The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #32

Draft Agenda

Date: November 30, 2022(2022/23-04)

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

Location: Zoom Video Conference[1]

[1] Pre-registration is required.

150 John St., 10th Floor, Toronto, ON M5V 3E3
T 416.583.6040 F 416.583.6011
collegeofnaturopaths.on.ca

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

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

Duty

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

COUNCIL MEETING #32
November 30, 2022
9:15 a.m. to 12:15 p.m.
DRAFT AGENDA

Sect/No.	Action	Item		Page	Responsible
0	**Pre-Meeting Networking (8:45 am to 9:15 am)**				
	Networking	Informal networking for Council members (8:45-9:15am)		--	All
1	**Call to Order and Welcome**				
1.01	Procedure	Call to Order		--	J. Sokoloski
1.02	Discussion	Meeting Norms		5-7	J. Sokoloski
1.03	Discussion	"High Five" – Process for identifying consensus		8	J. Sokoloski
2	**Consent Agenda**[1]				
2.01	Approval	i.	Draft Minutes of September 28, 2022	9-15	J. Sokoloski
		ii.	Committee Reports	16-32	
		iii.	Information Items	33-72	
3					
3.01	Approval	Review of Main Agenda		3-4	J. Sokoloski
3.02	Discussion	Declarations of Conflict of Interest		73-74	J. Sokoloski
4	**Monitoring Reports**				
4.01	Acceptance	Report of the Council Chair		75	J. Sokoloski
4.02	Acceptance	Report on Regulatory Operations		76-80	A. Parr
4.03	Acceptance	Operating Report – Mid-year Report		81-125	A. Parr
4.04	Acceptance	Variance Report & Unaudited Financial Statements at Q2		126-135	A. Kupny
5	**Council Governance Policy Confirmation**				
5.01	Discussion	Review/Issues Arising		--	J. Sokoloski
		i.	Governance Process Policies		
		ii.	Executive Limitations		
5.02	Decision	Detailed Review Council-CEO Linkage & Ends Policies		136-138	
	Decision	i.	Report from the Governance Policy Review Committee		
5.03	Decision	Proposed New Governance Policy			
		i.	GP33 – Equity, Diversity, Inclusion and Belonging	139-140	
		Proposed Amendments to EL10			
		ii.	EL10 – Workplace Harassment	141-142	
6	**Regular Business**				
6.01	Decision	EDIB Statement for Council		143-146	S. Burns
6.02	Decision	Ministry of Heath Decision – General Regulation Changes		147-151	G. Tardik
6.03	Decision	Briefing on Lease Agreement		206-209	A. Parr
6.04	Information	Appointment of CEO Review Panel		--	A. Kupny
6.05	Decision	Draft amendments to the IVIT Program & Exam Policy		210-220	D. O'Connor
6.06	Decision	Draft amendments to the Prescribing and Therapeutics Program & Exam Policy		221-230	D. O'Connor
7	**Council Education**				
7.01	Information	Program Briefing – Inspection Program		231-234	M.E. McKenna
8	**Other Business**				
8.01	TBD			--	J. Sokoloski
9	**Evaluation and Next Meeting**				
9.01	Discussion	Meeting Evaluation		On-line	J. Sokoloski

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

	9.02	Discussion	Next Meeting – January 25, 2023	--	J. Sokoloski
10	**Adjournment**				
	10.01	Decision	Motion to Adjourn	--	J. Sokoloski

Zoom Meeting
Council of the College of Naturopaths of Ontario

Meeting Norms

General Norms

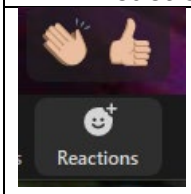
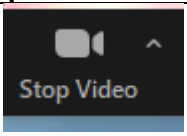
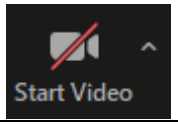
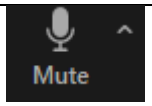
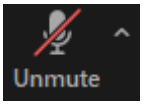
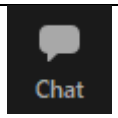
1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer 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

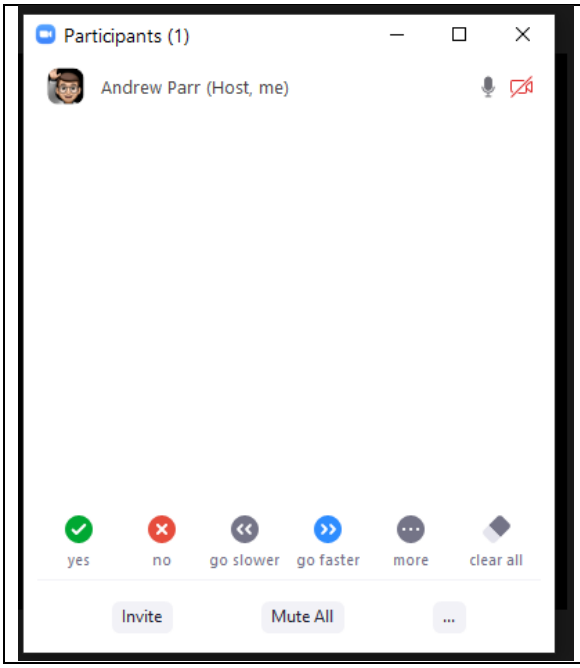
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must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

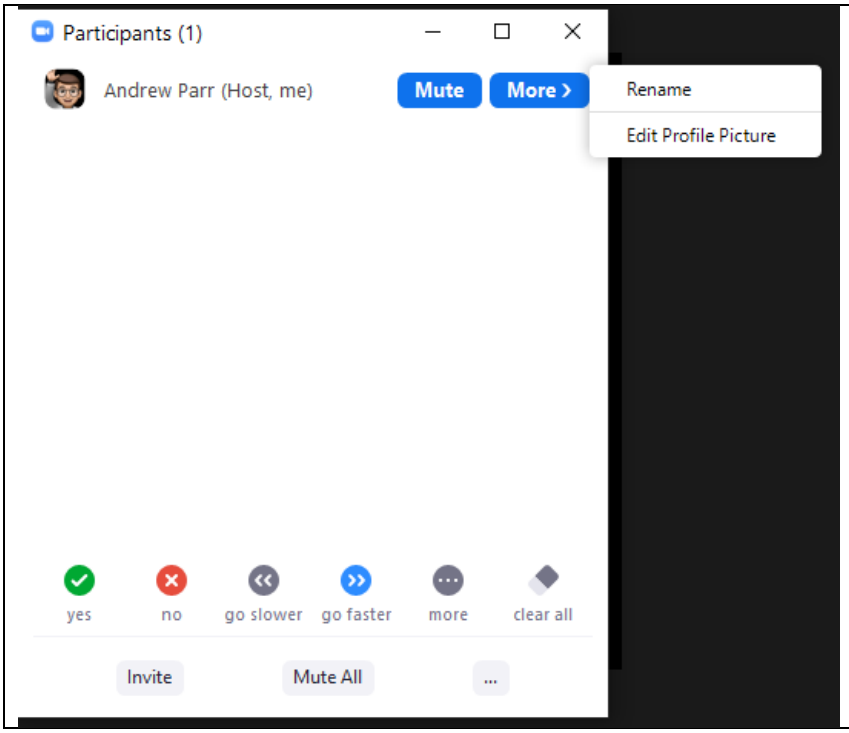
Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips



- 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)



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

Zoom Meeting
Council of the College of Naturopaths of Ontario

Using "High Five" to Seek Consensus

Image provided courtesy of Facilitations First Inc.

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

When asked you would show:

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

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

The College of Naturopaths of Ontario

Council Meeting
September 28, 2022

Video Conference
DRAFT MINUTES

Council		
Present		**Regrets**
Dr. Jonathan Beatty, ND (1:3)		Ms. Asifa Baig (1:3)
Dr. Shelley Burns, ND (3:3)		
Mr. Dean Catherwood (3:3)		
Mr. Brook Dyson (3:3)		
Ms. Lisa Fenton (3:3)		
Dr. Anna Graczyk, ND (2:3)		
Ms. Sarah Griffiths-Savolaine (3:3)		
Ms. Tiffany Lloyd (2:3)		
Dr. Denis Marier, ND (3:3)*		
Mr. Paul Philion (3:3)		
Dr. Jacob Scheer, ND (3:3)		
Dr. Jordan Sokoloski, ND (3:3)		
Dr. George Tardik, ND (2:3)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Monika Zingaro, Administration Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

Carolyn Everson, External Consultant		

1. Call to Order and Welcome
The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:16 a.m. He welcomed everyone to the meeting.

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

2. Consent Agenda
2.01 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:	Dean Catherwood
SECOND:	Paul Philion
CARRIED.	

3. Main Agenda
3.01 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:	Sarah Griffiths-Savolaine
SECOND:	Jacob Scheer
CARRIED.	

3.02 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.

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Tiffany Lloyd
SECOND:	Shelley Burns
CARRIED.	

4.02 Report on Regulatory Operations from the Chief Executive Officer (CEO)
The Report on Regulatory Operations from the CEO was circulated in advance of the meeting. Mr. Andrew Parr, CEO, provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations from the CEO.
MOVED:	Jonathan Beatty
SECOND:	Dean Catherwood
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q1
A Variance Report and the Unaudited Financial statements ending June 30, 2022 (Q1) 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 first quarter as presented.
MOVED:	Dean Catherwood
SECOND:	Lisa Fenton
CARRIED.	

Ms. Kupny also spoke to the memorandum sent to the Council members as a subsequent document in relation to the completed financial audit for fiscal year 2021-2022. No concerns were raised by the Council members.

5. Council Governance Policy Confirmation
5.01 Review/Issues Arising
5.01(i) Council-CEO Linkage Policies
Council members were asked if they had any questions or matters to note with respect to the Council-CEO Linkage policies based on the reports received. No issues were noted at this time.

5.01(ii) Governance Process 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.

5.01(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.

5.02 Detailed Review (as per GP08) – Executive Limitations Policies (Part 2)
Council members were asked if there were any members who wished to discuss the Executive Limitations Policies (Part 2). The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To accept the recommendations of the Governance Policy Review Committee.
MOVED:	Jacob Scheer
SECOND:	Paul Philion
CARRIED.	

5.03(i) GP06.08 - Committee Principles
The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to GP06.08 as recommended from the Governance Policy Review Committee as presented.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Lisa Fenton
CARRIED.	

5.03(ii) EL08.04 - Asset Protection
The Chair provided a detailed overview of the amendments being presented as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to EL08.04 as recommended from the Governance Policy Review Committee as presented.
MOVED:	Shelley Burns
SECOND:	Paul Philion
CARRIED.	

6. Business
6.01 Strategic Planning
Ms. Carolyn Everson, External Consultant, provided a detailed overview of the process she would be taking with College stakeholders and the Council in order to complete the Strategic

Planning process. She informed the Council that she has conducted various meetings with stakeholders, Registrants and the public to gain a better understanding of their various perspectives and how they differ between each grouping.

MOTION:	To accept the process and steps to be taken for the Council's strategic planning, and to convene as a Committee of the whole.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

6.02 Language Proficiency Policy – Proposed Amendments
A Briefing Note and corresponding documentation highlighting the proposed changes to the Examinations Policy were circulated in advance of the meeting. Dr. Shelley Burns, ND, on behalf of Dr. Danielle O'Connor, ND, Chair, Registration Committee, 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 Language Proficiency Policy as presented.
MOVED:	Shelley Burns
SECOND:	Jacob Scheer
CARRIED.	

6.03 Registration Policy – Proposed Amendments
A Briefing Note and corresponding documentation highlighting the proposed changes to the Clinical Examinations Policy were circulated in advance of the meeting. Dr. Shelley Burns, ND, on behalf of Dr. Danielle O'Connor, ND, Chair, Registration Committee, 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 Registration Policy as presented.
MOVED:	Paul Philion
SECOND:	Lisa Fenton
CARRIED.	

7. Council Education
7.01 Program Briefing – Quality Assurance Program
A Briefing Note highlighting the Quality Assurance Program was circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, provided a detailed overview of the program and the processes within the program the College follows and responded to any questions that arose during the discussion.

7.02 Program Briefing – Standards Program
A Briefing Note highlighting the Standards Program was circulated in advance of the meeting. Mr. Quesnelle provided a detailed overview of the program and the processes within the program the College follows and responded to any questions that arose during the discussion.

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

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

9.02 Next Meeting
The Chair noted for the Council that the next regularly scheduled meeting is set for November 30, 2022. In addition, the Chair noted the informal networking held prior to the meeting commencing will take place again, as the Council members appreciated being able to speak to one another.

10. Adjournment
10.01 Motion to Adjourn
The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 10:52 a.m.

MOTION:	To adjourn the meeting.
MOVED:	George Tardik
SECOND:	Jonathan Beatty

Recorded by: Monika Zingaro
Administration Coordinator
September 28, 2022

Action Items List
Council Meeting of September 28, 2022
Meeting No. 31

Item #	Item	Description	Status
31.01	Executive Limitation Policies (Part 2)	Update the corresponding policies as presented and upload to Smartsheet and to the College's website.	Complete
31.02	Governance Policy 06.08 - Committee Principles	Update the Policy as presented and upload to the College's website.	Complete
31.03	Language Proficiency Policy	Update the Policy as presented and upload to the College's website.	Complete
31.04	Registration Policy	Update the Policy as presented and upload to the College's website.	Complete

MEMORANDUM

DATE: November 30, 2022

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

1. Audit Committee.
2. 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.
14. Equity, Diversity and Inclusion Committee.

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

AUDIT COMMITTEE REPORT
September 1 – October 31, 2022

During the reporting period the Audit Committee was not required to undertake any activities and did not meet.

Dr. Elena Rossi ND
Chair
November 2022

The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE
(September 1 - October 31, 2022)

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 this reporting period.

Rick Olazabal, ND (Inactive)
Chair
Exam Appeals Committee
November 14, 2022

The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

November 2022

This serves as the Chair report of the Executive Committee for the period September 1, 2022 to October 31, 2022.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
November 2022

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
November 2022

Between September 1st, 2022 and October 31st, 2022, the Inquiries, Complaints and Reports Committee held two regular online meetings on September 8th and October 6th, and one emergency meeting on September 15th.

September 8th, 2022: 11 matters were reviewed, ICRC members drafted 4 reports for ongoing investigations, and approved 2 Decisions and Reasons.

September 15th, 2022: the committee reviewed one urgent capacity concern.

October 6th, 2022: 13 matters were reviewed. ICRC members approved 4 Decisions and Reasons, and drafted 3 reports for ongoing investigations.

Additionally, on October 6th, 2022, the ICRC members participated in a refresher training provided by Rebecca Durcan. Members were engaged in training and the review is always appreciated. The committee reviewed legislative provisions and processes for the ADR program, health inquiries, sexual abuse investigations, interim orders, and powers of the ICRC.

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

The ICRC was also the topic of the October “In Conversation With”. The meeting was well-attended by Registrants and overall feedback was generally positive.

Dr. Erin Psota, ND
Chair
November 16th, 2022

GOVERNANCE COMMITTEE CHAIR REPORT

During the reporting period of September 1, 2022 – November 30, 2022, the Governance Committee met once (on September 14th).

Members of the Committee have continued to host virtual educational sessions targeted at new and current CONO volunteers.

Of significant note, the Committee held its first Volunteer Virtual Open House (VVOH) on September 21, 2022 from 9:30 – 11:00. The VVOH was very well received and generated good, productive discussion. The Committee was highly encouraged and satisfied by this initial endeavour.

I would like to take the opportunity to thank Committee members for the time and effort they have put into these ongoing educational endeavours.

As of the writing of this report, the Committee is scheduled to meet again on December 7th.

Respectfully submitted,

Hanno Weinberger, Chair

PATIENT RELATIONS COMMITTEE CHAIR REPORT
November 2022

During the reporting period of September 1, 2022 – October 31, 2022, the Patient Relations Committee did not meet.

The Committee's next scheduled meeting is November 16, 2022.

Thank you,

Dr. Gudrun Welder, ND
Chair
November 2022

QUALITY ASSURANCE COMMITTEE REPORT
November 2022

Meetings and Attendance

Since the date of our last report to Council in September, the Quality Assurance Committee has met on one occasion, via teleconference, on October 25th. The previously scheduled September meeting was deferred due to member scheduling conflicts.

Activities Undertaken

At the October meeting, the Committee continued with its regular ongoing review and approval where appropriate, of new and previously submitted CE category A credit applications.

Additionally, the Committee received a presentation by Sandi Verrecchia from Satori Consulting on the results of the evaluation of the Committee's performance over the past year, 2021/22. While the results were generally quite positive, the Committee discussed areas that could potentially be improved upon to further enhance the work of the Committee going forward.

The Committee also reviewed and discussed the final summary report provided by staff on the results of the Peer and Practice Assessment Component of the Quality Assurance Program for 2021/22. It was noted that out of the 50 registrants who were initially selected for participation in the program, 44 assessments were completed and deemed to have achieved satisfactory results , either in the first instance or as a result of having completed the requisite follow up on shortcomings identified.

In addition, the Committee received an update from staff on the status of the 2022 Group 11 CE reporting so far and also dealt with one CE Reporting amendment/ extension request.

Finally, the Committee reviewed and accepted the meeting schedule for 2023, as presented by staff.

Next Meeting Date
November 22, 2022.

Respectfully submitted by,

Barry Sullivan, Chair,
November 16, 2022

REGISTRATION COMMITTEE REPORT
(Nov 2022)

At the time of this report, the Registration Committee met on September 21, 2022 and October 19, 2022.

Exam Remediation Review
The Committee continued to set plans of remediation for candidates who had made two unsuccessful attempts of an examination. In this reporting period the Committee set plans of remediation related to the Ontario Biomedical examination, and Ontario Clinical Sciences examination (for entry-to-practise) and the Ontario Prescribing and Therapeutics examination (for meeting the post-registration Standard of Practise for Prescribing).

Application For Registration
The Committee reviewed applications for registration under subsection 5(4)(a) and 5(2)(b) of the Registration Regulation where an application was made more than two years from the applicant's date of graduation.

Registration Proficiency Policy Review
The Committee reviewed additional draft amendments to the Registration policy around direct patient care hours as they relate to currency hours for practising the profession and decided to seek feedback on these draft amendments through public consultation in the new year.

IVIT and Prescribing Policy Review
The Committee reviewed and approved draft amendments to the IVIT Program & Examination policy and the Prescribing and Therapeutics Program & Exam Policy. including changes to language and definition updates, and minor eligibility amendments.

Danielle O'Connor, ND
Chair
Registration Committee
Nov 15, 2022

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT
September 1, 2022 – October 31, 2022

During the reporting period the SSRC met once on October 12, 2022.

The Committee continued its review of the Scope of Practice statement and began its review and gap analysis identification. The Committee also received and discussed a letter from the Ministry of Health related to the College's proposed amendments to the schedules in the General Regulation.

Respectfully submitted by

Dr. George Tardik, ND
Chair
November 2022

The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

November 2022

The Discipline Committee (DC) is independent of Council and has no legal obligation to submit quarterly 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 September 2022 to 31 October 2022 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.

Overview

As of October 31, 2022, there were seven ongoing matters before the committee and one Panel was working on a Decision and Reasons for a hearing held in October.

Discipline Hearings

CONO vs. Kurt Stauffert

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 8 December 2021:
Laure Sbeit, ND - Chair
Jacob Scheer, ND
Dean Catherwood
Paul Philion

The Panel held a one-day uncontested electronic hearing on 11 October 2022 and imposed an order requiring the Registrant to appear before the panel to be reprimanded immediately following the hearing, pay a fine of $350 to the Minister of Finance, and pay the College's costs in the amount of $7,500.

The Panel is currently finalizing its Decision and Reasons in this matter.

New Referrals

One new referral was made to the Discipline Committee from the ICRC during the reporting period.

Committee Meetings and Training

There were no Committee meetings held during the reporting period.

The Chair and Vice-Chair of the Discipline Committee had a meeting to discuss steps to be taken to provide additional support to discipline panels and specifically Panel chairs in advance of a hearing. These shall include mentorship sessions for new chairs with experienced committee members and meetings with the ILC prior to a hearing to review the procedures and the script for the chair. At the direction of the DC chair, staff also discussed with the ILC providing additional support to panels with respect to decision writing, including amending the D&R template.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair
22 November 2022

INSPECTION COMMITTEE REPORT
September-October 2022

Committee Update

Since the last update to Council, the Inspection Committee had one teleconference meeting on September 22, 2022.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspectors to record their observations during the inspections, and Inspector's Reports for 4 premises.

The outcomes were as follows:

- Part I
  - 3 passes with a total of 27 recommendations
- Part II
  - 0
- Existing 5 Year Inspections
  - 1 pass with no recommendations, all inspection program requirements were fully met
- Fail
  - 0

Inspection outcomes in response to submissions received:

- There were two Part I submissions, one Part II, and a 5-year inspection, for which the final outcome was a pass.
- There was one Part II submission that had a final outcome of a pass with one condition.

Type 1 Occurrence Reports

- 0

Closing Remarks

The committee is happy to see that our Naturopathic Doctors providing IV therapy are doing their best to maximize patient safety.

Best regards,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
November 21, 2022

Governance Policy Review Committee (GPRC)
Bi-Monthly Report
November 2022

Meetings and Attendance

The Governance Policy Review Committee met on one occasion (September 7, 2022) between September 1 and October 31, 2022, via video conference. Attendance was good with no concerns regarding quorum experienced.

Activities Undertaken

At its **September** meeting, as part of the mandated detailed annual review of all Policies, the Committee reviewed and discussed the Executive Limitations Policies, Part 2, specifically policies EL10 to EL17. Council member feedback received as well as feedback from members of the GPRC were discussed. Additionally, EL08, which was deferred from the July meeting, was discussed as well as a review and discussion of proposed changes to GP06, as requested by the CEO.

The proposed amendments suggested by the Committee were submitted to Council for review and approval at their September Council meeting.

