAR process in registration materials and information for applicants, including timelines for: <ul style="list-style-type: none"> Assessing qualifications, Communicating results to applicants, and Providing written reasons to applicants that were unsuccessful in the process. The College will revise the PLAR stages flowchart to better align with the steps in the registration process as provided in web content and the application for registration handbook.
Organization's "self-assessment" <input checked="" type="checkbox"/> Below expectations <input type="checkbox"/> Met Expectations <input type="checkbox"/> Above expectations	
Why? (factors effecting performance):	
<ul style="list-style-type: none"> The PLAR program was finalized, and a revised PLAR program policy was approved by council in January 2021. The policy included information on assessor criteria and information on PLAR applicant accommodations ("special arrangements") within the PLAR program. Assessment material for the paper-based and demonstration based (structured interview) component was revised as of January 2021 – this included a new DEE fillable excel form with revised candidate sections, assessor sections and PLAR Committee sections, as well as 8 new case studies with associated scoring answer sheets and 16 different panel interview question sets related to the case studies. a PLAR application tracker to help inform and monitor adherence to stipulated PLAR timelines was created and implemented in February 2021. Additional training and reference materials were developed for the PLAR components, including a revised PLAR assessor handbook and PowerPoint training slides (to allow staff to administer trainings to assessors on assessing for different components as a 'train the trainer' model) A plain language PLAR Applicant Handbook and a revised Document of Education and Experience (DEE) guide was finalized in March 2021 (posted in April 2021). A PLAR appeals policy was approved by Council in January 2021. Information on a PLAR applicant's right to appeal, appeal criteria and the process, is noted on the PLAR Decisions & Appeals page, in the PLAR applicant handbook and in the PLAR Flowchart. A PLAR applicant checklist was posted on the website in March 2021, and includes PLAR and Application for Registration checklist items. 	

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Activity	Performance Indicators
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- A statement is included in the PLAR applicant handbook directing applicants to contact the College for more information about alternative documentation that may be acceptable if an applicant is unable to obtain required documents for reasons beyond their control.
- Clear, plain language information will be provided to applicants regarding any limitations or conditions on the availability of administrative reconsiderations and the reasons why they are necessary.
- Information about fees for all PLAR and application steps are housed in the Applicant Fees section of the website. PLAR specific fees are also noted in the PLAR Timelines table (see below). Fees for PLAR were also reviewed and amended in January 2021 version of the College by-laws to better reflect the anticipated costs of each component of the revised PLAR program.
- A [PLAR Timelines Table](#) was finalized in March 2021 (posted April 2021) and includes information on timelines associated with assessing qualifications, cost, and PLAR applicant requirements for each stage. This table is also in the PLAR Applicant handbook.
- A revised [PLAR stages flowchart](#) which reflects the revised PLAR program and aligns PLAR with the registration process was finalized in March 2021 (posted on the website in April) and is also displayed in the [PLAR applicant handbook](#).

Not Met:

- PLAR specific operating policies
- Specific assessor training related to cultural diversity and anti-discrimination
- Alternative Documentation Policy

Factors Affecting Performance: Delays in receipt of a finalized consultant report, delays in obtaining information from 3rd parties (e.g., the naturopathic educational institutions) and the need for staff to undertake additional research (report recommendations at times did not factor in nuances/limitations/specific requirements of the College vs other colleges) resulted in the need to prioritize big ticket items to ensure the revised program could be operational. Additional work will be completed in 2021 to address items that could not be completed.

4.3. [Registration Practices](#)

The College will align its registration practices with the fair registration practices as set out by the Office of the Fairness Commissioner’s audit and report.