Next Meeting Date

November 7, 2022

Respectfully submitted by,

Dr Brenda Lessard-Rhead, ND (Inactive)
Chair
November 1, 2022

STANDARDS REVIEW COMMITTEE REPORT
September 1, 2022 – October 31, 2022

During the reporting period the Standards Committee met once on October 19, 2022

The Committee continued its review of the proposed amendments to the Standards of Practice.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
November 2022

EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT
September 1, 2022 – October 31, 2022

For the reporting period of September 1, 2022 to October 31, 2022 the Equity, Diversity and Inclusion Committee (EDIC) met one time, on September 12, 2022.

The Committee reviewed focus group feedback and finalized a draft EDIB statement, draft governance policy, harassment executive limitations policy update and updated wording for the website recruitment statement.

The Committee also reviewed a first draft of an EDI lens tool to be used by College committees in the review and creation of policies. The draft will be submitted to the EDI Focus Group and their feedback will be reviewed at the Committees next meeting in November.

Dr. Jamuna Kai, ND
Co-Chair
November 2022

Dr. Shelley Burns, ND
Co-Chair
November 2022

MEMORANDUM

DATE: November 30, 2022

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. 271, 272)	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 (September and October 2022)	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.	Guidelines	Three Guidelines to reference as noted within Briefing Notes throughout the agenda items. These include the following,

No.	Name	Description
		Understanding the Public Interest, Understanding the Rush Analysis Terminology and *Understanding Transparency.*
4.	Council Meeting Evaluation	Graphs summarizing the responses of Council member's feedback from the September 2022 Council meeting.
5.	Ontario Doing More to Further Expand Health Workforce	An e-mail sent detailing how the Ontario government is making additional changes that will break down barriers so that more health professionals can work in Ontario.

Grey Areas
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION
SML Steinecke Maciura LeBlanc Barristers & Solicitors

Identifying "Serious" Misconduct

by Bernie LeBlanc
October 2022 - No. 271

Characterizing certain behaviour as "serious" professional misconduct has significant consequences. It may affect whether a complaint or investigation report will be referred to a discipline hearing. It can also determine the gravity of a sanction imposed upon a registrant if a finding is made.

Earlier this year the regulators for the dental, nursing and midwifery professions in the UK released the results of a study on "the concept of seriousness in fitness to practise cases". In the UK, while more forward looking (in terms of focussing on changing future behaviour), the term "fitness to practise" roughly correlates to the concept of professional misconduct in Canada. The study involved analysis of actual cases, interviews with participants in the regulatory process, and a review of literature and other writings. The report has a number of observations that will be of assistance to Canadian regulators.

The study found that certain types of behaviour were more likely to be viewed as serious including dishonesty, sexual abuse, and certain criminal findings (especially if a custodial sentence was imposed). However, not every case in those categories were viewed as serious (e.g., falsifying notes did not always result in a serious sanction) and other types of conduct could also be viewed as serious depending on the circumstances.

Risk of harm to the client or to public safety is a key consideration as to the seriousness of the behaviour. Types of harm include:

- Physical harm,
- Emotional distress,
- Financial harm, and
- Abuse of trust (e.g., breach of confidentiality, crossing of boundaries, sexual misconduct).

Interestingly, the study found that the degree of the registrant's engagement in the process (e.g., cooperation, providing an explanation, demonstrating insight, remorse, and remediation) had a significant impact on how seriously the regulator viewed the conduct both at the screening stage and at the adjudication stage. At the adjudication stage the degree of participation affected both finding and sanction. Legal representation was also viewed as significant, perhaps as it assists registrants in engaging in the process in a manner that minimizes the seriousness with which the conduct was viewed by the regulator. This observation raises some concerns about the fairness and equity of the regulatory process.

On a related note, the study identified attitudinal issues, especially "deep seated" attitudes, as significant to the seriousness of the conduct: "Attitudinal issues can be identified within the misconduct itself or within the registrant's response to local or regulatory investigations, including the final hearings…".

On the other hand, stressful working relationships, understaffing or other lack of resources, workplace culture (others engaged in similar behaviour without repercussions), inadequate training and supervision, organizational issues (e.g., lack of policies, problems with workplace technology) and other work environment issues were seen as making otherwise serious behaviours as being less significant.

The study found a fairly wide variability with how regulators approach the seriousness of private misbehaviour. The approaches to evaluating the significance of such actions includes:

- Relevance to professional practice,

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E-Mail: info@sml-law.com

- Degree of carry-over risk to clients or the public,
- Whether the conduct was criminal,
- Use of the registrant's professional knowledge or status in the behaviour, and
- Whether violence was involved.

The study also found that there was little agreement as to whether misconduct affecting "public confidence in the profession" made the misconduct more serious. Some, not entirely consistent, perspectives on that issue include the following:

- Whether actions affect public confidence in the profession is too vague a concept to consider.
- How the public (especially the media) would perceive the behaviour, if it became known, is relevant to assessing its seriousness.
- Whether an objectively reasonable person would believe that the registrant should not be able to continue practising without restrictions means the misconduct is more serious.
- Where the conduct makes the public less willing to seek services from members of the profession, the misconduct is more serious.
- The need to send a message to the public and the profession, even if there was little risk of repetition by the individual registrant, means the misconduct is still serious.

The study found it troubling that there was little consensus on this issue.

The study also looked at what regulators could do to ensure consistency in approaches to the seriousness of similar behaviours (what the study called calibration and quality assurance). Suggestions include:

- Policies and training for decision makers,
- Independent legal advice,
- Team-based decisions,
- Having some experienced decision makers on the panel in every case,
- Post-decision case reviews, analysis and feedback, and
- The existence and impact of an external review body.

The study noted that there were differences in perspectives as to whether the seriousness of certain kinds of behaviour varied based on the nature of the professional contact with clients (e.g., physical touching, intimate disclosures), varying public expectations, risk profiles (e.g., how common serious disability or death can result), and the evolution of the views of the regulator. The study was not able to draw many conclusions from the available information on this point.

Some of findings made by the study include:

- The statutory ability of the regulator to impose remedial dispositions influences the type of cases that are referred to discipline.
- Regulators in a sector working together to provide similar guidance to their registrants could enhance consistency in approach.
- Using risk analysis when dealing with concerns is a preferred approach to assessing the seriousness of behaviour. "Consideration of harm is important, as it very closely relates to the statutory regulatory objective to protect the safety, health and wellbeing of the public."
- "Public confidence in the professions then, is a somewhat nebulous concept, and one which is not consistently interpreted by decision-makers though it plays an important role in decisions about seriousness at the impairment and sanction stages of [discipline] panel processes."
- Work environment considerations have recently gained prominence in the professional regulatory realm and warrant further analysis.

- There "appears to be no consensus on how broadly or narrowly to draw connections between conduct in a registrant's private life and their professional practice."

While some of the observations made in the study may seem trite to experienced regulators, other comments are innovative and thought provoking.

The report can be found at: https://www.nmc.org.uk/globalassets/sitedocuments/news/february-2022_concept-of-seriousness-in-fitness-to-practise-cases.pdf

Grey Areas
SML Steinecke Maciura LeBlanc Barristers & Solicitors
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

A Long Time Coming

by Erica Richler
November 2022 - No. 272

In May of 2019 we predicted that Harry Cayton's report on the regulation of health professions in British Columbia would be transformative: The Cayton Report: The Wolf Finally Arrives. That prediction is coming true.

That report led to recommendations from the Steering Committee on Modernization of Health Professional Regulation in August of 2020, which adopted the bulk of the Cayton report. Late last month, Bill 36, the *Health Professions and Occupations Act*, was introduced implementing the thrust of both documents, and a whole lot more.

The Cayton report, or at least the trends that it embodies (e.g., smaller Boards, an oversight body, separation of the Board and committees), have influenced regulatory reform across Canada since 2019. Bill 36 surpasses them all.

The delay in introducing legislation may be attributed, at least in part, to its length. At 276 packed pages containing 645 sections, the Bill is massive. This reflects a "command and control" approach (somewhat inconsistent with Cayton's call for greater flexibility for the regulators) that will likely cause challenges for the regulators in the future.

Another contributing factor to the delay likely related to including comprehensive requirements for cultural sensitivity and humility, including reconciliation and meaningful consultation with Indigenous peoples.

Governance Reform

Bill 36 fundamentally restructures the governance of health professions in British Columbia. Features include:

- Language will be updated. For example, the Councils will be called "Boards" and practitioners will be called "licensees", not members.
- Smaller Boards (eight to 12 members).
- A rigorous, arms-length, competency-based selection system for Board members that is operated by neither the government nor the regulators.
- The Board will have equal public and professional members.
- The Board will focus on policy-making and oversight; they are prohibited from attempting to influence individual regulatory decisions.
- Term limits for Board members (a lifetime limit of 12 years).
- The mandate for regulators is focused primarily on safety and prevention of harm by licensees.
- Separation, and indeed, independence, of the discipline tribunal from the regulator.
- Amalgamation of regulatory bodies can be imposed by the Minister. This is expected to occur.
- A strong oversight body (i.e., the office of the Superintendent).
- The professions' role with their regulator is limited to being consulted; they will no longer be able to approve policy decisions or regulatory changes.

Going Beyond Cayton

Bill 36 contains too many innovations and directions to describe here. Many go beyond the Cayton core proposals. Some of the provisions that may be of interest to other regulators include the following:

- A streamlined regulatory regime is established for health occupations (essentially practitioners who implement care rather than

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E-Mail: info@sml-law.com

determine care). Thus, there is a two-tiered regulatory approach.

- Much of the work previously done by committees is transferred to the Board (for policy aspects) and staff (for operational aspects). The only committees operated by the regulator are the investigation committee, licensing committee and the "permit committee" for professional health corporations.
- Regulators are required to establish a support program that includes providing information to eligible vulnerable complainants and similarly situated individuals. It is contemplated that regulators will jointly operate such a program(s). Decisions in respect of eligibility and the nature of support are anticipated to be separated from the College staff team.
- The public registry for the regulators will likely contain more information about licensees than is currently provided. However, details are still to come. Cayton's proposal for a single registry for all health professions seems to have disappeared.
- Regulators are required to operate a program to review and act on unauthorized practice concerns.
- Not surprisingly, there are provisions that address how the Minister can conscript regulators to assist in public health emergencies.
- Discrimination, by either the regulator or licensees, is discussed in numerous places in the Bill. There is a provision that could require regulators to collect and report demographic data that might assist in understanding and addressing systemic discrimination.
- The discipline provisions contain several powers to reduce the trauma for vulnerable complainants and witnesses including limits on their cross-examination and other possible restrictions on the participation of licensees in their own discipline hearing.

The office of the Superintendent is given extensive oversight powers including the power to conduct reviews, audits, and investigations. One of the more surprising provisions imposes a duty upon the Superintendent to receive and dispose of governance complaints against regulators. This likely includes breaches of the fiduciary duties by the leadership of a regulator, such as acting in a conflict of interest or participating in a breach of confidentiality. However, one can also expect complaints challenging decisions of the Board of a regulator on the basis that a proper procedure was not followed or that relevant considerations were not taken into account.

Bill 36 may be a sign of changes to come for professional regulators across the country.

Prepared by Richard Steinecke

In This Issue

Ontario Bills

(www.ola.org)

Bill 20, Access to Sexual Assault Evidence Kits and Provision of Sexual Assault Education Act, 2022 – (*Private Members' Bill – First Reading*) Bill 20 would require nursing education programs to provide education on the administration of sexual assault kits to all students at no additional cost and for public hospitals to carry ten such kits at all times.

Proclamations

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

Fixing Long-Term Care Act – The provisions amending this *Act* relating to transferring patients requiring alternative level of care from public hospitals were proclaimed into force on September 21, 2022.

Regulations

(https://www.ontario.ca/laws Source Law – Regulations as Filed)

Public Hospitals Act and Fixing Long-Term Care Act – These regulations explicitly allow hospitals to charge $400 for patients who do not leave after having been discharged and to be transferred to long-term care facilities not of their choice. (O. Reg. 484/22, O. Reg. 485/22, O. Reg. 486/22)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Personal Health Information Protection Act – Two consultations have been initiated related to patient access to personal health information in an electronic or digital format. The first proposal would expand the electronic formats (beyond pdf) in which patients can access their electronic records from Ontario Health. The second proposal delays the implementation date of the anticipated access by patients to their electronic records from Ontario Health by six months to March 31, 2023. Comments are due by November 22, 2022.

Bonus Features

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

Sanction for Sexual Behaviour towards a Colleague

While courts give leeway to the sanction imposed by discipline panels, they will intervene in exceptional circumstances, particularly where the order appears to be disproportionate. An interesting example of this is found in the case of *Dansereau c. Médecins (Ordre professionnel des)*, 2022 QCTP 33 (CanLII), <https://canlii.ca/t/js03s>.

In that case, the registrant was a physician who was almost forty years older than a young secretary. Over a period of more than two months, there were instances in which the registrant displayed undue attention to the secretary, including touching her hand. The attention culminated when the registrant called the secretary into his office, closed the door, said that he was attracted to her, held her arms and kissed her neck. The secretary immediately reported the incident and the registrant resigned from the practice. The Court upheld the finding that this conduct amounted to failing to act beyond reproach.

However, the Court reduced the suspension from 15 months to seven months. In doing so, the Court was concerned that the analogous cases relied upon by the discipline panel had much more serious facts than the current case. The Court also observed that cases that were more analogous to the current case resulted in much lower suspensions. The Court was also concerned that the hearing panel characterized the matter as sexual harassment without explaining why it met that standard, and even though that terminology had not been alleged. The Court also said that it was inappropriate to compare sanctions in cases involving the sexual abuse of patients with unprofessional conduct towards a staff person. The Court still imposed a suspension near the high end of the range for similar cases because of the circumstances, including the power differential, and recognizing that sanctions were trending higher because of the increased recognition of the seriousness of such conduct.

Circumstances matter.

Suing for Damages Rather than Quashing the Regulatory Decision

It is a general principle that where a legislative scheme provides a route to challenge a regulatory decision, that route must be followed. For example, judicial review to a court is generally not permitted where there is an appeal available, even when the deadline for the appeal has passed: *Savic v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 4756 (CanLII), https://canlii.ca/t/jgr2k. Similarly, courts have often found it to be an abuse of process to sue a

regulator for damages for a decision made by a regulator that was (or could have been) upheld on appeal: *Kamalanathan v. CAMH*, 2019 ONSC 56 (CanLII), https://canlii.ca/t/hwtt6. This is viewed as a collateral attack on the regulatory decision.

A recent decision by Saskatchewan's highest court appears to permit individuals to sue regulators for damages more easily in situations where the adverse regulatory decision still stands: *Solgi v College of Physicians and Surgeons of Saskatchewan*, 2022 SKCA 96 (CanLII), https://canlii.ca/t/jrrj9. In that case, an internationally trained physician was issued a provisional licence while qualifying for registration. Through several events including the regulator's change in the rules for qualification and the registrant's move to another province, the provisional licence was suspended. Rather than challenge the suspension, the physician sued for damages alleging that the regulator had acted in bad faith, deliberately using its regulatory powers to harm the physician. The regulator brought a motion to dismiss the claim on several bases, the one of most interest to regulators being that the action was a collateral attack on the validity of the regulatory decision.

The Court discussed that the collateral attack argument was an assertion of an abuse of process. To establish an abuse of process one must look at all the surrounding circumstances. The Court made a distinction between a claim that was, in essence, an attempt to set aside the regulatory decision and a claim that seeks a remedy (e.g., damages) that does not set aside the regulatory decision (even if the remedy assumes that the regulatory decision was wrong). The Court characterized the claim as not "an attempt to relitigate the licensing decision, but rather an attempt to obtain a judgment for the damages alleged to have been caused by that decision."

This distinction is a difficult one to comprehend. Indeed, in this case the physician did seek, as additional relief, the reinstatement of their licence. That claim for relief was struck from the pleadings. The Court ruled that the action could proceed. The Court was careful to state that the registrant still had to establish that the regulator deliberately and unlawfully misused its authority when making the licence suspension decision.

Procedural Fairness in Negotiations

Complaints screening committees, unlike true adjudicative committees, sometimes directly engage in negotiations with registrants. For example, they might propose a remedial disposition, the acceptance of which by the registrant would indicate that a more formal disposition, such as a referral to discipline, is not warranted. Do such negotiations entail a duty of procedural fairness? That issue arose in *Hamilton v. Health Professions Appeal and Review Board*, 2022 ONSC 3221 (CanLII), https://canlii.ca/t/jrpgr.

In that case the registrant, a physician, was involved in an obstetrical case in which the baby died. The screening committee identified deficiencies in the registrant's management of the delivery. A representative of the regulator proposed a voluntary undertaking, indicating that if the proposal was not accepted, all of the possible dispositions remained available to the committee.

The registrant made a counterproposal that had a lesser impact, especially in terms of publication. The regulator did not respond to the counterproposal. The screening committee rendered a decision imposing a caution and mandatory remediation (arguably, a more significant outcome than the initially proposed voluntary undertaking).

The Court upheld the decision of the review Board that there was no procedural obligation, in those circumstances, for the screening committee to notify the registrant that it did not accept the counterproposal and to give the applicant an opportunity to accept the original proposal. In fact, the Court indicated that the role of the Board was to assess the reasonableness of the final decision and not to review the negotiations.

The Court also disagreed with the registrant that the regulator did not follow its own Decision Tree. The Court noted that the Decision Tree was not binding on the screening committee and, in any event, the screening committee appeared to act in general accordance with it, especially when it offered a voluntary undertaking.

The Court also disagreed with the argument that the screening committee and review Board failed to consider an expert report submitted by the registrant indicating that the registrant had met accepted standards of practice. The Court indicated that the screening committee was entitled to conduct a limited weighing of the facts. This role included not accepting the expert opinion provided by the registrant and using its specialized expertise to determine that there were some deficiencies in the registrant's care:

> Using its expertise, the Committee provided reasons for concluding that there were deficiencies in the standard of care provided by the Applicant to his patient and hence, the justification for its decision of a caution.

Such "findings" are more likely to be accepted where it relates to the interpretation of facts rather than the making of a significant credibility determination. Also, such "findings" are more likely to be accepted where the conclusion about the nature of the conduct is expressed in language (e.g., deficiencies) dissimilar to disciplinary language of professional misconduct or incompetence.

The Safer for All Report

In September, the UK regulatory oversight body released a major report on recommended reforms to the regulation of health and social work professions. There is a lot of content in the 55-page report. Our subjective list of highlights for Canadian regulators are as follows:

- To address inequities in the provision of health care and their regulation, regulators should collect demographic data not only on applicants and registrants, but also on complainants.

- Regulators should improve the diversity of their leadership and decision makers (including committees).

- Regulators should review their complaints and discipline processes and their guidance to the professions to address more effectively allegations of racist and discriminatory behaviour.

- It is increasingly important for regulators to not only regulate individual practitioners, but also their business environment, which is often quickly evolving. Business practices of concern include hard sell tactics, overcharging, failing to maintain safe staffing levels, and otherwise putting undue pressure on registrants to meet commercial targets.

- Regulators should take a more aggressive approach in banning financial conflicts of interest where recommendations by registrants create a financial benefit (e.g., referrals in which there is a resulting benefit to the registrant making the referral).

- The report contains an interesting discussion, with persuasive examples, of the regulatory issues associated with telepractice and use of technologically assisted services, including biased algorithms.

- In terms of workforce planning issues, the report states: "In the past, we have held the firm view that professional regulation should not be drawn into adapting standards to respond to workforce issues. We now view this stance as unsustainable; the shortages are so great that the lack of workers may pose a greater risk to patient and service user safety than any changes in standards." Proposed solutions include quicker training periods, expanded roles for related professions, registering practitioners with a limited scope of practice, recognizing alternative pathways to registration, team-based practice, greater delegation, and supporting better use of technology without unnecessary regulatory barriers.

- The report contains a nuanced discussion about balancing the "blame culture" (with the fear that it generates in registrants leading to undesirable conduct such as overcautiousness and cover ups) and the "just culture" (with its emphasis on making systemic improvements). The report argues that their individual accountability must be maintained even where systemic change is also appropriate. For example, serious individual incompetence or deep-seated altitudinal issues by a registrant often place clients at ongoing risk regardless of the systemic changes made. A predominantly no-fault approach of continuous quality improvement can lead to a lack of accountability and a diminution of expected standards of practice.

There is a lot of detail in the report that warrants reading it in full.

Reform of the Regulation of Legal Services Begins in Earnest in BC

Mark September 14, 2022, as the beginning of serious reform of the regulation of legal services. On that date, the Ministry of the Attorney General of British Columbia released its Intentions Paper. This paper follows a Governance Review of the Law Society of BC by the internationally recognized leader in professional regulation, Harry Cayton, released late last year.

The Intentions Paper proposes some significant reforms in the regulation of legal services in the province. For example, all providers of legal services would be regulated by one regulator. This includes lawyers, notaries public, and paralegals. This could expand to include others, including legal technology service providers, as the outcomes of the current "sandbox" pilot projects become clear. This is similar to the approach that the British Columbia government took in respect of its regulation of financial services, the regulation of non-health professions, and is proposing to take with the health professions.

Related to this proposal is curbing over-regulation, leaving more activities in the public domain, expanding such current examples as "Native Court workers, non-lawyer mediators, and community advocates".

One of the more significant reforms relates to the selection of "directors" (i.e., Benchers). The size of the Board would be reduced from 32 to, perhaps, 15. The directors would focus on policy and oversight and would not also sit on adjudicative committees. About one-third of the directors would be appointed by the government (up from under 20% currently), one-third would be elected by the professions, and one-third would be appointed by the Board. All appointments would be through a rigorous competency-based process whereby necessary skills and experience are identified and suitable candidates would be recruited and screened. Even the elected candidates would go through a nominations process to facilitate competency and diversity goals. This proposal does not necessarily result in a 50/50 split (or even a majority of) non-professional directors seen elsewhere, such as for the regulator of Ontario's teachers.

Similarly, the regulator's structure (and the language of the enabling statute) would emphasize its public interest mandate. For example, regulated individuals would be called licensees, not members. Licensees would not be able to introduce resolutions purporting to direct the Board or its Directors (no longer the "Benchers"). In addition, licensees would not be able to approve or reject rules related to their regulation.

Consistent with the In Plain Sight report that addressed health regulators and the *Professional Governance Act*, which applies to many non-health regulators in the province, reconciliation with Indigenous Peoples is emphasized. Proposals include making this part of the statutory mandate for the regulator, mandatory continuing education of practitioners on Indigenous cultural competence, and requiring Indigenous participation on the regulator's governing Board.

The Intentions Paper also discusses an effective and transparent complaints and discipline system including separation of the investigation/screening functions from the adjudicative functions. Few will find this part of the discussion ground-breaking.

The Intentions Paper also calls for a mandatory "future independent review of legal service provider regulation and its impact on access to legal services."

However, even these reforms are not revolutionary. The Intentions Paper still chooses to use the "self-regulation" model, but with increased oversight. The reformed model still has the Legislature assign to a professional regulator "the primary responsibility for the development of structures, processes, and policies for regulation." This reluctance to go further is based on the principle of the need to preserve the independence of the bar.

While the Intentions Paper will significantly modernize the regulation of legal services in British Columbia, it re-affirms more than it advances the modernization trend of professional regulation in Canada.

Prepared by Richard Steinecke

In This Issue

Ontario Bills

(www.ola.org)

Bill 24, Health Care is Not for Sale Act (Addressing Unfair Fees Charged to Patients), 2022. *(Private Members' Bill, first reading)* – Bill 24 would amend the *Regulated Health Professions Act* to require Colleges to define and regulate the charging of unfair fees, including the authority to require registrants to repay patients for any unfair fee charged.

Bill 26, Strengthening Post-secondary Institutions and Students Act, 2022 – *(Government Bill, first reading)* – Bill 26 allows post secondary educational institutions to discipline and remove any employee who sexually abuses as student. The schools are permitted to define in what circumstances sexual abuse arises beyond criminal behaviour or breaches of the *Human Rights Code*. Provisions also restrict the ability to rehire employees who have engaged in sexual abuse including restricting the use of non-disclosure agreements.

Proclamations

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

Health Information Protection Act, 2016. The proclamation of provisions relating to electronic health records has been delayed from September 30, 2022, until March 31, 2023.

Regulations

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

Regulated Health Professions Act – The Ministerial regulation requires the Registrar to promptly provide notice of receipt of an application for registration and to decide to either accept the application or refer it to the Registration Committee within a specified period (15 to 30 days depending on the circumstances). Where verification of information is required, no specific period is set, but the Registrar must act within a reasonable time. This provision takes effect on January 1, 2023. Additional provisions, that will come into force at a future, not yet certain, date relate to language proficiency testing, exemption of Canadian experience requirements, and a requirement that Colleges develop an emergency class of registration regulation.

Nursing Act and Medicine Act – Registration regulations under these *Acts* provide for expedited registration of international applicants, including under temporary classes of registration.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Personal Health Information Protection Act – Two consultations have been initiated related to patient access to personal health information in an electronic or digital format. The first proposal would expand the electronic formats (beyond pdf) in which patients can access their electronic records from Ontario Health. The second proposal delays the implementation date of the anticipated access by patients to their electronic records from Ontario Health by six months to March 31, 2023. Comments are due by November 22, 2022.

Fair Access to Regulated Professions and Compulsory Trades Act – The public was given four days to comment on a proposed regulation for the non-health professions to seek exemptions from the timelines for processing domestic and international applications for registration. The process contemplates a written application to the Fairness Commissioner which, if approved, still requires the approval of the Minister. The notification was posted on October 17, 2022, with comments due by October 21, 2022.

Bill 26, Strengthening Post-secondary Institutions and Students Act, 2022 – There is consultation on this Bill to enhance the ability of post-secondary educational institutions to address sexual abuse (see description above). Comments are due by November 30, 2022.

Bonus Features

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

Following the Legislative Scheme

In legislation, the word "may" sometimes means "must".

In *Vey v Newfoundland and Labrador Pharmacy Board*, 2022 NLCA 55 (CanLII), the registrant was disciplined for failing to cooperate with a quality assurance practice site assessment. The registrant appealed on the ground that the practice assessor was not properly appointed. The Court of Appeal agreed with the registrant and set aside the finding.

Under the legislation, the regulator was required to operate a quality assurance program. The statute also said that the regulator's Board "may" appoint a quality assurance committee. That committee was authorized to appoint assessors to conduct assessments of registrants' practices. The regulator decided to have the Board directly operate the program rather than doing so through the committee.

The Court concluded that the legislative scheme required the regulator to operate the quality assurance program through the quality assurance committee. In reviewing the entire scheme and its context, the Board's authority to appoint the quality assurance committee was intended to be mandatory. Further, there was no authority for the Board, itself, to appoint assessors or to direct practice assessments. The provision authorizing access to confidential patient records, protected by separate privacy legislation, applied only to committee-appointed assessors. The provisions requiring cooperation were, on their face, applicable to the committee and its assessors. The registrant had no obligation to cooperate, and any discipline based on non-cooperation "was grounded in conduct by the Board for which it lacked authority. In the result, there is no basis on which to find that [the registrant] engaged in conduct deserving of sanction."

This decision may be an example where Courts, previously deferring to a regulator's interpretation of their own enabling statute, now requires the regulator to correctly interpret even its home legislation in accordance with *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65 (CanLII), [2019] 4 SCR 653.

Perspectives on Incompetence

The concept of "incompetence" on the part of a practitioner ("registrant") for the purposes of disciplinary action has not been frequently discussed by the courts. Arguably, the last significant judicial discussion could go as far back as *Mason v. Registered Nurses' Association of British Columbia*, 1979 CanLII 419 (BC SC). In that case, the concern was the attitude of the registrant that seemed to prevent them from learning from their mistakes.

As such, Manitoba's highest court's recent discussion in *Jhanji v The Law Society of Manitoba*, 2022 MBCA 78 (CanLII), provides a welcomed analysis of the issue. While it is in the context of the legal profession, the analysis is broad enough to apply to many professions. In fact, the Court cited several cases of incompetence from non-legal regulators. Unlike *Mason*, the type of incompetence in issue was an alleged absence of capabilities.

The Court made the following observations:

- Incompetence harms not only the clients of the registrant, but also the registrant's colleagues and the systems in which they practice.
- Whether a registrant is incompetent depends very much on the facts; no two cases are alike.
- Different language was used to describe incompetence, including "want of ability suitable to the task", "lack of knowledge, skill and judgment" and "a basic lack of understanding of the applicable law". The Court contrasted these descriptions to a situation where a registrant had "a bad day".
- In a nod to the *Mason* kind of case, the Court indicated that the causes of incompetence are diverse. It "can arise from the member's natural qualities or

experience" or it can be the result of "deficiencies in their disposition to use their ability and experience properly".

- Even though it recognized that incompetence findings are quite different from findings of professional misconduct, the court noted that "It matters little to the public interest in the competent practice of law that the appellant provided incompetent service with integrity or that he tried his best in providing incompetent service." The Court agreed with the regulator that no amount of diligence, if exercised incompetently, is an adequate answer to the allegation. In fact, in this case the Court accepted that the registrant was a sincere person of good character with good intentions.
- Incompetence findings are often established through expert opinion evidence given by practitioners with broad knowledge and experience in the practice of the profession. In this case the Court was reassured by the fact that the two expert witnesses had insight into the context in which the registrant worked (i.e., a sole practitioner practising mainly in litigation and commercial matters).
- The evidence of incompetence was not confined to the registrant's work product, such as documents he prepared. The evidence also included testimony about the registrant not having an office management system, his files being in disarray, practising without mentoring or practice supports, taking positions on files that were "nonsensical", and not following the rules applicable to trust funds. Of particular interest, the expert witnesses also relied on their interviews with the registrant.
- The Court acknowledged that this was not a case of "instances of reasonable differences of opinion that are common in discussions about the exercise of professional judgment", which the Court implied might not constitute incompetence. Rather, the Court concluded that the registrant "lacks the minimum qualities needed to give effective professional [legal] services".
- Courts tend to be cautious about using the conduct of a registrant's defence at their discipline hearing as evidence to support a finding. Such observations can amount to undermining a registrant's right to make full answer and defence without fear that doing so can be used against them. It can also amount to finding fault for conduct not contained in the allegations. However, in this case, the Court supported the discipline panel's consideration of the registrant's manner of conducting his defence as reinforcing the concern about his competence. In fact, the Court also mentioned the registrant's conduct of his appeal to court in the same way (i.e., it described his submissions as "prolix and unfocused").
- The Court noted that the discipline panel's reasons cited seven examples of incompetence. These examples assisted the Court in rejecting the registrant's defence that he was a fearless advocate working on complex matters.
- A panel of peers are best able to determine incompetence and, as such, deference will be accorded by the courts to the findings of a discipline panel. Even where there is a right of appeal, a Court would disturb the finding only where there is palpable and overriding error.

The Court supported the discipline panel's conclusion that the registrant should never have been admitted to the profession.

The utility of this decision for other regulators might be hampered somewhat because it was such an obvious case. According to the Court, the registrant lacked the capacity to be a member of the profession, finding that "The appellant's professional incompetence is not an isolated, or even a pattern of, gross mistake or the breakdown of previous competent practice; it is more egregious." As such, the case may provide less guidance in cases that are not as clear-cut. However, the decision is still helpful in its extended analysis of the concept of incompetence.

This article was originally published by The Lawyer's Daily (www.thelawyersdaily.ca), part of LexisNexis Canada Inc.

Unique Allegations

The Divisional Court decision of *Nathalie Xian Yi Yan v. College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario*, 2022 ONSC 5464 (CanLII), is of interest because of its unique allegations. The registrant was found by the discipline panel to have charged a misleading fee (stating that it was a government mandated fee), failed to disclose the ingredients of her family-developed herbal remedy, waived a fee based on the patient's racial descent, improperly used the title "doctor", treated a patient in a public area of her clinic, failed to keep proper records, and failed to cooperate with the regulator's investigator.

The appeal was dismissed, primarily on the basis that the evidence did not support the arguments made by the registrant (e.g., of procedural unfairness). However, some comments of the Court that may be of general interest to regulators include the following:

- The use of an undercover investigator was upheld as reasonable in the circumstances.
- A letter requesting a response to the investigation report received by the registrant after the deadline date for a response contained in it was not unfair because multiple extensions were later provided.
- The Court said in response to a conflict of interest argument related to prosecuting counsel: "In fact, it is not improper or unusual for counsel to act as both prosecutor for and general counsel to regulators…."
- The discipline panel chair's interventions attempting to maintain control of the hearing, ensuring that the registrant understood the proceedings, ensuring that witnesses understood the questions asked of them, and discouraging the asking of repetitive questions, was appropriate.
- In assessing the appropriateness of the costs ordered, the Court looked at decisions of discipline panels in other hearings comparing the total number of hearing days with the total amount of costs ordered. An order for payment of $65,000 of costs,

representing just over half of the total costs incurred by the regulator (including for the investigation), for a seven-day hearing was upheld as reasonable.

For the most part, this decision reflects the principle that many legal issues depend on the specific circumstances of the case.

The Impact of Non-Cooperation on Interim Orders

Interim orders restricting or suspending a registrant's ability to practise pending an investigation is an exceptional power for regulators of professions. Given the impact of such orders and the limited ability of registrants to challenge such orders internally, other than asking for reconsideration, courts will often entertain a judicial review application of such an order midway through the investigation process.

In *Luchkiw v. College of Physicians and Surgeons of Ontario*, 2022 ONSC 5738 (CanLII), the Ontario Divisional Court considered the impact of a registrant's non-cooperation with the investigation. Dr. Luchkiw (the registrant) was the subject of two investigations related to allegedly issuing an inappropriate vaccine exemption to a high-risk immunocompromised patient, inadequate infection prevention and control practices, and disseminating misinformation about COVID-19, among other concerns. The registrant declined to cooperate with several attempts to obtain information about the concerns, arguing that the regulator had no jurisdiction to investigate the matters.

The regulator was unable to obtain a copy of the vaccine exemption document. However, it had a report from the hospital where the registrant worked that a patient told their care team that they had the exemption from their physician, whom they would not name, and that the registrant was the patient's family physician. When the hospital asked to meet with the registrant to discuss the patient, the registrant resigned her hospital privileges. The registrant's legal counsel implicitly confirmed that the registrant had issued the exemption by submitting to the regulator that it did not have the authority to police exemptions. The registrant did not deny that she provided the exemption.

In terms of the infection prevention and control practices, the regulator had received several concerns expressed by various individuals on the topic and the observations of the regulator's investigators of deficiencies in the waiting room of the registrant's office when they were refused admission during a site visit for investigatory purposes.

The regulator had access to a recording of the alleged misinformation.

The regulator can impose an interim order only where the registrant's conduct exposes, or is likely to expose, patients to harm or injury. While the regulator could not impose an interim order for non-cooperation, alone, the Court held that the non-cooperation could support the concern

of patient harm. The Court said: "I am of the view that [the registrant's] failure to co-operate, or to recognize the authority of the College, is a reasonable basis to conclude that she is ungovernable. This raises additional concerns with respect to patient safety." The ungovernability of the registrant supported that her patients were likely exposed to harm or injury.

Some other comments by the Court on making interim orders are as following:

- Courts will generally not review the validity of the appointment of the investigators unless there are exceptional circumstances. Challenging an interim order does not provide a "back door" route to challenge the validity of the appointment.
- The regulator can refer to external guidelines from such organizations as the National Advisory Committee on Immunization and the Ministry of Health in determining the issue of exposure of patients to harm.
- The Court found that the existence of another option for the regulator (specifically applying for a restraining order to enforce its earlier direction that she cease issuing vaccine exemptions) did not prevent the regulator from issuing an interim order suspending her ability to practice. There was no legitimate expectation that only one enforcement option would be used.
- The regulator did not have to balance the benefits of the interim order against the speculative negative impacts of the order to other patients of the registrant. The regulator could focus exclusively on the safety of the patients exposed to harm by the continued practice of the registrant.
- The regulator is not required to address every argument made by the registrant in its reasons. The freedom of expression issue raised by the registrant was not a central issue at this time, where patient safety was the primary concern.
- There was no procedural unfairness in the regulator failing to disclose a lengthy document listing threatening and inflammatory complaints made by members of the public about the regulator's approach to investigating registrants for their COVID-19 activities. The Court held that this information did not relate to the core safety issue. Rather, it was placed before the committee for the purpose of deciding whether their names should be withheld from the decision imposing the interim order. Their names were not included with the decision and the registrant did not take issue with that.

Non-cooperation with an investigation can support a decision to impose an interim order during an investigation, not for the purpose of compelling cooperation, but rather to support the inference that the registrant will not practice safely.

Billing Practices, Costs, and Diverging Courts

For the most part, regulators give registrants some leeway in managing their billing practices, viewing them as a civil matter. However, where the billing is without prior explanation, misleading, dishonest, or abusive, regulators will treat the matter as potential misconduct. *Jinnah v Alberta Dental Association and College*, 2022 ABCA 336 (CanLII), is such a case.

Dr. Jinnah (the registrant) was disciplined for various non-clinical aspects of her practice, including billing issues and communications with patients, primarily about billing-related issues. The regulator reprimanded the registrant, ordered her to complete a philosophy course on ethics, and to pay the hearing costs totalling $37,500 (along with one-quarter of the internal appeal panel costs).

The Court accepted that the regulator had the authority to regulate the business practices of registrants "to ensure that patients are informed in plain English of the dental services that their dentists have performed and the cost of these services, have their questions about their bills answered politely, promptly and accurately, and are, in general, treated fairly and with respect."

The Court also accepted that registrants were responsible for the business conduct of their staff:

> The fact that dentists invariably delegate business tasks – scheduling and billing, for example – to others in their offices does not insulate the dentist from the responsibility for the manner in which these workers discharge these assignments. It simply means that dentists must provide their staff with the training and supervision needed to reduce to a sufficiently low degree the risk that their behavior will adversely affect the dentist's reputation.

However, the Court found that the evidence did not support the findings that the registrant in this case misled the patient about her fees or failed to provide detailed invoices. The Court also found that the tone of the registrant's demand letters, while aggressive, did not amount to unprofessional conduct. The Court also set aside the finding that it was unprofessional for the registrant to increase the account by 50% if it were to be sent to a collection agency. The Court said that this was an acceptable practice for creditors at common law and thus was not oppressive. These determinations by the Court suggest a less deferential stance by an appellate court than what regulators usually see, at least in Ontario.

The Court did uphold the misconduct finding where the registrant threatened to sue the patient for defamation for making a complaint to the regulator. The Court said:

> Obstructing the complaint process is conduct that harms the integrity of the profession and therefore constitutes unprofessional conduct. … The primary goal of the College is to protect the public. The existence of an effective complaint process is a crucial part of maintaining the integrity of the profession, and therefore protecting the public.

> Protecting the complaint process is an important part of the College's obligation to ensure that professional standards of conduct are complied with. [citations omitted]

However, because the registrant appeared not to have known that such a threat was unprofessional, the Court supported the sanction of only a reprimand. The Court did set aside the order to complete a philosophy course on the basis that the registrant learned all she needed to know (e.g., about threatening legal action against a complainant) through the hearing process.

The Court reduced the costs order. The Court stated that costs were not intended to be punitive and should not be awarded in every case. This approach is not consistent with the approach taken by courts in Ontario. See, for example: *Walia v. College of Veterinarians of Ontario*, 2021 ONSC 4023 (CanLII). More will come on this issue.

Where courts in different provinces take different approaches on similar issues, regulators are in a difficult position. Over time the approaches do tend to reconcile either by courts reflecting on the different approaches to the issue or through guidance from the Supreme Court of Canada. However, in the interim regulators face uncertainty.

Rudeness towards Coworkers

In recent years, regulators have more frequently addressed offensive behaviour towards colleagues and coworkers as serious professional misconduct. For example, in *Ontario College of Veterinarians of Ontario v. Dr. Ackerman*, 2022 ONSC 4334 (CanLII), a veterinarian (the registrant) was suspended for eight months and required to complete several educational, therapeutic, and monitoring measures for repeated instances of yelling, belittling and even physically slapping the hands or shoving away staff members. One client testified about leaving the practice after observing such behaviour. The power imbalance likely had an impact on the sanction ordered. So did the accompanying allegation that the registrant directed staff to amend records to conceal how long some surgeries took.

The Court upheld the findings and sanction. The findings of credibility were supported by the evidence and explained in the hearing panel's reasons. The sanction was not unfit. The Court agreed that there was a lack of precision and explicit enforcement mechanisms for the educational, therapeutic, and monitoring measures but did not find that it made the order unfit.

Interestingly, the Court rejected the registrant's request that the regulator should pay for the transcript of the evidence for the days the registrant did not attend the hearing. The Court said:

> Such an obligation would amount to a significant expenditure by the [regulator] solely to assist those who had chosen not to participate in the process and is not unfair in these circumstances.

Rude behaviour to colleagues and coworkers can amount to serious misconduct.

Factors Permitting Infringement of Freedom of Expression

Regulators need to consider the freedom of expression rights of their registrants. However, regulators can infringe on those rights in a proportionate manner to achieve the significant statutory objectives of their enabling legislation. The case of *Pitter v. College of Nurses of Ontario and Alviano v. College of Nurses of Ontario*, 2022 ONSC 5513 (CanLII), https://canlii.ca/t/jshcj illustrates how that balancing can occur.

The case dealt with two nurses who had made statements without supporting evidence related to the COVID-19 virus, public health measures, and vaccinations. For example, one suggested that some vaccines would alter DNA and permit the tracking and manipulation of thoughts. The other said that cancer followed vaccinations and that they would reduce reproductive capabilities of recipients. In both cases the regulator did not refer them to discipline but issued cautions and directed completion of remediation programs.

On judicial review, the Court upheld that the outcomes were a proportionate infringement of the registrants' freedom of expression rights, taking into account the following considerations:

- The determinations were remedial and educational, not disciplinary or punitive.
- The statements were extreme and plainly misleading.
- The statements "were not within the range of rational public debate. Rather, the committee raised serious concerns about the statements being dangerous and contrary to public health guidelines."
- While "Standards of practice are not necessarily found in writing nor expected to address precisely every factual scenario", there was information published by the regulator that was relevant to the conduct in this case.
- The registrants had identified their professional status.

The Court also found that a detailed analysis of the *Charter of Rights and Freedoms* was not required where the registrants had only briefly raised the constitutional issue as part of a much larger response to the investigation mostly addressing other issues.

The Court also found that the regulator's statement that one of the registrants had failed to maintain the profession's standards did not amount to a finding of professional misconduct.

In addition, the Court said that posting of the outcomes on the public register "is not an insignificant impact given that anyone can search the registry, including potential employers. Nonetheless, it does not undermine the fundamental point that, as found by this Court, these are remedial and not disciplinary responses …."

This case gives some further guidance on how regulators can balance a registrant's freedom of expression rights against the regulator's public interest mandate.

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 1. Avoidance 2. Change the likelihood or impact 3. 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.