4.3.1 Information for Applicants

2020-2021

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Activity	Performance Indicators
Provide applicants support and consistent opportunities for translation of materials.	<ul style="list-style-type: none"> Align information on translation requirements for applicants whose supporting documentation is not in English or French in information for applicants and the related policy document.
Provide applicants with relevant fee information.	<ul style="list-style-type: none"> Organize information about fees for all registration steps in one section of information for applicants.
Creation of a decision-making guideline describing the registration process	<ul style="list-style-type: none"> The College will develop guidelines explaining the decision-making steps and procedures to consistently and accurately apply registration requirement criteria.
4.3.2 Policies, Procedures & Guidelines	
2020-2021	
Develop needed guidelines to support registration processes.	<ul style="list-style-type: none"> The College will develop guidelines for making registration policy decisions that include steps to identify and address any internal and/or external factors that may improperly influence decisions.
Develop needed policies and procedures in support of the registration process.	<ul style="list-style-type: none"> Develop formal procedures to inform decision-makers of any changes to registration criteria, policies and procedures to ensure that they are given information that is current and relevant in a timely manner. Develop and implement procedures for a scheduled review of registration requirements to verify that these requirements remain relevant and necessary to practice in the profession. The College will develop a guideline document for staff, Committee members and other decision makers on the protocol to follow when a situation of bias is identified. The College will develop a Code of Conduct for assessors, examiners and other decision makers to adhere to bias and discrimination-free registration and assessment practises.
4.3.3 Registration Audit	
2020-2021	

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Activity	Performance Indicators
<p>Establish an audit process to monitor, verify and improve the consistency and accuracy of registration decisions.</p>	<p>An internal audit process will be developed that will:</p> <ul style="list-style-type: none"> • Identify registration decisions that are in compliance and non-compliance with established registration criteria, policies and procedures. • Identify the potential causes of non-compliance. • Provide guidelines for implementing corrective actions, as needed. • An applicant file audit operating policy will be developed and implemented. • A random audit of 10% of applicant files will be conducted each year.
<p>Establish processes to ensure third parties used in the registration process have assessment practices that meet OFC requirements.</p>	<ul style="list-style-type: none"> • The College will identify and implement measures to verify whether third-parties' assessment practices are transparent, impartial, objective and fair. The measures will include procedures to: • Evaluate and monitor third-parties' assessment practices, • Identify potential issues and, if any issues are identified, take actions to address them, and • The College will establish a third-party assessment guideline document.
<p>Organization's "self-assessment"</p>	
<input checked="" type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations
<input type="checkbox"/> Above expectations	
<p>Why? (factors effecting performance):</p>	
<ul style="list-style-type: none"> • A revised language proficiency policy was approved by Council in January 2021 which aligns information on language proficiency. Information on the translation requirements for applicants whose supporting documentation is not in English or French was incorporated into the revised PLAR program policy. • Applicant fee information (for PLAR and non-PLAR applicants) for all steps in the application process is noted in the Applicant fees section of the website. 	

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Activity	Performance Indicators
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Not Met:

- The College will develop guidelines explaining the decision-making steps and procedures to consistently and accurately apply registration requirement criteria.
- The College will develop guidelines for making registration policy decisions that include steps to identify and address any internal and/or external factors that may improperly influence decisions.
- Develop formal procedures to inform decision-makers of any changes to registration criteria, policies and procedures to ensure that they are given information that is current and relevant in a timely manner.
- Develop and implement procedures for a scheduled review of registration requirements to verify that these requirements remain relevant and necessary to practice in the profession.
- The College will develop a guideline document for staff, Committee members and other decision makers on the protocol to follow when a situation of bias is identified.
- The College will develop a Code of Conduct for assessors, examiners and other decision makers to adhere to bias and discrimination-free registration and assessment practises.
- An internal audit process will be developed that will:
 - Identify registration decisions that are in compliance and non-compliance with established registration criteria, policies and procedures.
 - Identify the potential causes of non-compliance.
 - Provide guidelines for implementing corrective actions, as needed.
- An applicant file audit operating policy will be developed and implemented.