Council Meeting Evaluation
September 28, 2022
4 Evaluations Received

Topic	Question	Data	Overall
Were issues discussed essential?	Please rate how essential you feel the issues covered in today's meeting were using a scale: 1 - Not all all essential to 5 - Very Essential.	0 @ 1 0 @ 2 0 @ 3 2 @ 4 2 @ 5	**4.5**
Achieve Objectives?	Please rate how well you feel the meeting met the intended objectives using the following scale: 1 - Not at all met to 5 - All objectives met.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 5 @ 5	**5.0**
Time Management	Please rate how well you feel our time was managed at this meeting using the following scale: 1 - Not at all managed to 5 - Very well managed.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 5 @ 5	**5.0**
Meeting Materials	Please rate how helpful you feel the meeting materials for today's meeting were using the following scale: 1 - Not at all helpful to 5 - Very helpful.	0 @ 1 0 @ 2 0 @ 3 0 @ 4 4 @ 5	**5.0**
Right People	Please rate the degree to which you felt the right people were in attendance at today's meeting using the following scale: 1 - None of the right people were here to 5 - All of the right people were here.	0 @ 1 0 @ 2 0 @ 3 1 @ 4 3 @ 5	**4.75**
Your Preparedness	Please rate how you feel your own level of preparedness was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	0 @ 1 0 @ 2 0 @ 3 2 @ 4 2 @ 5	**4.5**
Group Preparedness	Please rate how you feel the level of preparedness of your Council	0 @ 1 0 @ 2 1 @ 3	**4**

	colleagues was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.	2 @ 4 1 @ 5	
Interactions between Council members	Please rate how well you feel the interactions between Council members were facilitated using the following scale: 1 - Not well managed to 5 - Very well managed.	0 @ 1 0 @ 2 1 @ 3 1 @ 4 2 @ 5	**4.25**
What Worked Well	From the following list, please select the elements of today's meeting that worked well.		
	• Meeting agenda		**4/4**
	• Council member attendance		**4/4**
	• Council member participation		**3/4**
	• Facilitation (removal of barriers)		**4/4**
	• Ability to have meaningful discussions		**4/4**
	• Deliberations reflect the public interest		**4/4**
	• Decisions reflect the public interest		**4/4**
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.		
	• Meeting agenda		**0/4**
	• Council member attendance		**0/4**
	• Council member participation		**1/4**
	• Facilitation (removal of barriers)		**0/4**
	• Ability to have meaningful discussions		**0/4**
	• Deliberations reflect the public interest		**0/4**
	• Decisions reflect the public interest		**0/4**
Things we should do	Are there things that you feel that the Council should be doing at its meetings that it is not presently doing?	None	
Final Feedback	I am concerned about how a council member approached a certain discussion point. It seemed to be more of an accusatory question vs. a non-biased discussion point.		
	Great meeting. Very efficient.		

Comparison of Evaluations by Meeting 2022-2023

	2021/22 Overall	2022-2023						
Topic		**May 2022**	**July 2022**	**Sept 2022**	**Nov 2022**	**Jan 2023**	**Mar 2023**	**Ave**
Were issues discussed essential? 1 - Not at all essential to 5 - Very Essential.	**4.5**	4.5	4.9	4.5				**4.6**
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	**4.8**	4.5	5	5				**4.8**
Time Management 1 - Not at all managed to 5 - Very well managed.	**4.7**	4.6	4.7	5				**4.7**
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	**4.8**	4.8	5	5				**4.9**
Right People 1 - None of the right people to 5 - All of the right people.	**4.7**	4.1	5	4.75				**4.6**
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	**4.6**	4.4	4.6	4.5				**4.5**
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	**4.5**	4.4	4.9	4				**4.4**
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	**4.6**	4.6	5	4.25				**4.6**
Number of Evaluations	**10.7**	9	7	4				**6.7**

From: Ontario News
To: Andrew Parr
Subject: Ontario Doing More to Further Expand Health Workforce
Date: Thursday, October 27, 2022 10:02:24 AM

NEWS RELEASE

Ontario Doing More to Further Expand Health Workforce

New changes making it easier and faster for health care workers to register and practice in Ontario

October 27, 2022
Ministry of Health

TORONTO — The Ontario government is making additional changes that will break down barriers so that more health professionals can work in Ontario. Doing more to expand the province's health workforce is a key part of the Plan to Stay Open: Health System Stability and Recovery to ensure people can continue to access the health care services they need, when they need them.

"These changes will bring more health care workers into our health system faster, helping to care for people when they need it," said Sylvia Jones, Deputy Premier and Minister of Health. "Our government will work with all partners to ensure Ontario's nurses, doctors, personal support workers and other health care professionals have the resources, support and guidance they need to enter the workforce and continue delivering the care Ontarians deserve."

These changes proposed by the Ontario Ministry of Health, the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario, will support recruitment efforts and make it faster and easier for health care professionals trained in Ontario, other provinces and internationally to register and practice in Ontario.

Changes that will come into effect immediately, include:

- Allowing internationally educated nurses to register in a temporary class and begin working sooner while they work towards full registration;
- Making it easier for non-practicing or retired nurses to return to the field by introducing flexibility to the requirement that they need to have practiced nursing within a certain period of time before applying for reinstatement; and
- Creating a new temporary independent practice registration class for physicians from other provinces and territories, making it easier for them to work for up to 90 days in Ontario.

Further changes, which come into effect on January 1, 2023, include:

- Requiring health regulatory colleges to comply with time limits to make registration decisions;
- Prohibiting health regulatory colleges from requiring Canadian work experience for the purpose of registration, with some exceptions such as when equivalent international experience is accepted; and
- Accepting language tests approved under the *Immigration and Refugee Protection Act* (Canada) to reduce duplicate language proficiency testing for immigrants to Canada.

Finally, on August 31, 2023, health regulatory colleges will be required to have a new category of registration that can be used to facilitate quicker registration to help safeguard the health workforce supply in the event of future emergencies.

Quick Facts

- When fully implemented, the government's Plan to Stay Open: Health System Stability and Recovery will add up to 19,000 more health care workers, including nurses and personal support workers, to Ontario's health workforce. Over 11,900 health care professionals (including over 8,700 nurses and externs) have been added to the health system since Winter 2020.

- Ontario is working with the College of Nurses of Ontario and Ontario Health to expand funding for the supervised practice experience partnership program which has already supported over 800 international nurses in getting licensed since January. The province anticipates that by March 31, 2023 another 200 international nurses will gain the practice and language requirements necessary to work in Ontario.
- Ontario is also working with the College of Nurses of Ontario to reduce the financial barriers that may be stopping some retired or internationally trained nurses from registering to resume or begin practicing, by temporarily covering the cost of examination, application, and registration fees, saving them up to $1,500.
- The government has invested $764 million to provide Ontario's nurses with a retention incentive of up to $5,000 per person.

Quotes

"The CPSO thanks the Ontario Government for fulfilling our request to amend our regulations to allow for the creation of a new temporary class of registration that helps support mobility within Canada. There is still much to do however this is a good first step."

- Nancy Whitmore, MD, FRCSC, MBA
Registrar and CEO of the College of Physicians and Surgeons of Ontario

"The College of Nurses of Ontario protects the public through the promotion of safe nursing practice, this includes the registration of nurses with the knowledge, skill and judgment to practice safely in Ontario. Already in 2022 CNO has registered more nurses than ever and these regulation changes will further support the increase of safe, qualified nurses into the health care system."

- Silvie Crawford
Executive Director and CEO of the College of Nurses of Ontario

"The Ontario Medical Association welcomes today's announcement as a good first step to maximizing the health-care work force. We need more

doctors and nurses to care for patients who are returning to the health-care system in large numbers."

- Dr. Rose Zacharias
President of the Ontario Medical Association

"As we continue to experience health human resource challenges across the health care system, and particularly in home care, today's announcement is an important step in building our health workforce and ensuring patients get the care they need. Enabling nurses who are here and ready to work, to use their skills and education to care for patients faster, will provide immediate reinforcements and relief to our front-line workers."

- Sandra Ketchen
President and CEO of Spectrum Health Care

"Like the rest of the health care system, Ontario's home care sector continues to struggle with health human resource shortages. The steps announced today will begin to help address these shortages. By removing the barriers that prevent trained nurses from working, the government will help bolster our front-line home care workforce and will allow home care to further reduce the pressure on hospitals by providing more care for more people in the right place – their homes."

- Sue VanderBent
CEO of Home Care Ontario

"Any additional capacity in the nursing sector is welcome news and today's announcement is an important step in expanding Ontario's health workforce. The measures taken by the government over the past year have had a positive impact, with some improvements since staffing shortages peaked earlier this year. We look forward to partnering with the government on ongoing investments for retention and recruitment to support the home and community support sector."

- Deborah Simon
CEO of the Ontario Community Support Association

Additional Resources

- Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery

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The College of Naturopaths of Ontario

Conflict of Interest
Summary of Council Members Declarations 2022-2023

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, 2022 to March 31, 2023.

Elected or Appointed Positions

Council Member	Interest	Explanation
None		

Interests or Entities Owned

Council Member	Interest	Explanation
None		

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
Dr. Shelley Burns, ND	Robert Schad Naturopathic Clinic (at CCNM) – PT Faculty	Provides supervision to students of CCNM at theclinic.

Existing Relationships

Council Member	Interest	Explanation
None		

Council Members

The following is a list of Council members for the 2022-23 year and the date the took office for this program year[1], 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 25, 2022		
Dr. Jonathan Beatty, ND	May 25, 2022		
Dr. Shelley Burns, ND	May 25, 2022	May 11, 2022	Yes
Dean Catherwood	May 25, 2022	May 10, 2022	None
Brook Dyson	May 25, 2022	May 25, 2022	None
Lisa Fenton	May 25, 2022	May 10, 2022	None
Dr. Anna Graczyk, ND	May 25, 2022	May 10, 2022	None
Tiffany Lloyd	May 25, 2022	May 17, 2022	None
Dr. Denis Marier	May 25, 2022	May 10, 2022	None
Sarah Griffiths-Savolaine	May 25, 2022	May 17, 2022	None
Paul Philion	May 25, 2022	May 9, 2022	None
Dr. Jacob Scheer, ND	May 25, 2022	May 10, 2022	None
Dr. Jordan Sokoloski, ND	May 25, 2022	May 15, 2022	None
Dr. George Tardik, ND	May 25, 2022	May 17, 2022	None

A copy of each Council members' Annual Declaration Form is available on the College's website.

Updated: September 6, 2022

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

The College of Naturopaths of Ontario

Report from the Council Chair
November 2022

This is the third Chair's Report of six for the current Council cycle and provides information for the period from September 1, 2022 to October 31, 2022.

My individual meetings with Council members have concluded. The meetings were well received and I want to thank all Council members for their time and their openness. The conversations were productive and it was great to connect with all of you personally as well. I am impressed by the breadth of knowledge and experience we are fortunate to have on our Council.

As always, I encourage Council members not to hesitate to contact me should they have any questions, concerns, or should they wish to discuss any issue that may be before us.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
22 November 2022

The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	YTD
1.1 Regulatory Activity: Registration							
Registrants (Total)							**1802**
General Class							***1611***
In Good Standing	1561	1595					1595
Suspended	16	16					16
Inactive Class							***169***
In Good Standing	162	162	160				160
Suspended	8	8	9				9
Life Members	22	22	22				22
Changes in Registration Status							
Suspensions	10	0	4				14
Resignations	4	0	1				5
Revocations	3	0	9				12
Reinstatements	3	3	1				7
Class Changes							
GC to IN	0	1	1				2
IN to GC (< 2 years)	0	1	1				2
IN to GC (> 2 years)	0	0	0				0
Life Membership Applications							
Approved	0	0	0				0
Not Approved	0	0	0				0
Professional Corporations (Total)							
New applications approved	0	3	2				5
Renewed	14	15	12				41
Revoked	0	0	0				0
Resigned/Dissolved	0	1	0				1
1.2 Regulatory Activity: Entry-to-Practise							
New applications received	10	3	31				44
On-going applications	20	11	33				16
Certificates issued	11	9	4				24
Referred to RC	1	0	2				3
Approved	1	0	0				1
Approved – TCLs	0	0	0				0
Approved – Exams required	0	0	0				0
Approved – Education required	0	0	0				0
Denied	0	0	0				0

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	1				1
On-going	1	1	1				1
1.3 Regulatory Activity: Examinations							
CSE							
Scheduled	0	1	0				1
Held	0	1	0				1
Candidates	N/A	98	N/A				98
BME							
Scheduled	0	0	1				1
Held	0	0	1				1
Candidates	N/A	N/A	95				95
Clinical Practical Exam							
Scheduled	0	1	1				2
Held	0	1	1				2
Candidates	N/A	46	44				90
Therapeutic Prescribing							
Scheduled	0	0	1				1
Held	0	0	1				1
Candidates	N/A	N/A	31				31
IVIT							
Scheduled	1	0	0				1
Held	1	0	0				1
Candidates	19	N/A	N/A				19
Exam Appeals							
CSE							
*** Granted	0	0	0				0
*** Denied	0	0	0				0
BME							
*** Granted	0	0	0				0
*** Denied	0	0	0				0
Clinical Practical							
*** Granted	0	0	0				0
*** Denied	0	0	0				0
Therapeutic prescribing							
*** Granted	0	0	0				0
*** Denied	0	0	0				0
IVIT							
*** Granted	0	0	0				0
*** Denied	0	0	0				0
Exam Question Development							
*** CSE questions developed	0	0	0				0
*** BME questions developed	0	83	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	0				0
Funding application approved	0	0	0				0
Funding applilcation declined	0	0	0				0
Number of Active Files	5	5	5				5
Funding Provided	$1,320	$325	$730				$2,365
1.5 Regulatory Activity: Quality Assurance							
Peer & Practice Assessments							
Scheduled	0	0	45				45
Completed	0	0	45				45
CE Reporting							
Number in group	0	0	487				487
Number received	0	0	483				483
P&P Assessment required	0	0	0				0
QAC Reviews							
Accepted	0	0	0				0
Work Required	0	0	0				0
QAC Referrals to ICRC	0	0	0				0
1.6 Regulatory Activity: Inspection Program							
New premises registered	3	7	2				12
New Premise Inspection							
Part I Scheduled	0	3	10				13
Part I Completed	0	3	10				13
Part II Scheduled	5	1	0				6
Part II Completed	5	1	0				6
New premises-outcomes							
Passed	6	1	8				15
Pass with conditions	0	2	1				3
Failed	0	0	0				0
Secondary Inspections							
Scheduled	6	2	8				16
Completed	6	2	8				16
Second inspections							
Passed	9	2	4				15
Pass with conditions	3	0	1				4
Failed	0	0	0				0
Type 1 Occurrence Reports							
Patient transferred to emergency	4	1	3				8
Patient died	1	0	0				1
Emergency drug administered	0	0	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	1	7	1				9
CEO Initiated	1	1	1				3
ICRC Outcomes							
Letter of Counsel	6	2	5				13
SCERP	4	0	0				4
Oral Caution	1	0	0				1
SCERP & Caution	0	1	1				2
No action needed	3	1	0				4
Referred to DC	0	6	3				9
Summary of concerns							
Advertising	0	2	1				3
Failure to comply	1	1	0				2
Ineffective treatment	0	4	1				5
Out of scope	0	2	2				4
Record keeping	0	2	0				2
Fees & billing	0	2	1				3
Lab testing	0	0	0				0
Delegation	0	0	0				0
Harassment	1	0	0				1
QA Program comply	0	0	0				0
C&D compliance	0	0	0				0
Failure to cooperate	0	0	0				0
Boundary issues	1	0	0				1
Practising while suspend.	0	1	0				1
Unprofessional, unbecoming conduct	2	1	1				4
1.8 Regulatory Activity: Cease & Desist							
C&D Issued	0	2	1				3
C&D Signed	0	1	0				1
Injunctions	0	0	0				0
Sought	0	0	0				0
Approved	0	0	0				0
Denied	0	0	0				0
1.9 Regulatory Activity: Hearings							
Pre-hearing conferences							
Scheduled	0	0	0				0
Completed	1	0	0				1
Discipline hearings							
Contested	0	0	0				0
Uncontested	2	0	1				3
Contested Outcomes							
Findings made	0	0	0				0
No findings made	0	0	0				0
FTP Hearings	0	0	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	56	47	54				157
Telephone	54	35	44				133
Top inquiries							
COVID-19	7	0	0				7
Scope of practice	9	6	11				26
Conflict of interest	6	0	0				6
Tele-practice	4	8	9				21
Inspection program	10	6	0				16
Patient visits	9	6	6				21
Advertising	0	2	3				5
Lab testing	4	6	5				15
Notifying patients when moving	0	0	0				0
Fees & billing	10	7	12				29
Record keeping	0	0	9				9
Consent and Privacy	4	4	0				8
Grads Practising with Registrant	0	3	0				3
Injections	0	6	0				6
Discharging a patient	0	0	3				3
Registration & CPR	0	0	8				8
Delegation and Referrals	6	0	3				9
1.11 Regulatory Activity: HPARB Appeals							
RC Appeals							
Filed	0	0	0				0
Upheld	0	0	0				0
Returned	0	0	0				0
Pending	0	0	0				0
ICRC Appeals							
Filed	0	2	0				2
Upheld	0	0	0				0
Returned	0	0	0				0
Overturned	0	0	0				0
Pending	0	0	0				0
1.12 Regulatory Activity: HRTO Matters							
In progress		1	1				1
Decided							
In favour of applicant							0
In favour of College							0

Report on Operations – Mid-term Report

APRIL 1, 2022 TO MARCH 31, 2025

THE OPERATIONAL PLAN FOR 2022-2025

In March of 2022, the Council of the College was presented an Operational Plan for the following three years. This plan is updated annually and accepted by the Council. With the launch of the College Performance Measure Framework by the Ministry of Health, the Council amended the reporting structure such that it would receive a Report on Regulatory Operations at each meeting and a Report on all Operations twice per year.

This report is the second mid-term report under the new structure and represents all operational activities for the period April 1, 2022 to September 30, 2022. It provides the Council with an update as to how operations are unfolding at the mid-point in the year.

This Operational Plan and this Report are set out in four major sections as follows.

Part 1: Regulate the Profession.
This section of the Operational Plan sets out the mandatory operational activities that are regulatory in nature that must be undertaken by the College in order to fulfill its legal mandate. The activities set out in this section and the key performance indicators align with the Regulatory Operations Report that the Council receives at each regularly scheduled Council meeting.

Part 2: Governance
This section sets out the governance activities in which the College staff engage to support the governance processes of the Council and its Committees. Good governance is essential to the ability of the College to fulfill its role and this section reflects the way in which the two halves of the College, the governing board and the staff work to move the College forward.

Part 3: Corporate Activities
This section sets out the corporate activities in which the College staff must engage to ensure the smooth operations of the College. They are more routine in nature but represent a foundational component that is often not considered when assessing the resources needed to support the College.

Part 4: Program Development

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

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

New for this year, the College has provided an estimated cost of each activity. Estimates have been created by combining budgeted committee costs, budgeted program costs and staff salaries. To arrive at staff salaries, each staff person's time has been broken out into the various duties they perform as a percentage of total time and an assignment of salary dollars calculated. Since many staff work on aspects of a single program, the salary dollars are not reflective of one person. By combining all costs into a single estimated cost, further protections against privacy breaches for staff salaries have been achieved.

1. Regulate the Profession	**Estimated annual costs: $2,182,500**
In each of the three years of the operating plan, the College will perform the following operational activities.	
1.01. Registration	Estimated annual costs: $150,000
All 3 Planning Years	
The College will operate a Registration program that enables naturopaths registered with the College to maintain their status with the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.	• A registration renewal process will be conducted annually, in accordance with the by-laws that will enable all Registrants to update their information with the College and pay their annual registration fees. • Class change applications will be processed by the College with those requiring a review by the RC being presented to the Committee with the information needed for decision and with Decision & Reasons drafted based on Committee discussions, approved by the Committee, and provided to the Registrant.

								• The public registers will be maintained in accordance with the Code, regulations, and by-laws
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								
The College will operate a program that allows Registrants to obtain Certificates of Authorisations for professional corporations that they wish to establish.								• A process for Registrants to apply for a Certificate of Authorization for a professional corporation will be maintained. • Applications will be reviewed, and decisions provided to Registrants. • New corporations will be added to the Corporations register of the College. • A process for annual renewals of Certificates of Authorization will be maintained ensuring that all professional corporations are properly authorised.
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

1.02. Entry to Practise	Estimated annual costs: $140,000
All 3 Planning Years	
The College will operate an Entry-to-Practise program that enables new graduates and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.	• A process that enables both recent graduates and individuals from other jurisdictions to apply for registration with the College will be maintained. • All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met. • Applicants that meet the requirements will be provided a Certificate of Registration.

								• Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and Registrants as soon as they are approved by the Committee. • Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalency under the Prior Learning Assessment and Recognition Program (PLAR) to that of an individual who has graduated from a CNME-accredited program.								• A process for evaluating individuals under the Council's PLAR policy will be maintained and applicants for assessment will be processed in accordance with that policy. • Current information about the PLAR process will be made publicly available by the College. • PLAR Assessors will be recruited and provided training and related tools related to the assessment process. • Successful PLAR applicants will be invited to sit the Clinical (Practical) examinations and the Ontario Jurisprudence examination, and to make an application for registration under the Entry-to-Practise program.
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

1.03. Examinations	Estimated annual costs: $450,000
All 3 Planning Years	
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from CNME-accredited programs and PLAR candidates seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.	• The College will deliver three (3) sittings of the Clinical (Practical) examinations annually. • The College will deliver two (2) sittings of the written Clinical Sciences examination annually. • The College will deliver two (2) sittings of the written Biomedical examination annually. • The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. • The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually.

Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

All College examinations will be maintained through an examination question development and retirement program.	• A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP) for each of the BME and CSE • 25% of the questions and cases used in the Clinical Practical exam will be reviewed annually.

Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

1.04. Patient Relations Program								Estimated annual costs: $25,000
All 3 Planning Years								
The College will operate a Patient Relations Program as set out in the *Regulated Health Professions Act, 1991*. Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.								• A Patient relations program will be maintained. • Current information (handbooks) for Registrants and Patients will be maintained and made publicly available. • A process for applying for funding for counselling will be maintained in accordance with the Code. • Applications for funding will be presented to the Patient Relations Committee (PRC) at the next available meeting and decisions will be communicated to applicants.
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

1.05. Quality Assurance Program	Estimated annual costs: $175,000
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*.	• Annual registrant self-assessment
	  ○ Review renewals to ensure all Registrants have completed self-assessment, follow up with those who do not.
	• Continuing Education (CE) Reporting, in three groups, one group each year
	  ○ The reporting group will be tracked, and CE reports analyzed.
	  ○ Follow up with those not received.
	  ○ Those not meeting requirements are presented to the Quality Assurance Committee (QAC) for review and further follow up.
	• Peer & Practise Assessment program
	  ○ QAC determines number of assessments to be completed.