Factors Affecting Performance: Regarding the decision maker tools, processes and procedures, a lack of resources to assist in directing the development of appropriate content (e.g., the OFC removing its exemplary practices database which was created to highlight those colleges whose work was deemed ‘exemplary’ in meeting an OFC requirement, and providing other colleges with resource options for creating equally proficient processes and documents), a change in compliance officers, and the OFC’s changing initiatives/directives which has resulted in less direct contact/feedback from compliance officers. Decision making processes/procedures has wider implications that just registration; this will be tackled in 2021, to be in line with the Volunteer Program.

Applicant file audits will be handled in conjunction with a larger audit process involving staff of the College be trained on record keeping policy and performing individual audits of program area files.

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Activity	Performance Indicators	
4.5. Volunteer Program Redevelopment		
4.5.1 Program Development		
2020-2021		
The College will develop a competency-based approach to the recruitment process for non-Council Committee members and volunteers.	<ul style="list-style-type: none"> • The College will develop and finalize the core competencies. • Position descriptions for volunteer roles will be created. • A Self-Assessment form will be designed to have volunteers fill out. 	
A new process for the recruitment of non-Council Committee members and volunteers based on the competencies necessary to fill the roles will be developed and implemented.	<ul style="list-style-type: none"> • Identify the positions required to be filled and which new positions are needed. • Identify the competencies, skills and minimum requirements. • Implement promotional marketing platforms and incentive campaign for recruitment of other volunteers from existing ones. • Develop “boot-camp” approach; one-day session for assessment purposes. 	
A new process for welcoming and training non-Council Committee members and volunteers will be developed and implemented with consideration to the approach being developed by other Colleges.	<ul style="list-style-type: none"> • Provide training in the following areas but not limited to, health and safety, bias, expense billing forms, conflict of interest, etc. over a two-day session. • Possibility of implementing on-line training modules for new and existing Members as refresher courses and for those who cannot attend in person training sessions. 	
Organization’s “self-assessment”		
<input checked="" type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> • General onboarding for all volunteers has been developed and will be piloted in July 2021. • Recruitment needs are identified by each department and recruited for. • 2020-21 was first year public representatives not appointed by the government participated on various committees 		

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Activity	Performance Indicators
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- A new program outline was created and reviewed by the Governance Committee; however, program development has been delayed as the College works with HPRO on the possible development of a broad competency framework.

4.6. Inspection Program Review		
4.6.1 Inspection Timing		
2020-2021		
<p>The College will undertake a review of the timing of inspections with the intent of adjusting the schedules for the original “existing premises” that had to be inspected within the first two (2) years of launch to spread those over a longer period.</p>	<ul style="list-style-type: none"> Regulation requirements and program parameters are reviewed and presented to the Inspection Committee for consideration. Inspection Committee decisions are incorporated into the program policies and approved by the Committee. Approved Committee program policies are presented to the Council for consideration by January 2021. 	
4.6.2 Inspection Fees		
2020-2021		
<p>The College will undertake a review of all costs of inspections, as the initial five-year cycle will end in the subsequent fiscal year, with the intent of adjusting the fees to ensure that the program is revenue-neutral, that is, the inspections conducted pay for the costs of operating the program.</p>	<ul style="list-style-type: none"> Program costing is undertaken by the staff and resulting recommendations are presented to the Inspection Committee for consideration. 	
Organization’s “self-assessment”		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> Regulation requirements and program parameters and fee considerations were reviewed and presented to the Inspection Committee at the November 3, 2020 meeting. The Committee initiated Consultation on January 8, 2021 – March 8, 2021. The Committee approved the amended Program policies, requirements and fees for presentation to the Council in May of 2021 		