	○ Registrants are randomly selected and undergo assessment by a peer. ○ Follow up with those who do not complete it or where issues are raised. • CE course approval program ○ Applications for CE credits are presented to the QAC for review and approval. ○ List of approved courses is maintained on website.
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.
Year-to-date rating:	❒ Not started ☑ In progress ❒ Completed ❒ To be deferred
Commentary:	

1.06. Inspection Program	Estimated annual costs: $150,000
All 3 Planning Years	
The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the *Naturopathy Act, 2007* to regulate premises in which IVIT procedures are performed.	• The College will maintain a process for new IVIT premises to become registered with the College and for registering of the designated registrant and other personnel operating from the premises and for existing premises to maintain their information with the College. • The College will maintain a process for the inspection of new premises as well as a process for the subsequent re-inspection of premises every five years. • Fees for new premises registered and inspections will be levied and collected. • A pool of qualified and trained inspectors will be maintained. • Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC)

	to appoint an investigator and a cease & desist letter is sent to the Registrant. • Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the Committee by preparing materials for review, drafting decisions & Inspection Reports on files for review and approval of the Committee. Decisions of the Inspection Committee will be provided to designated Registrant as soon as they are approved by the Committee. • The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. • Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee requires further action by the reporting Registrant, they will be contacted by staff. • Type 2 occurrence report forms will be collected annually, analyzed and reported to the Committee and Council.

Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:							

1.07. Complaints and Reports	Estimated annual costs: $495,000
All 3 Planning Years	
The College will operate a Complaints and Reports program to receive information and complaints about Registrants of the profession and to fulfil its obligations to investigate the matters in accordance with the *Regulated Health Professions Act, 1991* through the Inquiries, Complaints and Reports Committee (ICRC).	• Complaints received by the College will be processed in accordance with the Code. As such, ○ Where approved by the ICRC, or warranted under the RHPA, investigators will be appointed and clarifying documents provided, along with any necessary support.

	○ Matters will be processed in a manner that ensures fairness and due process for all parties involved, including opportunities for responding and commenting on submissions provided to the process ○ Complaints will be resolved within 150 days and if not resolved, parties involved and HPARB will be notified. • Concerns relating to professional misconduct or incompetence brought to the College's attention will be referred to the CEO for consideration of initiating a request for investigation. • Complaint and report files will be presented for the consideration and screening by the ICRC. As such, ○ Panel appointments are drafted for Chair's approval upon receipt of a new matter. Database of appointments is maintained. Conflicts are tracked and recorded in meeting minutes. ○ Training is conducted for any new ICRC members appointed. ○ Database of Decisions and Reasons issued by the ICRC (to support decision writing process) and Registrants' prior history with the College/BDDT-N is maintained. ○ Materials for matters being brought before the ICRC will be presented to the Committee. ○ Decision and Reasons are drafted by ICRC staff, reviewed by legal counsel, reviewed and approved by the Panel. • Complaints and Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decision is reported to the Deputy CEO. • The status and summary of active and closed complaint and reports are regularly updated and maintained on the College's website. • Program information will be maintained on the College's website.

Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

1.08 Cease & Desist	Estimated annual costs: Incorporated with complaints and reports.
All 3 Planning Years	
The College will operate an Unauthorized Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to Registrants who are breaching the standards of practice in a manner that presents a risk of public harm.	• C&D letters are drafted and sent to the individual via Process Server, where applicable. • Names of unauthorized practitioners are posted on the Register of Unauthorized Practitioners on the College's website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorized Practitioners. • Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. • Information about unauthorized practitioners who failed to sign a confirmation is provided to the Deputy CEO. • Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice.

Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

1.09 Alternate Dispute Resolution Program	Estimated annual costs: $5,000
All 3 Planning Years	
The College will operate an Alternate Dispute Resolution Program to ensure that matters that meet the eligibility criteria and are agreed	• Complaints received by the College will be reviewed by College staff for ADR eligibility. As such,

to by both the Complainant and Registrant are properly resolved in accordance with section 25 of the RHPA and the program policies	○ Where eligible the complainant will be provided information about ADR and an opportunity to decide whether they wish to proceed with ADR. ○ Where eligible and the complainant agrees, the Registrant will be provided information about ADR and an opportunity to decide whether they wisht to proceed with ADR. ○ Where eligible and both parties agree, the matter is provided to the CEO to confirm eligibility and if approved, to refer the matter to ADR. • An independent College approved Mediator is appointed for each ADR matter. • A matter referred to ADR by the CEO must be completed and submitted for ratification within a maximum of 120 days of the referral.

Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:							

1.10. Hearings	Estimated annual costs: $500,000
All 3 Planning Years	
The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.	• Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. • Information for disclosure is provided to the CEO/legal counsel. • Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and

	Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair's selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for hearing of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC. • Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.

Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:							

As a corollary, the College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies.	• ILC will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee.

							• Full committee meetings will be facilitated by the staff as directed by the Chair, including making necessary arrangements with ILC for training.
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

1.11. Regulatory Guidance							Estimated annual costs: $40,000
All 3 Planning Years							
The College will operate a Regulatory Guidance program that will respond to Registrants' questions and provide information, whenever possible, and guide the profession to the resources available to it.							• E-mail and telephone inquiries will be responded to by the Regulatory Education Specialist. • Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council.
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

1.12. HPARB Appeals							Estimated annual costs: $5,000
All 3 Planning Years							
The College will operate a program in support of the Health Professions Review and Appeal Board (HPARB) appeals process for appeals of decisions of the RC and for appeals of decisions of the Inquiries, Complaints and Reports Committee.							• College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving alert of an appeal. • Legal Counsel for the College will be alerted and provided copies of all materials provided to HPARB. • Staff will attend conferences and hearings in defence of RC decisions rendered and as a resource to HPARB in matters of appeals of ICRC decisions.

								• HPARB decisions will be reported to the Committees and the Council and any matters returned by HPARB will be brought to the appropriate committee on an expedited basis.
Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

1.13. HRTO Matters	Estimated annual costs: $2,500
All 3 Planning Years	
The College will operate a program that allows it to respond to matters filed with the Human Rights Tribunal of Ontario (HRTO).	• All notices received by the HRTO will be provided to Legal Counsel of the College. • College staff will support Legal Counsel by providing all necessary information to allow for a proper defence to be mounted. • College senior staff will participate in all conferences and hearings of the HRTO. • All outcomes of the HRTO will be reported to the Council and any impacted Committees.

Year-to-date outcomes:	Please see the Report on Regulatory Operations at October 31, 2022 for year-to-date outcomes.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

1.14 Standards	Estimated annual costs: $25,000
All 3 Planning Years	
The College will operate a program to develop and maintain the Standards of Practise of the profession and any related policies and guideline.	• College staff will support the SC as it initiates reviews of any or all of the Core Competencies, Code of Ethics and Standards and Guidelines.

Standards and guidelines will be reviewed by the Standards Committee (SC) to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.	• Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. As such, staff will
	  ○ Prepare consultation materials and release them publicly.
	  ○ Receive and respond to any inquiries about the consultations.
	  ○ Assemble and summarize consultation submissions for the Committee and present these to the Committee for review.
	• Where the SC makes amendments to any of the standards, guidelines or policies, staff will update the materials and release them publicly.
	• Staff will also maintain a program of alerting Registrants of any changes to the standards.

Year-to-date outcomes:	The Standards Committee has undertaken a preliminary review of 10 of the 28 Standards of Practice of the profession.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:							

1.15 Scheduled Substance Review Program	Estimated annual costs: $5,000
All 3 Planning Years	
The College will operate a program for review of drugs, substances and laboratory testing authorized to the profession through the General Regulation and Regulations made under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA).	• The College will support the Scheduled Substances Review Committee (SSRC) as it regularly reviews the drugs and substances authorized to the profession in the General Regulation and the list of laboratory tests authorized to the profession in the LSCCLA to ensure appropriateness and to identify any gaps. • Meetings of the SSRC will be held at the call of the Committee Chair and information related to matters to be presented to the Committee will be prepared and assembled by staff.

								• Staff will support the SSCR as it undertakes a review of the Scope of Practice of the profession and any consultation of stakeholders relating to existing or new substances, drugs or lab tests. As such, staff will ○ Prepare consultation materials and release them publicly. ○ Receive and respond to any inquiries about the consultations. ○ Assemble and summarize consultation submissions for the SSRC and present these to the Committee for review. • Where the SSRC makes recommendations for amendments to Council, staff will support the Council evaluation process and, if approved, prepare any Regulation amendments for approval of Council and submission to the Ministry of Health.
Year-to-date outcomes:	The Scheduled Substance Review Committee (SSRC) drafted an initial list of Disease, Disorders & Dysfunctions and initiated consultations on this. It has also drafted expanded scope of practice statement and initiated a Gap Analysis for the purposes of future							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

2. Governance & Accountability of the College	**Estimated annual costs: $200,000**
The College will ensure that it is properly governed by a Council and an Executive Committee as required under the *Regulated Health Professions Act, 1991* and that these governing bodies fulfill their roles and responsibilities under the Act and are properly constituted as set out in the *Naturopathy Act, 2007* and the College by-laws. The College will also ensure that it remains accountable to the Minister of Health on behalf of the people of Ontario, as well as any other oversight bodies established by the Government of Ontario. As such, the following operational activities will be undertaken.	
2.01. Proper Constitution & Composition	Estimated annual costs: Not broken out
All 3 Planning Years	

The College will operate a program to ensure that the College Council, and its committees are always properly constituted and therefore able to fulfill their governance obligations.	• Council elections will be delivered annually in accordance with the by-laws. As such,
	  ○ Calls for Nominations will be issued, and an election handbook will be provided to guide interested Registrants through the election process.
	  ○ Nominations and candidacy materials will be provided to the Governance Committee for review in accordance with the Qualifying Program approved by the Council.
	  ○ Where nominations are received, elections will be completed by the first week of April and where none are received, in accordance with the Supplemental Election process set out in the by-laws.
	• Executive Committee elections will be delivered annually, and supplemental elections held as needed, in accordance with the by-laws and Council policies. As such,
	  ○ Election information will be provided to all existing and incoming Council members about the Executive Committee positions and elections.
	  ○ Elections will be held annually at the May meeting and supplemental elections when determined by the Council.
	• Public member appointments will be monitored to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the need to appointment and re-appointment as necessary.

Year-to-date outcomes:	Council elections begin later in the fiscal year. Executive Committee elections were successfully held in May 2022 for the current Council. Public member appointments are monitored closely and on-going liaison activities have been undertaken with the Ministry of Health.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.	• The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. • Recruitment of volunteers from among Registrants and the public will be undertaken on an on-going basis. • Council will be presented a slate of appointments, at minimum annually at its April meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.
Year-to-date outcomes:	Committee appointments were presented to and approved by the Council in May 2022. All Committees are monitored to ensure that they are properly constituted.
Year-to-date rating:	❒ Not started ☑ In progress ❒ Completed ❒ To be deferred
Commentary:	

2.02. Competency-based Appointments	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will fully implement and manage the Council's Qualifying Program for all volunteers, including those seeking election to Council and appointment to a Council Committee.	• A minimum of two orientation sessions will be delivered for potential candidates for election and individuals seeking appointment to Committees to provide an overview of their duties and responsibilities and overall time commitment. • Each volunteer will be required to complete a competency-based self-assessment based on the competencies established by the Council in its Governance Process policies. • Each volunteer will be screened by the Governance Committee to confirm their competency and overall fit with the College's volunteer program.

								• The Governance Committee will determine eligibility for election to the Council and make recommendations to the Council for volunteer appointments to committees.
Year-to-date outcomes:	A process for recruitment of new volunteers is underway, including the planning and delivery of a Virtual Volunteer Open House. All volunteers complete the competency based assessment, under go a thorough review by senior staff, committees and the Governance Committee. Orientation sessions have yet to be scheduled for this year but will coincide with the Call for Nominations to be issued in early 2023..							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

2.03. Volunteer Training Program								Estimated annual costs: Not broken out
All 3 Planning Years								
The College will operate a program to ensure that all new and existing Council and Committee members are afforded the necessary training and fulfill their duties.								• A minimum of one live training session will be offered annually for new Council and committee members that sets out their duties and responsibilities surrounding due diligence, public protection and other key matters. • All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination. • All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years.
Year-to-date outcomes:	Training sessions have not yet been scheduled.							
Year-to-date rating:	☑	Not started	❒	In progress	❒	Completed	❒	To be deferred
Commentary:								

2.04. Effective Assessment Processes	Estimated annual costs: Not broken out
All 3 Planning Years	

The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.	• The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public.
	• The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such,
	  ○ A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting.
	  ○ A year-end report based on the work set out in the Operational Plan including Part 1) will be presented to the Council at its July meeting.

Year-to-date outcomes:	The semi-annual report on Operations is this report being presented to Council at its November meeting.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

The College will operate a program to ensure that the Council can properly assess the performance of the CEO.	• Council will undertake a performance review of the CEO on an annual basis in accordance with its policies. A such, ○ The Council will be provided necessary materials to undertake the review, which is based on the goals and development plan set by the CEO and approved by the Council, as part of the July Council meeting.

Year-to-date outcomes:	The CEO Performance Review process is well integrated into Council planning and activities. The Review Panel is supported by the Director of Operations. The report for the prior fiscal year was presented to and accepted by the Council in July 2022 and both a priority plan and development plan for the current year are in effect and was finalized in August 2022						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Commentary:							

The College will operate a program to ensure that the Council can properly assess, its own performance, the performance of its committees and individuals Council and Committee members.								• The Council will undertake a performance review of itself, the Committees and individual Council and Committee members through an independent and neutral third party. The review will be initiated not later than April and completed by the end of July.
Year-to-date outcomes:	The annual Council and Committee evaluation process has been underway for some time. Council received its report in July 2022 and Committees in the weeks and months following. Work is continuing on the individual work plans.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

The College will operate a program that identifies and mitigates risks to the Council and the College.								• The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organization, including directors and officer's liability insurance, commercial general liability insurance and property insurance. These policies will be reviewed bi-annually. • The College will update the organization-wide risk assessment, including but not limited to: ○ Identifying potential bias in assessment methods or procedures, ○ Evaluating and prioritizing areas identified as high risk, ○ Developing and recording mitigating strategies to address potential risks in guidelines for assessors and decision-makers, and ○ Establishing a means to ensure corrective actions are implemented in a timely manner, ○ Monitoring of mitigated risks.
Year-to-date outcomes:	Insurance policies are in place. A more comprehensive Risk management program is under development.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

2.05. Effective Quality Decision-making								Estimated annual costs: Not broken out
All 3 Planning Years								
The College will operate a program that ensures that the Council is properly equipped to make decisions on policy matters brought before it.								• Council will be fully briefed on all major issues and policy matters to be brought before it and Council will receive its materials for meetings in a timely manner. • Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process. • Briefings of Council will include a detailed analysis of the risk, privacy, financial, transparency and public interest considerations of the decisions being considered.
Year-to-date outcomes:	Council briefings are provided for each Council meeting on all issues impacting the College. Topics included between April and September 2022 include Pandemic and Emergency Preparedness Regulations, Exam Appeals Policy, a Volunteer Code, Examinations and Clinical Examinations Policies, relocation of the College head office, Strategic planning, language proficiency policies and the Registration policy.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

2.06. Transparency	
All 3 Planning Years	
The College will operate a program that supports the transparency principles adopted by the Council and increases transparency of College decision-making wherever possible.	• A qualitative Annual Report that provides not only statistical information but also necessary context and trending information, will be developed and released annually. • Audited financial statements and the Auditor's report will be presented to the Council at its July meeting and included in the Annual Report.

	• Regular Committee reports will be sought from Committee Chairs and included in the Council consent agenda for each Council meeting and Annual Committee reports will be developed by the staff and reviewed by Committee Chairs and presented to the Council in July.
	• Council and Executive Committee meeting materials will be made publicly available unless redacted in accordance with the Code. As such,
	  ○ Council meeting materials will be posted to the website prior to the Council meeting.
	  ○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee terms of reference.

Year-to-date outcomes:	The Annual Report for 2021-2022 is being finalized for release in early November. All Council meeting materials are posted to the website a minimum of one week prior to the meeting. The Executive Committee has not met.						
Year-to-date rating:	☐	Not started	☑	In progress	☐	Completed	☐ To be deferred
Commentary:							

Regulatory processes and matters of the public interest will be routinely disclosed.	• The College will maintain (update regularly) a summary table of active and resolved complaints and inquiries on the website. • The College will alert the public to pending discipline hearings including the status of the matter and the notices of hearings. • Discipline hearing outcomes will be provided to the public, including posting on the website of Agreed Statements of Facts and Joint Submissions on Penalty and Costs, which are exhibits to hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.

Year-to-date outcomes:	Complaints and complaint outcomes, as well as scheduled hearings and notices of hearings have been posted to the website as soon as possible. All supporting materials for hearings, including exhibits, Agreed Statements of Facts and Joint Submissions on Penalty and Costs are also posted as are all Decisions and Reasons.

Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

2.07. Accountability	Estimated annual costs: Not broken out
All 3 Planning Years	
The College will provide **Health Force Ontario** (HFO) the annual reporting data as required under the Code.	• Applications for registration and registration renewal forms will be refined to support the collection and annual reporting of HFO data. • The annual Health Force Ontario submission will be made by May 30 and any corrections submitted by September 30.

Year-to-date outcomes:	All HFO data is being collected on the application for registration. The College's reporting submission of HFO data for the period Jan 1, 2021 – December 31, 2021 was made March 23, 2022 date and the report finalized August 2, 2022.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Commentary:								

The College will support the work of the **Office of the Fairness Commissioner** (OFC) in its effort to ensure that registration practices of regulatory authorities are fair, objective, impartial and transparent.	• The College will submit the annual Fair Registration Practices report on the schedule set by the OFC and will make such reports publicly available. • The College will engage the OFC in support of its registration practices assessment conducted approximately every three years.							
Year-to-date outcomes:	Annual reporting was delayed by the OFC; reports are due December 14, 2022.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

The College will support the work of the Ministry of Health in its oversight capacity through the **College Performance Measure Framework**.	• The College will assemble the necessary quantitate and qualitative data for the CPMF between January and March annually.

	• The College's draft submission will be presented to the Council in March annually. • Once approved, the report will be submitted to the Ministry. • The Ministry's summary of all College reports will be reviewed to identify best practices which this College may adopt in the future.							
Year-to-date outcomes:	The College Performance Measure Framework report of the College was submitted on March 31, 2022 and work is beginning on the report for the 2022 report to be filed in March 2023.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

2.08. Strategic Planning	Estimated annual costs: $30,000
Using a qualified and skilled external consultant, the Council will undertake a planning process to define a clear Strategic Plan to communicate your priorities to stakeholders, respond to the College's Performance Measurement Framework and support decision-making in the years ahead.	**2022-2023** • An environmental scan will be undertaken to ensure there is a clear understanding of the existing context in which the College operates. • Meetings with stakeholders will be held to ensure our understanding of key issues and to challenge, validate or refine early themes emerging from the environmental scan. • Registrants will be consulted through an on-line survey to ensure a broad understanding of their perspectives and priorities. • A series of half-day workshops will be held by the Council to explore developed themes, opportunities for change and options. • A formal strategic plan as well as revised Ends Statements and Ends Priorities will be drafted and validated with the Council.

Year-to-date outcomes:	Three half-day strategic planning meetings have been scheduled. Environmental scans (SWOT and PESTLE analyses) have been completed. Stakeholder meetings have been held and a summary will be provided to the Council in November.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred

Commentary:	

3. Corporate Activities	**Estimated annual costs: $510,000**
3.1. Human Resources	Estimated annual costs: $55,000
The College recognizes that its human resources are a key asset. It also recognizes that while a major part of its work is conducted by its staff, it also relies on volunteers to fill important roles on Statutory, Council and Operational Committees, as well as, in the delivery of operational programs.	
All 3 Planning Years	

The College will manage its human resources in such a way at to recognize the value of its staff and in keeping with best practices for human resource management in the not-for-profit sector.	• The College will undertake recruitment of new personnel in a way that first emphasises current staff and is open and transparent. As such,
	  ○ Existing staff will be considered first for open positions as opportunities for advancement or development prior to advertising positions.
	  ○ Position descriptions will be maintained, and updates reviewed by the Management team prior to initiating recruitment processes.
	  ○ New positions and vacant positions will be advertised on the College's own website, as well as in one or more forums for job postings.
	• College staff will be compensated in a manner that reflects the current market value of the positions. As such,
	  ○ A salary range for each position shall be maintained and updated annually using the Consumer Price Index for November Ontario All-Items published in December.
	  ○ Compensation for new hires will be based on the salary ranges.

	• New staff will be provided with the information and tools necessary to the performance of their duties with the College. As such,
	  ○ A policy governing the on-boarding of new staff will be maintained and implemented.
	  ○ New staff will be oriented to the College, its role and how it meets it obligations.
	  ○ Initial training of new staff shall be provided by the College to enable quick integration into the work force.
	  ○ An evaluation of performance will be conducted at the conclusion of the 3-month probationary period.
	• Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. As such,
	  ○ Performance reviews will be conducted on all staff annually and will be completed by the end of July.
	  ○ A program for appropriate compensation changes will be maintained that is based on pay-for-performance using salary increases or bonuses.
	• Staff who are leaving the College will be treated with respect they and dignity. As such,
	  ○ Staff who are being removed from their position shall only be removed after all opportunities to explore systemic or environmental factors have been completed.
	  ○ Staff who resign their position will be asked to complete an exit interview that provides feedback to the College.

Year-to-date outcomes:	Any new vacancies are shared with staff for consideration, salary ranges for current fiscal year have been updated, annual performance appraisals for eligible staff have been completed, College has a comprehensive onboarding program for new staff and as applicable exit interviews are conducted with departing staff, total of

	three have been completed this reporting period. At the end of this period the College was working to fill 2 vacant positions in Communications (Marketing Communications Officer and Administrative Assistant, Communications.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

College management and staff will work collectively to continue to build and enhance the College "team" as a unified work force and to ensure that the College's workplace environment is conducive to the team approach.	• The College shall take all necessary and prudent steps to ensure that the College workplace environment promotes diversity and inclusivity, and is free from harassment, abuse and discrimination, including annual reviews of the College's relevant policies and ensuring that proper investigations are conducted when concerns are raised.
	• The College shall foster a team approach through shared work and social experiences. As such,
	  ○ On at least a semi-annual basis, the College will provide formal social opportunities for the staff.
	  ○ Informal social opportunities to develop the staff rapport and team will also be provided.
	  ○ On a quarterly basis, the CEO shall convene a staff meeting for the purposes of information sharing among staff regarding their work priorities and workflow as well as the opportunity to provide staff with information about corporate issues and provide information and support to enhance overall and individual performance.

Year-to-date outcomes:	Team building event was held in April, regular staff meetings are being held, Senior Leadership Team is having at minimum a weekly check-in call with their departmental staff, MS Teams is actively used by all staff on a regular basis to communicate.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred

Commentary:	

The College will provide staff within on-going training to enhance individual and program performance.	• The CEO will provide all staff with group training in areas of importance to the College and its regulatory work. • A formal process to support and encourage staff professional development will be established and integrated to annual performance review process, to enhance their own performance, that of the program areas and as developmental opportunities. • The College shall maintain membership in both the Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies for Regulation (CNAR) and share information from these organizations with staff. • Within the budgetary restrictions, the College will send staff to the CLEAR Annual Education Conference and to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s) and opportunities for future advancement.

Year-to-date outcomes:	Training provided to all staff by CEO on Basecamp-new platform for communication with volunteers. Staff and managers work collaboratively to identify opportunities for training. College human resource plan includes plan for career growth of existing staff.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:							

3.2. Financial Management	Estimated annual costs: $110,000
All 3 Planning Years	

The financial resources of the College will be managed in accordance with generally accepted accounting principles and best practices for the not-for-profit sector and will meet all legislative and oversight requirements.
 	
CEO, through the Director of Operations, will develop a budget
	• Capital and Operating budgets will be developed for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan.
	• Unaudited financial statements and the variance report will be provided to Council as part of the next Council meeting as soon as they are finalized and in accordance with the Councils Annual Planning Cycle (GP08).
	• The annual external audit of the College's financial status will be supported by the staff. As such,
	  ○ Staff will provide all necessary information and support requested by the auditor.
	  ○ The Audit Committee will meet at least twice to review the Auditor's findings.
	  ○ The Auditor's report and audited financial statements will be presented to the Council in July and released publicly once approved.
	  ○ Any concerns identified by the Auditor with respect to financial management practices will be addressed by the CEO within thirty (30) days of the report being accepted by the Council.

Year-to-date outcomes:	Annual audit for fiscal year 2021-2022 was presented and accepted by Council at July meeting and Q1 unaudited financials were presented and accepted by Council at September meeting.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:							

3.3. French Language Services	Estimated annual costs: Not broken out
All 3 Planning Years	

The College will continue to support and expand French language services through maintaining sufficient bilingual staff and translating materials for College programs into French.								• The College will continue to ensure that bilingual staff are available to provide service to the public and Registrants. • The Annual Report, Discipline Decisions & Reasons, Standards and Practise Guidelines will be made available in French. • The College's website will be fully translated and available in French. • Discipline, complaints, patient relations, PLAR, examinations and applications for entry-to-practise will be translated into French.
Year-to-date outcomes:	The College's website has been fully translated. Work is in progress to complete the various registries associated with the website and moving forward, further focus will look to the forms and downloads.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

The College will ensure that its regulatory processes, including but not limited to complaints/reports, discipline and fitness-to-practise are equipped to conduct hearings in French.								• The College will work with the Ministry of Health and the Public Appointments Secretariat to seek public appointments who are fully bilingual for appointment to the Discipline and Fitness to Practise Committees.
Year-to-date outcomes:	Work in this area remains in progress although the College has confirmed that at least one of its Public members is bilingual.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

3.4. Regulations, Policies & Procedures	Estimated annual costs: Not broken out
The College has developed and implemented many program and operating policies and procedures since proclamation. These will be reviewed to ensure that they reflect current practices and the most efficient means of operating.	
All 3 Planning Years	

A review cycle will be undertaken of existing Regulations, program policies, operating policies and related procedures to ensure that they reflect good practices and are consistent with the objects of the College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias.	• Working with Committee Chairs, the College will ensure that all regulations and program policies are accurate and appropriate for the College's work. As such, ○ Regulations will be reviewed with the Committees on a bi-annual basis and any recommendations for amendments brought before the Council. ○ Program Policies that are approved by the Council will be reviewed on an on-going basis with approximately 5% being completed each year. • All Operating policies and procedures will be accurate to the manner in which the College functions and will be appropriate for the role of the College. As such, ○ 20% of all existing policies and procedures will be reviewed on an annual basis. ○ All policies will be posted for the use of College staff in the performance of their duties. ○ New policies and procedures will be developed as needed.

Year-to-date outcomes:	QAC & ICRC Program Policies reviewed. New Operating Policy Created: Payment of Fees and Expenses for College Consultants, Reinstating Certificate of Registration, Processing PLAR Stage 1, Applicant Access to Records, Accommodations for Applicants Processing and Applications for Registration. Existing operating policies that were updated: Corporate Credit Card and Professional Liability Insurance policies.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

3.5. Records Management and Retention	Estimated annual costs: Not broken out
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.	• Re-training will be provided to staff surrounding the nature of which records are retained and those that are disposed of (transitory records). • The Records Management and Retention Policies will be reviewed with each department to ensure that they file and retain records according to the policy and correct any records filing deficiencies.
Year-to-date outcomes:	All College records are in the process of being digitalized and migrated to the cloud. College data is being reviewed by departments and archived.
Year-to-date rating:	❒ Not started ☑ In progress ❒ Completed ❒ To be deferred
Commentary:	

3.6. Corporate Communications	Estimated annual costs: $345,000
All 3 Planning Years	
The College will maintain a program of outbound communications and messaging to the Registrants, public and stakeholders through defined program elements.	• Registrants and stakeholders of the College will be informed of the College's on-going work and new developments. As such, ○ Ten editions of iNformeD will be produced and delivered electronically. ○ The Blog and News sections of the College's website will be updated regularly. ○ The College's overall website will be accurate, up-to-date and a valued tool for users. ○ The College's social media channels will be updated regularly. ○ The College will offer a minimum of two installments of its "In Conversation with…" series for registrants, the public and stakeholders.
Year-to-date outcomes:	Registrants and stakeholders have been informed of the College's on-going work and new developments as follows:

	• 6 editions of iNformeD were produced and delivered electronically between April 1 and September 30, 2022; one for each month delivered midway through the month. • The Blog and News sections of the College website were updated monthly if not more frequently between April 1 and September 30, 2022. • A total of 9 articles were published to the News section, and a total of 5 blog posts were published to the Blog section. • The College's English and French website has been updated 1302 times between April 1 and September 30, 2022, including adding information to existing pages, creating and deploying new pages, news articles, blog posts, etc. • The website's primary level 1, 2, and 3 pages were also translated into French and mirrored on the website. • The College's website was accordingly visited 47,741 times in the above period with a total user count of 26, 721, primarily focusing on consistently updated pages under the Applicants and Registration sections of the site. • The College's social media channels were updated 32 times each, with posts mirrored in French and English on Facebook and LinkedIn. • The College's LinkedIn channel achieved a total of 122 followers over the April 1 to September 30, 2022 time period, and 587 unique impressions including clicks on posts and links. • The College delivered two In Conversation With sessions for Registrants, the public and stakeholders (i.e. ICW: Entry-to-Practise, and ICW: College Volunteers).							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

The College will operate a program of engagement that provides opportunities for Registrants, the public and stakeholders to communicate back to the College.	• The College will engage the Ontario Government in on-going dialogue. As such, ○ The CEO will liaise with the Ministry of Health on an on-going basis and respond to inquiries on a timely basis.

	○ The Council Chair and CEO will meet with Assistant Deputy Minister for regulatory matters in the Ontario Ministry of Health on an as-needed basis. • The College will engage naturopathic stakeholders in on-going dialogue. As such, ○ The College Council Chair and CEO will meet with the President and the CEO of the OAND, the President and the Board Chair of CCNM on a regular schedule. • The College will engage in on-going dialogue with other regulatory authorities within the profession, within health professions and the broader regulatory community. As such, ○ The CEO will participate as a Director on the Board of Directors of Health Profession Regulators Ontario, subject to any limitations placed upon that role by Council. ○ The CEO or their delegate(s) will participate in working groups and Committees of HPRO as necessary, as well as in the Ontario Regulators for Access Consortium (ORAC). ○ The College will continue to support the other Canadian naturopathic regulators by maintaining individual relationships at the senior level as well as by participating in the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). • The College will engage Ontarians on regulatory matters. As such, ○ 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 social media channels, newsletter

						and CEO blog as well as supporting the College as Public Representatives. • The College will engage naturopathic educational students on regulatory and profession-specific matters. As such, ○ The Director of Registration and Examinations will meet with CCNM students about the registration process and entry-to-practise exam(s). ○ The College will provide information that is relevant to the student body though a variety of means.	
Year-to-date outcomes:	The CEO has maintained close communications with the Ministry of Health on a variety of issues and responded to several consultations initiated by the Ministry. Leadership meetings have been held with CCNM and the CEO has met with the Interim CEO of the OAND. The College has continued its participation in the Citizen's Advisory Group. Engagement with the profession and the public has been the focus of the Colleges social media activities (Facebook, LinkedIn) and through the In Conversation with series of which two sessions held in this first half of the year and at least three more for the latter half. An In Conversation With session was held on entry-to-practise in May 2022 which was advertised to CCNM students and faculty, and engagement initiatives were initiated with the class reps for 2022 and 2023.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

4. Program Development	**Estimated annual costs: $262,500**
4.01. COVID-19 Support	Estimated annual costs: $7,500
All 3 Planning Years	
In 2020 the novel coronavirus impacted Canada and Ontario unlike any pandemic in the past. The health care system was essentially shut down requiring the College to provide regular information, guidance and support to Registrants. In addition, the ongoing enforcement of the rules for those attempting to circumvent government and College	• Updates to the profession will be provided at times when it is important and relevant. • In concert with the Standards Committee, current Standards and Guidelines will be updated as necessary in response to pandemic.

Directives. A program of providing on-going support and guidance will be maintained by the College as long as the pandemic is active in this Province.	• Reopening guidelines will be issued to the profession and updated as needed to guide and assist them. • The College will attend COVID teleconferences organized by the Ministry Emergency Operations Centre (MEOC). • Department functions will be amended to facilitate the continuation of key regulatory processes. • Ongoing monitoring of changes and updates by the CMOH and the MOH.

Year-to-date outcomes:	Updates regarding the lifting of Mask Mandates and the expiry of the College's Covid Reopening Guideline were issued. The MEOC ceased regular COVID updated teleconferences.							
Year-to-date rating:	❒	Not started	❒	In progress	❒	Completed	❒	To be deferred
Commentary:								

4.02. Risk-based Regulation	Estimated annual costs: $25,000
The Council's Governance Report approved in July 2020 included the mandate that the College moved towards a risk-based regulation approach. The work started on this program in 2020-2021 will be continued and the program that is developed will be presented to the Council for approval and, if approved, implemented.	**2022-2023** • The development of the Risk-based Regulation approach initiated in the prior fiscal year will continue with the development of a program overview that provides all relevant details. • The College will engage stakeholders to consider the proposed model and determine the most effective means of assessing data that is collected to identify risks and potential mitigation activities. • Preliminary policies that articulate the approach to be used will be developed.

Year-to-date outcomes:	An initial draft of a Risk-based regulation program has been created and discussions held with experts in the area. The College has also undertaken a comprehensive literature review to identify and verify variables that may be seen to be identifiers of risk.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

<table>
<tr><td>4.03. Volunteer Program Development and Implementation</td><td>Estimated annual costs: $25,000</td></tr>
<tr><td colspan="2">The College Council has stated among its values that its human resources are a key asset. The College's human resources go well beyond the traditional use of that term in the context of staff. The College's human resources, and therefore key assets, includes the many volunteers who work with the College on Council and Operating Committees and who perform key roles within the regulatory framework. As such, the College will develop an overarching and comprehensive volunteer program that covers recruitment, competency assessment, training and recognition.</td></tr>
<tr><td>The College will develop a comprehensive approach to the recruitment and retention of volunteers.</td><td>2022-2023
A new approach to the on-going recruitment of volunteers from both the profession and the public will be developed in concert with the Governance Committee of the Council.
A retention program that will be developed that incorporates best practices in retention including regular feedback opportunities from current volunteers and those that may exit the program.
In concert with the Governance Committee, a mentoring program will be developed and implemented as a means of providing support to volunteers and adding value for both new and existing volunteers.
A recognition program for volunteers will be developed as a means of augmenting the retention of volunteers and recognizing the value that the Council and College places on its human resources.</td></tr>
</table>

Year-to-date outcomes:	The mentoring program has been developed and implemented and the first in a series of Mentoring Education events have been held. Recruitment activities have focused on volunteers assisting in recruitment (a handout developed and delivered to volunteers) and the Virtual Volunteer Open House held in September 2022.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

4.04. Fair Registration Practices & Currency Requirements	Estimated annual costs: $25,000

The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in it's report of 2018, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.	**2022-2023**
	• A review of registration requirements will be undertaken:
	  ○ In concert with the Registration Committee, entry to practice and registration requirements will be reviewed for relevancy and currency.
	  ○ Tools to assess currency of knowledge, skill and judgment at entry to practise will be amended to reflect updates to core competencies and/or the competency profile of the profession.
	  ○ Audits of Registrant practise hours in the new database management system will be operationalized
	• An audit of applicant files will be undertaken in conjunction with the overall audit of the College's filing system.

Year-to-date outcomes:	Preliminary review of the Registration Regulation was undertaken by the Registration Committee (section 3 'good character' provisions). Entry-to-practise self-assessment forms were amended to reflect updates to core competencies and standards of practice of the profession. Audits of currency hours have begun (including updates to the Registration Policy around currency hours) with a planned public consultation on direct patient care hours to occur in this registration year.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Commentary:							

4.05. PLAR Program – Demonstration-based Assessment	Estimated annual costs: $25,000
As a result of COVID-19, beta testing and operationalization of cases associated with the final demonstration-based, OSCE-type component ("Interaction with a Simulated Patient") of the PLAR program had to be delayed.	2023-2024 • The "Interaction with a Simulated Patient" (ISP) component of the PLAR program will be operationalized: ○ Three cases will be beta tested and finalized for use as part of the PLAR process. ○ Associated staff and recruited demonstration-based assessors will be trained on the administration of the ISP.

Year-to-date outcomes:	Activity deferred to 2023.							
Year-to-date rating:	☑	Not started	❒	In progress	❒	Completed	❒	To be deferred
Commentary:								

4.06. Review of College Finances and Fees	Estimated annual costs: DEFERRED
In 2018, the Executive Committee committed the College to undertake a review of the College's financial status and registration fees levied to the profession to ensure that the fees were at the appropriate level to ensure the long-terms sustainability of the College while charging the lowest fees possible. This College will proceed to implement this project to meet that commitment. In January 2022 the Council deferred this item until the College can complete a fifth accounting cycle under normal operations.	2022-2023 • No additional development activities required.

Year-to-date outcomes:	Activity deferred to 2024. The College is currently working with restrictions and will need to evaluate if 2023-2024 fiscal year will be completed under normal circumstances.							
Year-to-date rating:	❒	Not started	❒	In progress	❒	Completed	☑	To be deferred
Commentary:								

4.07 Property Search	Estimated annual costs: $20,000

The College will engage in an open and transparent process to seek appropriate space for the head office of the College that meets the current and future needs of the College.	**2022-2023**
	• Using the needs assessment developed in the prior year, the College will work with its broker of record to issue a request for proposals from various office buildings to allow for an open bidding process from buildings that can meet or exceed College needs.
	• The College will negotiate a lease agreement with the building management of the selected location, including any leasehold changes needed for the location.
	• The College will issue a request for quotes from companies that are needed to support a move should one be required. As such, requests for quotes or proposals will be issued to,
	  ○ Companies that specialize in office move, if a move is required.
	  ○ Companies that specialize in office design, if a move to a new location is required.
	  ○ Companies that specialize in office construction, if a move is required and construction is needed.
	• Preparations will be made to any new office space in anticipation of occupancy by the end of February 2023

Year-to-date outcomes:	New office premises has been selected and Lease Agreement has been reviewed by legal counsel and signed by the College. Notice has been provided to existing Landlord.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

4.08 Enterprise Risk Management									Estimated annual costs: $30,000
The College will develop and implement an enterprise risk management (ERM) designed to identify, monitory and mitigate risks faced by the College.									**2022-2023** • Working with the Risk Committee and the Governance Policy Review Committee, existing Executive Limitations policies will be reviewed and proposed changed developed to incorporate the new ERM framework. • All risks will be assessed and prioritized. • Mitigation strategies will be developed. • A risk report will be presented to the Council for review and acceptance. • The Council will be asked to identify the College's true level of risk tolerance and the nature and timing of risk monitoring reports.
Year-to-date outcomes:	No activities have been undertaken to-date.								
Year-to-date rating:	❒	Not started	❒	In progress	❒	Completed	❒	To be deferred	
Commentary:									

4.09 Equity, Diversity, and Inclusion	Estimated annual costs: $135,000
The College will develop and implement an equity, diversity and inclusion initiative.	**2022-2023** • A general statement for the Council on EDI will be developed in concert with the EDI Committee and presented to the Council for consideration. • A Governance Process and Executive Limitation policy relating to EDI will be developed in concert with the EDI Committee and the Governance Policy Review Committee for the consideration of the Council. • Recruitment of new volunteers and staff will be one that is based on equity, diversity and inclusion.

								• Committee Terms of Reference will include EDI language. • Existing job profiles will be updated to include EDI language. • Existing Regulations and program policies will be reviewed by the EDI Committee and recommendations offered that ensure they are free of bias, discriminatory and racist elements.
Year-to-date outcomes:	An EDI Statement has been drafted for the Council by the EDIC. A draft EDIB Policy and updates to the College's workplace Harassment policies have been made a submitted to the GPRC for consideration. New EDI statement has been approved and is posted on the College's website in the recruitment section. A new EDI Tool/Lens has been drafted for feedback by the EDI Focus Group.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

4.10 Data Migration	Estimated annual costs: $20,000
The College's existing server is reaching end of life. College data will be migrated off the server and into the cloud.	**2022-2023** • The College will be developing a project plan in collaboration with the I.T company. • The College's data will be migrated with identical security features including VPN. • The College will make the necessary provisions should it be required to support cloud operations in new office space, including installation of equipment. • Transitioning the server to the cloud will reduce the College's need for larger space to support existing server and will decrease carbon footprint. • Pre-migration testing will be conducted to minimize operational disruptions. • At the end of 2022 College data will be fully migrated to the cloud.

								• All of the College's data will be stored in Canada, including current Alinity (cloud application).
Year-to-date outcomes:	Plan has been developed with the College's IT provider and preparatory action items have been completed.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Commentary:								

MEMORANDUM

DATE:	November 17, 2022
TO:	Council members College of Naturopaths of Ontario
FROM:	Agnes Kupny Director of Operations
RE:	Variance Report – Q2 Unaudited Financial Statements

I am pleased to provide this Variance Report and the Unaudited Financial Statements of the College of Naturopaths of Ontario as of September 30, 2022, which represents the second quarter (Q2) of our fiscal year 2022-2023.

Statement of Financial Position

The Statement of Financial Position provides a snapshot of the financial standing of the organization at the point in time for which it is dated, in this case, as of September 30, 2022.

The College remains in a good financial position at the end of Q2. Please note that this report continues to include COVID-19 pandemic impacts in reference to the number of candidates the College is able to host for exams.

At the end of the quarter the College's Operating bank account was low due to the timelines of our accounts payable. This account typically carries a balance of $80,000-$100,000.

The College's accounts receivables has experienced very little change from the number of Registrants participating in the pre-authorized plan from 557 at the start of the renewal period to now with a current enrollment of 555 Registrants. This quarter we had a total of three transactions that were not successful on the first attempt, however each one was successful during the re-submission process.

The College's Accounts Payable in the amount of $85,049.99 is being highlighted at the end of this quarter as it is only comprised of translation and legal costs, whereas commonly it will payroll costs.

The allowance for doubtful accounts represents fees that are owed to the College but that we do not anticipating actually collecting, this accounts for 3% against receivables. The allowance is made primarily for registration fees and Discipline Committee Ordered Costs.

Other Liabilities have returned to be within normal business practice limits as the College returns to a normal fiscal year cycle.

Statement of Operations

The Statement of Operations, as well as an analysis of the Statement of Operations is attached following the Statement of Financial position. For the analysis, the coloured legend is as follows:

- Blue- notes actual budget and actual expenditures for Q2 only.
- Green- is a calculation of how much was spent in Q2 versus the Q2 budget.
- Yellow- historical data from the previous year to illustrate actual expenditures versus the budget.
- Purple- captures the budget and actual expenditures compounding from quarter to quarter. In this report the table includes data for Q1 and Q2 combined.
- Pink- illustrates the actual annual budget and the percentage of the budget received or spent to date.