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Activity	Performance Indicators
4.7. College Data Management System Redevelopment	
4.7.1 Data Management System Implementation	
2020-2021	
A new database to manage College operational systems and replace iMIS will be implemented.	<ul style="list-style-type: none"> • A new database management system will be implemented that meets the needs of the College as set out in the RFP issued in the prior year. • Staff training will be provided to enable the database to be fully operationalize and properly used by all staff of the College.
4.7.2 Public Registry Redevelopment	
2020-2021	
An operating policy governing the public registry will be developed, in compliance with the College by-laws in preparation for re-programming of the Registry.	<ul style="list-style-type: none"> • The Operating policy is finalized and is used to focus on the development of the new registry. • The new Registry is programmed and launched with the year.
A new registry will be developed in conjunction with any changes to the College’s data management system.	<ul style="list-style-type: none"> • Registry is redesigned and launched in conjunction with new College website.
4.7.3 College Website Redevelopment	
2020-2021	
A new College website will be developed.	<ul style="list-style-type: none"> • A new design will be developed in conjunction with the successful vendor from the RFP issues in the prior year. The design will include: <ul style="list-style-type: none"> ○ A newly designed home page, ○ A new website architecture that meets users’ needs, ○ A new wireframe for the site, ○ New web page templates, and ○ New cascading style sheets to ensure consistency throughout the site. • Website content will be reviewed to ensure it is accurate and up-to-date and will be streamlined to reduce duplication.

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Activity	Performance Indicators
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	<ul style="list-style-type: none"> A new site will be launched. 	
Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input checked="" type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
<ul style="list-style-type: none"> The College launched a new public registry in mid December 2020 in compliance with College by-law's. New system has additional modules that are anticipated to be implemented by end of 2021 ie: elections. The Registry is underdevelopment to include all content in French. 		

4.8. Review of College Finances and Fees		
4.8.1 Request for Proposals		
2020-2021		
No activities in this planning period.		
Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations
Why? (factors effecting performance):		
No activities were planned for this planning period.		

4.9 Property Search		
4.9.1 Request for Proposals		
2020-2021		
No activities in this planning period.		
Organization's "self-assessment"		
<input type="checkbox"/> Below expectations	<input type="checkbox"/> Met Expectations	<input type="checkbox"/> Above expectations

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Activity	Performance Indicators
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Why? (factors effecting performance):

No activities were planned for this planning period.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Patient Relations Program

BACKGROUND

The College of Naturopaths of Ontario is established under the *Naturopathy Act, 2007* and the *Regulated Health Professions Act, 1991*. Its duty, as set out in the legislation is to serve and protect the public interest. Its mandate is to support patients' rights to receive safe, competent and ethical naturopathic care.

The College achieves its mandate by performing four key functions.

1. **Registering Safe, Competent, and Ethical Individuals** - The College establishes requirements to enter the practice of the profession, sets and maintains examinations to test individuals against these requirements, and registers competent, ethical and qualified individuals to practise naturopathy in Ontario.
2. **Setting Standards** – The College sets and maintains standards of practice that guide our Registrants to ensure they provide safe, ethical and competent patient care, and guide patients to understand the standard of care that they can expect from a naturopath.
3. **Ensuring Continuing Competence** – The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent and ethical naturopathic care.
4. **Providing Accountability through Complaints and Discipline** – The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

Some elements of the College's role, such as setting standards and ensuring continuing competence, are proactive inasmuch as they attempt to prevent issues from arising by setting minimum standards and ensuring a competent profession. Other elements of the College's role, such as registering individuals and holding naturopaths accountable, are reactive, that is, they are initiated only after an event occurs. The event may be a request to sit an exam or to become registered or a complaint that has been filed against a Registrant.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement; and we have held those who may have faltered to be accountable for their decisions and actions.

Other elements that will arise within the regulatory framework include "right touch regulation", using the approach that is best suited to the situation to arrive at the desired outcome of public protection, and risk-based regulation, focusing regulatory resources on areas that present the greatest risk of harm to the public. Both of these will be further elaborated upon in later briefings.

The focus of this briefing is on the Patient Relations program and processes of the College.

Patient Relations Program

The relationship between a patient and a naturopathic doctor must remain therapeutic and professional, focused exclusively on providing care. Patients should expect that their naturopathic doctor will act professionally and respect their needs at all times. The *Regulated Health Professions Act, 1991*, mandates that all Colleges have a patient relations program. The Patient Relations Committee, which is composed of Naturopathic Doctors, appointed public members and representatives of the public, is responsible for managing the Patient Relations program, which includes the following measures to help prevent and address sexual abuse of patients.