Revenue

Total Year-to-Date actual revenue was $3,119,660. This compares to the Year-to-Date budget of $3,218,708 resulting in a small unfavourable balance of ($99,048), which accounts for a 3% variance.

This quarter the two largest revenue streams under performed in meeting their budgeted targets for the quarter, but remain on target to meet the annual budget. Smaller streams of revenue such as bank interest on the other hand experienced a surplus against budgeted targets and have already exceeded year end budgeted expectations.

	Current 2022-2023 Fiscal Year				Prior 2021-2022 Fiscal Year		
Line Item	**Year to Date Budget**	**Year to Date Revenue**	**Variance in $**	**% within the Budget**	**Q2- Actual Revenue**	**Q2- Variance in $**	**Q2- Variance in %**
Registration Fees	$2,863,508	$2,838,677	($24,831)	1% Under budget	$27,907	($20,472)	58% Under budget
Examination Fees	$194,300	$182,400	($11,900)	6% Under budget	$64,252	($98,048)	40% Under budget
Ordered Costs Recovered	$49,000	$10,200	($38,800)	79% Under budget	$2,750	($1,250)	69% Under budget
Interest	$1,200	$2,748	$1,548	229% Over budget	$534	($466)	53% Under budget
Investment Income	$5,400	$7,310	$1,910	135% Over budget	$293	($2,707)	10% Under budget

Registration Fees (99% of YTD Budget)– Most monies from this line item have been generated by our Entry to Practice department. A total of six applications were received and 11 certificates were issued this quarter.

Examination Fees (94% of YTD Budget) – This quarter the College experienced a lower enrollment than anticipated for the Clinical Sciences Exam with a total of 13 enrollments. A total of 42 candidates attended the Clinical Practical Exam and four candidates retook the exam vs. a budgeted 20 candidates. There were also no completions this quarter of the Jurisprudence Exam.

Ordered Costs Recovered (21% of YTD Budget)- Partial ordered costs were collected from three Registrants. It is common that when Ordered Costs are issued as part of a Decision and Reason that the Ordered Costs are accompanied with a payment plan. Payment plans thus far have ranged between 1-2 years.

Interest (229% of YTB Budget)- The College's chequing account bears little to no interest due to the number transactions and service fees. The College's savings account saw an increase in interest of 0.02% for an additional $165 in the last two months in the quarter.

Investment Income- (135% of YTD Budget)- The College's investment portfolio includes a GIC and Mutual Fund. Our Mutual Fund is now in receipt of a positive rate of return and our GIC is performing better.

Expenses

Total Year-to-Date expenses were $1,543,891 versus the Year-to-Date budget of $1,904,609. The favorable variance of $360,718 is an overall costs savings of 19% against the budget. The primary items that contributed to lowered expenses are as follows:

	2022-2023				2021-2022		
Line Item	**Year to Date Budget**	**Year to Date Expense**	**Variance in $**	**% within the Budget**	**Q2- Actual Expense**	**Q2- Variance in $**	**Q2- Variance in %**
Rent and Utilities	$171,507	$138,608	$32,899	19% Under budget	$74,814	$5,699	7% Under budget
Office and General	$74,009	$48,522	$25,487	34% Under budget	$21,309	$20,421	49% Under budget
Consulting Fees- General	$34,600	$4,246	$30,354	88% Under budget	$21,770	$300	1% Under budget
Consulting Fees- Complaints	$67,500	$53,072	$14,428	21% Under budget	$40,079	($9,829)	-32% Over budget
Consulting Fees- Assessors	$27,300	$10,531	$16,769	61% Under budget	$2,200	$8,300	79% Under budget
Exam Fees and Expenses	$159,131	$61,008	$98,123	62% Under budget	$63,084	$34,436	35% Under budget
Legal Fees- General	$22,716	$4,524	$18,192	80% Under budget	$1,995	$9,793	83% Under budget

Legal Fees- Complaints	$36,325	$39,735	($3,410)	9% Over budget	$3,378	$10,550	76% Under budget
Legal Fees- Discipline	$92,000	$77,762	$14,238	15% Under budget	$11,701	$2,299	16% Under budget
Council Fees and Expenses	$148,127	$105,685	$42,442	29% Under budget	$66,256	$29,299	31% Under budget
Hearings	$15,000	$10,478	$4,522	30% Under budget	$4,467	($690)	-18% Over budget
Public Education	$37,047	$42,229	($5,182)	14% Over budget	$325	$8,050	96% Under budget
Education and Training	$15,805	$4,322	$11,483	73% Under budget	$1,757	($757)	-76% Over budget
Printing and Postage	$1140	$427	$713	63% Under budget	$546	($84)	-18% Over budget

Rent and Utilities (81% of YTD Budget)- At the end of the fiscal year for our Landlord there is typically an adjustment for all occupants of the building for taxes and utilities. Due to the building being partially vacated due to COVID-19 restrictions, the College was in receipt of a refund in the amount of $11,783.20. When the building is at full capacity the College has commonly had to make top up payments in the $5,000 range.

Office and General (66% of YTD Budget)- With the office transitioned to a hoteling model staff currently going to the office on an as needed basis the costs of office supplies, copies, janitorial services is minimal.

Consulting Fees General (12% of YTD Budget)- The College is currently working on a couple of larger projects for which billing will be deferred to Q3-Q4. This includes completion of French translation to the Registers, migration of the Colleges data to the cloud and Council strategic planning.

Consulting Fees Complaints (79% of YTD Budget)- A total of seven complaints and two Registrar Investigation's were opened and three complaints and seven Registrar Investigation's were closed. In comparison to the previous year, actual expenditures were in the low $50,000 range year over year.

Consulting Fees Assessors (39% of YTD Budget)- A total of 10 inspections were completed this quarter for a year-to-date total of 21. It is anticipated that the volume of inspections will increase to approximately 20 in Q3.

Exam Fees and Expenses (38% of YTD Budget) – The exam program is run on a cost recovery basis. The College's vendor Yardstick which provides examination services including the maintenance of exams has not billed the College to date. At the end of Q2 this is

approximately $80,000. This matter has now been resolved with the vendor and billing is anticipated in Q3 to cover Q1, Q2 and Q3.

Legal Fees General (20% of YTD Budget) - Patient Relations, Quality Assurance Program, Registration, Inspections, Drug, and Standards Program did not incur any legal costs. The Drug, Substances and Lab Program deferred all of its activity to Q4. All costs incurred in Q2 were in Operations on operational consults including records management and retention.

Legal Fees Complaints (109% of YTD Budget) – A total of seven complaints and two Registrar Investigation's were opened and three complaints and seven Registrar Investigation's were closed. As cases remain complex in nature, more and more investigations are requiring legal opinions and prosecutorial viability opinions.

Legal Fees Discipline/Hearings (85% of YTD Budget)- This quarter there was one uncontested hearing held. There are now six matters that have been referred to the Discipline Committee all of which are at various stages in the process. This volume entails detailed legal work including issuing notices of hearing, disclosure requirements, case reviews, negotiations with defense counsel, pre-hearing conferences and development of documents for potential settlements.

Council Fees (71% of YTD Budget)- There were a few committees in which no activity took place including Executive Committee, Exam Appeals, Scheduled Substance Review Committee and Risk Management Committee which is currently under development. Per diems have a shortfall due to under reporting and late submissions post meetings. Due to payment structures the renumeration for consultation on Strategic Planning and Council Evaluation Program in full remains outstanding.

Hearings (70% of YTD Budget)- One uncontested hearing was held this quarter. Partial fees incurred from the uncontested hearings in Q1 were billed late and fell into this reporting period. A contested hearing has been scheduled for Q3.

Public Education (114% of YTD Budget)- As stated last quarter the majority of fees attributed to memberships including HPRO and CANRA have been renewed this reporting period.

Education and Training (27% YTD Budget)- No training initiatives were held in any of the program area this quarter.

Postage and Printing (37% of YTD Budget)- The majority of the College's operations have been transitioned to electronic correspondence with a decrease in physical printing and mail outs.

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q2 are at 88% of the annual budget, with the greatest shortfall in Ordered Costs Recovered. This is driven by when Decision and Reasons are concluded and the payment plan that is established. Overall expenses are at 40% of the annual budget however, there are a couple of larger projects that have yet to be billed along with the office move in Q4 in which the College will incur increased costs.

Capital Expenditures

In Q2 there were no capital expenditures incurred. The remaining capital allocations for IT and Furniture are anticipated to be utilized between Q3-Q4 closer to the re-location of the College.

This report is a highlight of the overall financial picture of the College for the relevant reporting period. If you have any questions or would like to discuss any aspects of this report, I am happy to do so.

Respectfully submitted.

The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION
As of September 30, 2022 (Q2)
50% of Fiscal Year

ASSETS		
Chequing / Savings		
Bank - Operating Funds	$ 10,262.35	
Bank - Savings	$ 946,334.06	
Petty Cash	$ 500.00	
Refund Clearing	$ (1,454.54)	
Total Chequing / Savings		*$ 955,641.87*
Accounts Receivable		
Accounts Receivable	$ 425,921.19	
Allowance for Doubtful Accounts	$ (32,374.50)	
Ordered DC Costs	$ 12,117.95	
Total Accounts Receivable		*$ 405,664.64*
Other Current Assets		
Prepaid Expenses	$ 100,710.16	
Investment in Mutual funds	$ 1,572,815.66	
Accrued Interest	$ 447.50	
Investment in GIC	$ 516,116.61	
Total Other Current Assets		*$ 2,190,089.93*
Fixed Assets		
Computer Equipment	$ 84,708.12	
Furniture and Fixtures	$ 159,390.70	
Accumulated Amortn - Computers	$ (185,597.10)	
Accumulated Amortn - Furniture	$ (17,418.05)	
Total Fixed Assets		*$ 41,083.67*
TOTAL ASSETS		**$ 3,592,480.11**
LIABILITIES AND EQUITY		
Accounts Payable		
Accounts Payable	$ 85,049.99	
Credit cards	$ 3,752.42	
Total Account Payable		*$ 88,802.41*
Other Current Liabilities		
Accrued Liabilities	$ 7,477.45	
Accrued Liabilities-Discipline	$ 10,117.95	
Deferred Income	$ -	
HST Payable	$ 4,910.61	
Total Current Liabilities		*$ 22,506.01*
Equity		
Retained Earnings	$ (332,720.37)	
Patient Relations Fund	$ 100,000.00	
Business Continuity Fund	$ 1,083,877.00	
Investigations and Hearning Fund	$ 1,004,246.00	
Succession Planning Fund	$ 50,000.00	
Current Earnings	$ 1,575,769.06	
Total Equity		*$ 3,481,171.69*
TOTAL LIABILITIES AND EQUITY		**$ 3,592,480.11**

The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q2 commencing July 01, 2022 to September 30, 2022

	Q2						12 MONTH ENDING MARCH 31, 2023					
	July-Sept'22 Budget $'s	July-Sept'22 Actual $'s	BUDGET FAV (UNFAV) VARIANCE		July-Sept'21 Actual $'s	July-Sept'21 FAV (UNFAV) VARIANCE	YTD Budget $'s	YTD Actual $'s	BUDGET FAV (UNFAV) VARIANCE		ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
Revenue			$	%		$			$	%	$	%
Registration and Member Renewals	49,340	13,681	(35,659)	28%	27,907	(20,472)	2,863,508	2,838,677	(24,831)	99%	2,908,828	98%
Examination Fees	162,300	92,058	(70,242)	57%	64,252	(98,048)	194,300	182,400	(11,900)	94%	287,000	64%
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%
Incorporation Fees	4,650	6,300	1,650	135%	8,904	4,254	16,600	12,050	(4,550)	73%	26,550	45%
Ordered Costs Recovered	-	5,600	5,600	100%	2,750	(1,250)	49,000	10,200	(38,800)	21%	143,000	7%
Inspection Fees	42,500	45,200	2,700	106%	16,750	4,250	85,000	66,100	(18,900)	78%	170,000	39%
Interest	600	1,972	1,372	329%	534	(466)	1,200	2,748	1,548	229%	2,400	115%
Investment Income	1,800	5,938	4,138	330%	293	(2,707)	5,400	7,310	1,910	135%	7,200	102%
Miscellaneous Income (CEWS Subsidy)	-	105	105	0%	107,850	107,850	3,700	175	(3,525)	5%	3,700	5%
Total Revenue	261,190	170,854	(90,336)	65%	229,240	(6,589)	3,218,708	3,119,660	(99,048)	97%	3,548,678	88%
Expenses												
Salaries and Benefits	480,976	432,729	48,247	10%	443,930	(22,381)	933,298	868,970	64,328	7%	1,837,942	47%
Rent and Utilities	85,753	63,387	22,366	26%	74,814	5,699	171,507	138,608	32,899	19%	337,215	41%
Office and General	36,479	20,698	15,781	43%	21,309	20,421	74,009	48,522	25,487	34%	182,768	27%
Consulting Fees-General	17,400	1,505	15,895	91%	21,770	300	34,600	4,246	30,354	88%	102,400	4%
Consulting Fees-Complaints and Inquires	32,250	27,642	4,608	14%	40,079	(9,829)	67,500	53,072	14,428	21%	132,000	40%
Consulting Fees-Assessors/Inspectors	18,900	3,153	15,747	83%	2,200	8,300	27,300	10,531	16,769	61%	63,600	17%
Exam Fees and Expenses	88,968	41,972	46,996	53%	63,084	34,436	159,131	61,008	98,123	62%	282,867	22%
Legal Fees-General	11,358	1,910	9,448	83%	1,995	9,793	22,716	4,524	18,192	80%	45,432	10%
Legal Fees-Complaints	12,700	21,353	(8,653)	-68%	3,378	10,550	36,325	39,735	(3,410)	-9%	100,725	39%
Legal Fees-Discipline	-	38,948	(38,948)	-100%	11,701	2,299	92,000	77,762	14,238	15%	259,000	30%
Council Fees and Expenses	89,377	85,901	3,476	4%	66,256	29,299	148,127	105,685	42,442	29%	244,620	43%
Hearings (Discipline, Fitness to Practice)	-	5,369	(5,369)	-100%	4,467	(690)	15,000	10,478	4,522	30%	40,950	26%
Amortization/Depreciation	-	-	-	0%	-	-	-	-	-	0%	24,709	0%
Insurance	-	(0)	0	0%	-	-	27,000	32,682	(5,682)	-21%	27,000	121%
Equipment Maintenace	12,702	12,838	(136)	-1%	12,711	(666)	25,604	25,490	114	0%	51,008	50%
Audit Fees	16,500	15,600	900	0%	15,600	900	16,500	15,600	900	5%	16,500	0%
Public Education	11,004	19,682	(8,679)	-79%	325	8,050	37,047	42,229	(5,182)	-14%	111,584	38%
Education and Training	1,450	(518)	1,968	136%	1,757	(757)	15,805	4,322	11,483	73%	17,055	25%
Printing and Postage	671	67	605	90%	546	(84)	1,140	427	713	63%	1,655	26%
Total Expenses	916,489	792,236	124,253	14%	785,922	95,640	1,904,609	1,543,891	360,718	19%	3,879,029	40%
Total Revenue over Expenses	(655,299)	(621,382)	(214,589)	33%	(556,682)	(102,229)	1,314,099	1,575,769	(459,766)	33%	(330,351)	

The College of Naturopaths of Ontario

Statement of Operations

	2022-2023			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Sept'22 Budget
REVENUES				
Registration and member renewal fees	$ 2,908,828	$ 2,838,677	98%	$ 2,863,508
Examination fees	$ 287,000	$ 182,400	64%	$ 194,300
Defferred capital funding	$0	$0	0%	$ -
Incorporation fees	$ 26,550	$ 12,050	45%	$ 16,600
Ordered costs recovered	$ 143,000	$ 10,200	7%	$ 49,000
Inspection fees	$ 170,000	$ 66,100	39%	$ 85,000
Interest	$ 2,400	$ 2,748	115%	$ 1,200
Investment Income	$ 7,200	$ 7,310	102%	$ 5,400
Miscellenous	$ 3,700	$ 175	5%	$ 3,700
TOTAL REVENUES	$ 3,548,678	$ 3,119,660		$ 3,218,708
EXPENSES				
Salaries and benefits	$ 1,837,942	$ 868,970	47%	$ 933,298
Rent and utilities	$ 337,215	$ 138,608	41%	$ 171,507
Office and general	$ 182,768	$ 48,522	27%	$ 74,009
Consulting fees				
Consultants - general	$ 102,400	$ 4,246	4%	$ 34,600
Consultants - complaints and inquiries	$ 132,000	$ 53,072	40%	$ 67,500
Consultants - assessors/inspectors	$ 63,600	$ 10,531	17%	$ 27,300
Exam fees and expenses	$ 282,867	$ 61,008	22%	$ 159,131
Legal fees				
Legal fees - general	$ 45,432	$ 4,524	10%	$ 22,716
Legal fees - complaints	$ 100,725	$ 39,735	39%	$ 36,325
Legal fees - discipline	$ 259,000	$ 79,562	31%	$ 92,000
Council fees and expenses	$ 244,620	$ 105,685	43%	$ 148,127
Hearings (Discipline, Fitness to Practise)	$ 40,950	$ 8,678	21%	$ 15,000
Amortization/Depreciation	$ 24,709	$ -	0%	$ -
Insurance	$ 27,000	$ 32,682	121%	$ 27,000
Equipment maintenance	$ 51,008	$ 25,490	50%	$ 25,604
Audit fees	$ 16,500	$ 15,600	95%	$ 16,500
Public education	$ 111,584	$ 42,229	38%	$ 37,047
Education and training	$ 17,055	$ 4,322	25%	$ 15,805
Postage & Courier	$ 1,655	$ 427	26%	$ 1,140
TOTAL EXPENSES	$ 3,879,029	$ 1,543,891		$ 1,904,609
EXCESS OF REVENUES OVER EXPENSES	$ (330,351)	$ 1,575,769		$ 1,314,099

The College of Naturopaths of Ontario

2022-23 Capital Statement

Line Item	Total Budget (April 2022-March 2023)	April	May	June	July	August	September	October	November	December	January	Febuary	March	YTD Actual	Balance
Computer Equipment	$13,100.00		$5,495.74	$2,578.04										$8,073.78	$5,026.22
Furniture & Fixtures	$30,000.00													$0.00	$30,000.00
Total	$43,100.00													$8,073.78	$35,026.22

MEMORANDUM

DATE:	November 30, 2022
TO:	Council members
FROM:	Dr. Brenda Lessard-Rhead, ND (Inactive) Chair, Governance Policy Review Committee
RE:	Review of the Council-CEO Linkage and Ends Policies

The Governance Policy Review Committee (GPRC) met on November 7, 2022, to review the Council-CEO Linkage and Ends 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. Council-CEO Linkage and Ends Policies.

In keeping with the revised Council Annual Cycle, the November meeting of the Council includes a detailed review of the Council-CEO Linkage and Ends policies:

- CCL01.02 - Delegation to the CEO
- CCL02.03 - CEO Job Description
- CCL03.05 -Monitoring CEO Performance

- E01.05 - Ends Policy
- E02.06 - Ends Priorities

The staff circulated information to Council members in advance of the Committee meeting. Feedback was provided by Council members with respect to any of the Council-CEO Linkage and Ends policies; in addition, the Committee has reviewed the policies in detail and has one minor recommendation for consideration of Council.

<u>CCL03.05 -Monitoring CEO Performance</u>
The Committee reviewed this policy and made a grammatical amendment within bullet point #7.

Recommendation – That the policy being referenced be italicized.

2. New Policy Review - GP33.00 - Equity, Diversity, Inclusion and Belonging (EDIB)

The Committee reviewed a newly drafted policy submitted to them by the Equity, Diversity and Inclusion Committee (EDIC), GP33 - Equity, Diversity, Inclusion and Belonging (EDIB). During their review of the policy, they made minor grammatical changes.

Recommendation – That GP33 - Equity, Diversity, Inclusion and Belonging (EDIB) be accepted by Council.

3. Existing Policy Amendments Review – EL10 – Workplace Harassment

The Committee reviewed proposed amendments to policy EL10 – Workplace Harassment submitted to them by the EDIC. The Committee agreed with the proposed changes and no further amendments to include.

Recommendation – That the proposed amendments to EL10 – Workplace Harassment be accepted by Council.

Respectfully submitted,

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

November 2022

The Council will view performance of the Chief Executive Officer (CEO)as identical to organizational performance. Systematic monitoring of the performance of the CEO will be measured against: the accomplishment of the Council Ends policies; fulfillment of the duties and responsibilities of the position as required by the Regulated Health Professions Act, 1991; and operations of the College of Naturopaths of Ontario that are within the boundaries established in Council policies on Executive Limitations.

Accordingly,

1 The Council will refrain from evaluating, either formally or informally, any staff of the College other than the CEO and when evaluating the CEO, the Council shall do so only in accordance with this policy and by way of the process established under any relevant Governance Process policy.

2 Monitoring is used to determine the degree of compliance to Council policies. Non-relevant data will not be considered to be monitoring data.

3 Monitoring should be as automatic as possible, using a minimum of Council time so that meetings can be used to create the future rather than review the past.

4 The Council will acquire monitoring data by one or more of the following methods.
   a) By internal report, in which the CEO discloses information to the Council.
   b) By external report, in which an external, disinterested third party selected by the Council assesses compliance with Council policies.
   c) By direct Council inspection, in which a designated member or members of the Council assess compliance with the applicable policy criteria. This inspection is a spot check, which allows a "prudent person" test of policy compliance.

5 In every case, the standard for compliance shall be any reasonable interpretation of the Council policy being monitored.

6 All policies that instruct the CEO will be monitored at a frequency and by a method chosen by the Council. The Council can monitor any policy at any time by any method.

7 The Council shall conduct a performance review of the CEO in accordance with *GP19-CEO Performance Review*. The Council may conduct an informal performance review, in accordance with human resource management best practices, including but not limited to identification of any performance issues arising, corrective action required, and identification of tools necessary to support such actions.