1. Funding for therapy and counselling for patients who might have been sexually abused by their naturopathic doctor.
2. Educational recommendations for Registrants regarding sexual abuse and boundary issues.
3. Guidelines for the conduct of Registrants with their patients.
4. Training for College staff.
5. Education and information for the public.

On May 30, 2017, the *Protecting Patients Act*, strengthened the sexual abuse and transparency provisions in the Regulated Health Professions Act. As a result, the Patient Relations Committee further enhanced its communications, activities and programs.

Funding for Therapy and Counselling

One of the primary functions of the Patient Relations Committee is to manage and oversee the Funding for Therapy and Counselling for patients who allegedly have been sexually abused by their naturopathic doctor.

Who is eligible?

A person is eligible for funding when it is alleged, in a complaint or through a Registrar's Investigation, that they were sexually abused by a Registrant while they were a patient of that Registrant.

How much funding is available?

The maximum funding available to each person is established by the RHPA and is the equivalent to the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. This funding amounts to approximately \$16,000 per person and is accessible over a five-year period. Under the RHPA, an individual is required to use other available sources of funding, such as OHIP or private insurance, first before being able to access funding from the College. Where a ND is found, by a panel of a Discipline Committee, to have committed an act of professional misconduct by sexually abusing a patient, the Registrant may be required to reimburse the College for funding provided to the patient(s) for therapy or counselling.

Choice of Counsellor/Therapist

A person is free to choose any therapist or counsellor to provide treatment as long as the therapist or counsellor is not a relative and has not been found guilty of sexual abuse. If the therapist or counsellor selected is not a member of a regulated health profession, they are not subject to professional discipline by the College of Naturopaths of Ontario or by any other health regulatory body.

Use of Funding

Funding can only be used to pay for therapy or counselling and funds are paid directly to the chosen therapist or counsellor for the treatment provided.

How does a patient apply?

Step 1: Individuals complete and submit the application form.

Step 2: The Patient Relations Committee reviews the application to ensure all criteria is met.

Step 3: The College notifies applicants when funding has been approved.

Step 4: The applicant and therapist or counsellor complete and submit the attestation forms.

Step 5: Invoices can then be submitted to the College for payment.

Educational Guides and Resources

In addition to the above funding component, the Patient Relations Program provides education and resources to help patients and naturopathic doctors understand professional behaviour while preventing sexual abuse. The College's Jurisprudence examination includes components related to maintaining appropriate boundaries and sexual abuse prevention. The Patient Relations Committee has also developed and maintains both a patient information guide entitled "Understanding Sexual Abuse" and a Guideline for Registrants for the Prevention of Sexual Abuse.

Following the implementation of the *Protecting Patients Act*, an additional resource was created to support patients in being informed of their rights when they or a loved one are being treated by a healthcare professional. While it is not mandatory, naturopaths are encouraged to download this free resource to share with patients in ways that fit with their practice approach and style. Three simple design options were created in Microsoft Word, which Registrants can customise with their logo and other practice information.

Importance of this Program

The College's Patient Relations Program is a critical aspect of self-regulation and supporting individuals who have been sexually abused by their naturopathic doctor. Depending on the number of applicants for funding it can be costly, and monitoring can be lengthy. The Patient Relations Committee continually reviews the program materials and explores new opportunities to create new educational resources and information for both the public and naturopathic doctors.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO

July 2021



The College of Naturopaths of Ontario

Materials Redacted

Page redacted pursuant to paragraph (2) of section 7(2) of the Health Professions Procedural Code. The materials include personnel related materials that are personal information to the individual to whom they pertain.

The Council will be moving to an in camera session to discuss these materials pursuant to paragraph (2) of section 7(2) of the Health Professions Procedural Code.