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The Council is committed to actioning essential change to eliminate racism, bias (unconscious and conscious) and discrimination (individual and systemic). In line with this commitment, the Council recognizes that strong leadership and effective governance structures are required to embed EDIB across all levels of the organization. As such, the Council has a responsibility to ensure that the policies, procedures, and programs delivered by the College reflect its commitment to EDIB.

Definitions	Diversity	Means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, culture or other ideologies. This can also include differences that are entirely personal, such as personality, style and ability.[1]
	Belonging	Means feeling secure, supported, accepted, and included.[2]
	Equity	Means fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.[3]
	Equity, Diversity and Inclusion Committee	Means the non-statutory committee of the Council of the College of Naturopaths established pursuant to section 12.02 and section 10 of the bylaws and the *Committee Principles* policy (GP06).
	Inclusion	Means using proactive measures to create an environment where people feel welcomed, respected and valued, and to foster a sense of belonging and engagement. This practice involves changing the environment by removing barriers so that each person has equal access to opportunities and resources and can achieve their full potential.[4]

[1] Ontario's anti-racism strategic plan. https://www.ontario.ca/page/ontarios-anti-racism-strategic-plan#section-8
[2] Glossary of Terms, A reference Tool, January 2022. Canadian Centre for Diversity and Inclusion | Centre canadien pour la diversité et l'inclusion Western Canada | Bureau de l'Ouest https://ccdi.ca/media/3150/ccdi-glossary-of-terms-eng.pdf
[3] Building a Framework & Plan to Address Equity, Inclusion, Diversity & Anti-Racism in Ontario. https://www.ontariohealth.ca/sites/ontariohealth/files/2021-01/CorpusSanchezInternationalReport.pdf
[4] Guide on Equity, Diversity and Equality Terminology. Government of Canada. https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng

Accordingly,

1. The principles of equity, diversity, inclusion and belonging (EDIB) will form an integral part of all our decisions and activities.
2. The Council will assume its fiduciary and moral responsibility to ensure the principles of EDIB are practised throughout all College activities.
3. The Equity, Diversity and Inclusion Committee will make recommendations to the Council with respect to College policies, processes, and programs to ensure they reflect the organization's commitment to EDIB.
4. The Council will commit the necessary attention and resources to achieve its commitment to EDIB and to ensure that the Chief Executive Officer allocates sufficient funds to support it. This includes but is not necessarily limited to:
    a) reviewing the membership of, and appointing members to the Equity Diversity and Inclusion Committee annually or as required, to support the Committee's ability to meet its terms of reference (CC08);
    b) responding to surveys, questions, or other consultation processes to help identify, assess, and support EDIB activities;
    c) approving EDIB activities and/or processes where they fall within Council's mandate because of cost or significance (just as Council is now involved in those matters);
    d) Receiving regular reports for the purpose of providing assurance that the EDIB program is operating effectively; and
    e) using EDIB principles when making Council-level policy decisions.

The College of Naturopaths of Ontario is committed to providing a work environment in which all individuals are treated with respect and dignity. Workplace harassment, racism and/or discrimination will not be tolerated from any person in the workplace. The Council, through the Chief Executive Officer (CEO) is responsible for promoting a diverse workforce that is inclusive of everyone.

Definitions	Microaggression	Means an action or verbal message that intentionally – or more often – unintentionally conveys a stereotype, negative trait, or general insensitivity associated with someone's race, gender, identity, sexual orientation, language abilities or other identity markers. It is a subtle jab that reminds someone that they are the "other" in some way. The more often microaggressions are heard, the bigger the impact they will have on a person's well-being. For members of underrepresented groups, microaggressions can be a daily experience, forcing them to question whether they belong and creating anxiety about how others perceive them.
	Workplace Harassment	Means engaging in a course of vexatious comments or conduct that is known or ought to be known, to be unwelcome. It may include, but is not limited to, any of the following. a) Unwelcome, offensive or objectionable conduct. b) Making remarks, jokes or innuendos that demean, ridicule, intimidate or offend; displaying or circulating offensive pictures or materials in print or electronic form. c) Bullying. d) Repeated offensive or intimidating phone calls or e-mails. e) And sexual harassment. Harassment may also relate to a form of discrimination as set out in the *Ontario Human Rights Code*, though it does not have to, including harassment based on, but not limited to, race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, culture or other ideologies.
	Sexual harassment	Means any unsolicited conduct, comment or physical conduct of a sexual nature that is unwelcome by the recipient. It includes, but is not limited to, any of the following. a) Unwelcome sexual advance (oral, written or physical). b) Requests for sexual favours. c) Unwelcome sexual or gender-related comments, innuendos, remarks, jokes or taunts. d) Unnecessary physical contact such as patting, touching, pinching or hitting. e) Displays of sexually degrading, offensive or derogatory materials such as graffiti or pictures. f) And sexual assault.

Accordingly, the Chief Executive Officer (CEO) shall not fail to perform any of the following duties and responsibilities.

1 Take whatever steps are reasonable to ensure that the workplace is free from harassment and/or microagressions and promotes diversity and inclusivity.

2 Ensure that all workers are educated about and uphold this policy.

3 Ensure that all workers collaborate to prevent workplace harassment and/or microagressions and promote diversity and inclusivity.

4 Develop a Workplace Harassment Prevention Program, acceptable to the Council, which implements this policy including but not limited to measures and procedures to protect workers from harassment and/or microagressions and a process for workers to report incidents or raise concerns.

5 Ensure that this policy and the supporting program are implemented and maintained and that all workers have the appropriate information and instruction to protect them from workplace harassment and/or microagressions.

6 Ensure that all workers adhere to this policy and the supporting program and that every worker is encouraged to raise any concerns about workplace harassment and/or microaggressions and to report any incidents.

7 Investigate and deal with all incidents and complaints of workplace harassment and/or microaggression in a timely and fair manner, respecting the privacy of all concerned to the extent it is possible.

This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace. Nothing in this policy prevents or discourages a worker from filing an application with the Human Rights Tribunal of Ontario (or any successor agency) on a matter related to Ontario's Human Rights Code[1]. A worker also retains the right to exercise any other legal avenues that may be available.

[1] Please refer to section 34 of the Ontario Human Rights Code for provisions surrounding timing of the filing of an application for review by the Tribunal.

BRIEFING NOTE
Draft EDIB Statement for Council

PURPOSE: The Equity, Diversity and Inclusion Committee is seeking approval of the draft Statement for Council.

OUTCOME Approval of the draft Statement is sought

NATURE OF DECISION ❒ Strategic ❒ Regulatory Processes & Actions ☑ Other

PROCESS:

Activity:	Review and discussion of draft statement.		
Results:	Decision		
Overall Timing:	15 minutes		
Steps/Timing:	**1.**	Co-Chair EDI Committee to present overview and decision points.	5 minutes
	2.	Questions from Council and answers	5 minutes
	3.	Motion and vote	5 minutes

BACKGROUND:

In 2021, the Council created an Equity, Diversity and Inclusion Committee that was tasked with ensuring that:

- Appropriate policies that reflect the values of the Council and its commitment to equity, diversity, inclusion, and belonging (EDIB), and promote an environment that is free of bias, discrimination and racism are developed, approved by the Council and implemented by the College.
- The College's volunteer program is one that is based on equity and diversity and includes every individual who is qualified to participate in the program.
- Training for all volunteers includes, but is not limited to, anti-discrimination and anti-bias training which addresses critical issues surrounding equity and inclusion.
- Reviewing the College's regulatory framework and processes to ensure that they are equitable to all individuals within society.

In late 2021 the Committee reviewed its Terms of Reference, assessed the HPRO key activities and initiatives, an environmental scan of existing EDI glossaries, an Ontario Human Rights Commission presentation on Building Inclusive Professions, and developed an Action Plan for the Committee. As part of this Action Plan, it was determined that a priority action was the development of a general statement of the Council to be released publicly that reflects its values and its commitment to EDIB and anti-racism activities.

DISCUSSION POINTS:

Following is a summary of the approach taken by the Committee and the issues considered and identified as part of the development/drafting process.

Development Process

The Committee undertook an environmental scan and researched similar statements published by various Ontario health regulatory colleges, non-health regulatory colleges, and other Canadian organizations. In total, statements from 15 organizations were identified and considered by the Committee.

Best practices for the development of Anti-Racist or Equity and Diversity Statements were also reviewed, including those from larger organizations, such as Ryerson University and the University of Toronto. The Committee drafted an initial statement utilizing the common themes used by other organizations in their statements. These included:

- Acknowledging systemic racism, discrimination, and inequality, including historic and ongoing harms, as well as the experiences of the community/ies affected by them.
- Acknowledging the organization's responsibility to focus on racism, understand where and how it exists, acknowledge the problem, and initiate meaningful change.
- Expressing desire to listen, learn, unlearn, and take meaningful and/or informed action.
- Acknowledging the critical role that health profession regulators play in driving change.
- Noting that discrimination and racism are not tolerated in any form.
- Acknowledging the importance of understanding how and the ways in which racism and discrimination influence the organization.
- Commitments to questioning the organization's approaches and removing barriers.
- Noting a desire to understand the needs of underserved communities.
- Listing early steps/actions the organization has taken and is planning to undertake.
- Acknowledging that work must be sustained and ongoing and that there is much more to be done.
- Acknowledging that messages must be partnered with action.
- Providing a mechanism for contacting the organization with input, ideas, or concerns.
- Providing links to other organizations and resources for more information.
- Acknowledging that all partners in the system (governments, organizations, etc.) must work together.

The initial draft of the Equity, Diversity Inclusion and Belonging (EDIB) Statement was submitted to the EDIB Focus group for review and feedback. In addition to general feedback, the Focus Group was also asked to comment on the following:

- Reaction – what is your general reaction to the statement? What works? What needs adding or changing? Is there wording we can use, or ideas we can include, to make the statement as inclusive as possible?
- Core Principles – are there any core EDIB principles that are not included but should be?
- Unintended consequences – are there any unintended consequences of the statement?

Choice Of Wording

The Committee reviewed all feedback from the Focus Group and amended the draft statement to ensure that the wording of the statement highlights the commitment and responsibility of Council, as opposed to general support, includes statements that address both conscious and unconscious bias, does not contain any terms which may potentially be deemed offensive (e.g., "equity seeking individuals") and includes timing when updates may be provided to the general public.

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.

- Reputational: Confidence and trust in the organization comes from ensuring that its practices and procedures are accurate, consistent, up to date, and reflect changes in the world around it.

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 – this briefing note has been provided to foster trust that the College has sought guidance and advice from an assortment of individuals/groups and followed due diligence in the drafting of the statement.

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

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. Only those relevant factors have been identified and addressed.

- The public interest in this matter is vested in principle-driven governance. This briefing note is intended to summarize the key principles considered in creating a draft statement to Council.
- The statement further represents the public interest by creating a clear commitment to the unbiased concern for society and by ensuring that all individuals are treated with sensitivity and respect.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging (EDIB) generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. The EDIB Statement expresses the Council's clear commitment to these principles and acknowledges its responsibility to provide progressive leadership that removes barriers and implements policy changes.

RECOMMENDATIONS

The Equity Diversity and Inclusion Committee recommends that the Council approve the draft EDIB Statement (Appendix 1) and direct the CEO to release the statement.

ACTION ITEMS

The approved statement will be updated and posted on the College's website and social media pages.

Dr. Shelley Burns, ND
Co-Chair, Equity Diversity and Inclusion Committee

Dr. Jamuna Kailash, ND
Co-Chair, Equity Diversity and Inclusion Committee

Jeremy Quesnelle
Deputy Chief Executive Officer

November, 2022

APPENDIX 1

Statement of the Council on Equity, Diversity, Inclusion and Belonging

The College of Naturopaths of Ontario acknowledges both the historic and ongoing harm caused by racism and discrimination.

The governing Council of the College is committed to ensuring that the principles of equity, diversity, inclusion, and belonging are embodied by the organization and reflected in its programs, policies, and processes. The Council recognizes its responsibility to provide sustained leadership to support this commitment. As such, it recognizes the potential for shifting nuances as this endeavor continues to evolve with insight and input from stakeholders, observers, and all interested parties.

The Council acknowledges the importance of understanding the ways in which racism, discrimination, and both conscious and unconscious biases influence the organization and those who practice and teach naturopathic medicine. In conjunction, we fully commit to examining racism and discrimination in our regulatory proceedings and policies and taking steps to rectify and/or eliminate them. Being able to do this includes a commitment to listening to, and learning from, individuals and communities that have been and may be harmed by racism and discrimination. The Council recognizes that it has a responsibility to provide leadership that actively and inherently removes barriers so that equity, diversity, inclusion and belonging become integral to, and imbedded in, our role as a regulatory organization responsible for protecting the public.

The College is continuing its equity, diversity, inclusion and belonging journey and recognizes the fluid nature of what lies ahead. We will remain open-minded, curious and compassionate. We will continue to listen, learn, and implement policy change that continues to foster equity, diversity, inclusion and belonging. We will seek input and publish updates when progress is made on this essential work.

BRIEFING NOTE
Amendments to the Schedules of the General Regulation

PURPOSE: To brief Council on the status of the amendment to the schedules of the General Regulation and to determine the manner in which the Council wishes to proceed.

OUTCOME Identification of Next Steps

NATURE OF DECISION ☑ Strategic ❒ Regulatory Processes & Actions ❒ Other

PROCESS:

Activity:	Review of briefing note and discussion of next steps.		
Results:	Decision.		
Overall Timing:	25 minutes		
Steps/Timing:	**1.**	Chair, Scheduled Substance Review Committee to present overview and decisions point.	10 minutes
	2.	Questions from Council and answers.	10 minutes
	3.	Motion and Vote.	5 minutes

BACKGROUND:

On October 18, 2017 the Scheduled Substance Review Committee (SSRC) submitted a report to Council outlining its process for reviewing stakeholder submissions and included a series of recommendations for Council to consider. The Council authorized the SSRC to undertake further investigation of the 'priority 1' drugs, substances and laboratory tests.

The College contracted with the Ontario Pharmacists Association's Drug Information and Resource Centre (DIRC) to undertake a review and to provide the SSRC with third party analysis and report on the approved list of drugs, substances and tests.

The DIRC report received by the SSRC independently reviewed and summarized data pertaining to the efficacy, safety, and dosage/administration of the identified drugs and substances. The report included the following information, where available, for each drug or substance:

- Efficacy of use in the proposed indications;
- All potential routes of administration, this may include information about dosage forms not commercially available in Canada;
- Safety information including contraindications, warning and precautions as well as black box warnings and recent (within one year) recalls and/or safety alerts;

- Monitoring parameters including measures of efficacy, lab monitoring requirements, and indicators of harm;
- Prescribing restrictions, such as recommended practice setting for administration, or type of practitioner who should prescribe; and
- Situations that warrant co-management of the patient with a physician.

On January 30, 2019 the Council of the College of Naturopaths of Ontario authorized a public consultation on the draft amendments to the tables in the General Regulation. The public consultation materials, which were available between February 5, 2019 and April 7, 2019, were emailed to all College stakeholders, made available on the College website and posted on the FHRCO website and Facebook page. Written feedback was received from three Ontario Naturopaths who expressed support for the work undertaken, two of which also made suggestions of additional drugs/substances to consider.

On July 31 2019 the Council of the College of Naturopaths of Ontario approved the amendments to Tables 2, 3, 4, 5, and 6 (attached as Appendix 1) of Ontario Regulation 168/15 to be submitted to the Ministry of Health. The proposed regulation amendment and the submission materials were submitted in December 2019.

In February 2021 representatives of the Ministry of Health initiated meetings and follow up discussions with College staff and the SSRC. Written responses to the Ministry's questions (Attached as Appendix 2,3 & 4) were provided. The following is a brief overview of the nature of the inquiries :

- What is the need?
- How is physician co-management handled?
- How is it monitored?

What are the indications for use?

On January 31, 2022, the Ministry of Health initiated a public consultation on the proposed amendments. The consultation was posted on the Ontario Regulatory Registry until March 17, 2022 (Attached as Appendix 5).

In August 2022 the Ministry of Health held a meeting with the Deputy CEO of the College noting which of the proposed amendments it was prepared to recommend. Ministry personnel made a brief presentation to the College staff covering the following points:

- Summary of consultation feedback;
- Recommendations for Authorization;
- Recommendations to Not Authorize

Based on the information provided at the meeting, the Deputy CEO requested that the Ministry provide a written decision and reasons with regards to the drugs that it will and will not recommend and the rationale of such recommendations as well as the negative response from the OMA.

The letter from the Ministry of Health and a copy of the OMA response was received on October 6 (Appendix 7 & 8). The information was provided to the SSRC for their response and feedback.

DISCUSSION POINTS:

The Ministry of Health has advised that based on its review and the consultation, it is prepared to proceed with the recommendation of the following drugs:

Name of Drug and/or Substance	Parameters
Alpha lipoic acid	Intravenous administration. Add to Table 2 with a limitation (maximum daily dose of 600 mg racemic or maximum daily dose of 300 mg R)
All B complex vitamins	Intramuscular administration. Add to Table 2
B6 (pyridoxine)	Subcutaneous Administration Add to Table 2
Hydrocortisone acetate	Topical administration with limitations (1% concentration of less; prescription duration of 7 days or less) Add to Tables 3,4,5,6
L-tyrosine	Add to Table 2 with limitation (must be in combination with other amino acids)
Vitamin D	Amend limitation to 2,500 IU

Additionally, the Ministry has advised that the following two proposed drugs cannot be added to the tables of the regulation as they fall outside of the Ministry's jurisdiction as they are covered by the Controlled Drugs and Substances Act (Canada):

Drug	Rationale
Dehydroeipiandrosterone	Federally Controlled. Outside of the jurisdiction of the MOH
Testosterone	

Finally, the Ministry has advised that they are not prepared to proceed with the addition of the following drugs to the tables of the regulation:

- Estrogen
- Iron dextran
- Levothyroxine (T4)
- Liothyronine (T3)
- Oral micronized progesterone
- Cortisol
- Phosphatidylcholine

The Ministry, in their decisions cited the following as reasons that these drugs/substances are incompatible with independent naturopathic practice:

- They require physician co-management
- They require patient monitoring not available to the profession
- The drugs have a high-risk profile
- The drugs are not natural health products (NHPs)
- There was insufficient information to allow their inclusion.

<u>Drugless Practitioner</u>

In addition to the above noted reasons that the Ministry included for not proceeding with the Council's recommendation it also stated the following:

> As you are aware, naturopaths were previously regulated under Drugless Practitioners Act; and regulation under the RHPA was intended, among other things, to maintain the profession's scope of practice as a drugless practitioner and provider of services that are alternative or complementary to the medical care that a patient may receive from a physician, nurse practitioner, or other regulated health professional. Regulation under

> the RHPA resulted in access to both the natural health products and remedies that naturopaths use to treat patients, and authority to administer/ prescribe/ dispense/ compound/ sell a drug listed in the Tables of O. Reg. 168/15 to ensure selective alignment with a limited list of Natural Health Products (NHP) that is set by Health Canada (i.e., amino acids, enzymes, hormones and vitamins and minerals).

This statement, which is purported to be the Ministry of Health's position with respect to naturopaths, along with the requirement that any proposed drug/substance be a Natural Health Product appears to be a new requirement not previously communicated to the College and incongruent with the current access afforded to NDs in Ontario.

Consultation Feedback

Based on the Ministry's presentation slide deck staff of the College were advised that 91 feedback submissions were received. This included 90 stakeholders, including but not limited to 17 naturopaths, 4 pharmacists, 1 chartered professional accountant, 1 nurse practitioner, 1 lawyer, 1 physiotherapist and the OAND who all provided support for the proposed amendment to the regulation. Only one organization, the Ontario Medical Association, opposed the proposed changes. This feedback stated that NDs are not trained to diagnose conditions, consider comorbidities, consider the risk and benefits of prescribing a chosen substance or drug or identifying emerging risk or complication arising from the substances prescribed.

There appears to be a heavy reliance by the Ministry in the value they have placed on the statements provided by the OMA, perhaps because they align with current Ministry policy. It is worth noting that similar objections were not received from the College of Physicians and Surgeons of Ontario.

Future College Activities

The information provided by the Ministry of Health raises some important questions for this Council.

First and foremost, as the Ministry has a defined policy on the role of naturopathic doctors in the health care system, there would seem to be little value in the College seeking input on the list of drugs and substances. Doing so seems to place the College in the role of advocating for the profession which is not part of its mandate.

Second, considerable time, energy and funding is invested by the College in the SSRC and the consultation processes surrounding the tables in the General Regulation while the recommendations from the College as a regulator are given lower priority than other non-regulatory entities. These resources may better be used elsewhere.

Finally, as the regulatory authority, the College Council needs to define what its role should properly be in the context of the tables in the General Regulation. If the College is not to be seen as an advocate for the profession, it should not be seeking input on wholesale additions to the tables. The more appropriate role might be to ensure that the list of drugs and substances in the tables are consistent with federal and provincial legislation, remain readily available to the profession and, if they are not, then suitable alternatives are recommended, and dosages and limitations are updated based on the federal Prescription Drug List.

Of course, should the Minister decide to alter the scope of practice of the profession, the College would respond to a request from the Minister to provide its advice on the proposed changes and appropriate regulatory mechanisms.

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:
    - Reputational: Confidence and trust in the organization comes from ensuring that its practices and procedures are accurate, consistent, and up to date.
    - Political: While there may be frustration in the decision, maintaining positive relations with the Ministry of Health signals the College's compliance and cooperation with the governments decisions.

Privacy Considerations – No privacy considerations identified.

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 the information provided is fulsome and includes the context and explanation will allow the Council to consider the most appropriate next steps.

Financial Impact – There is no immediate financial impact at issue on this matter. However, there may be long-term financial cost savings should the Council decide to no longer operationalize the SSRC. This would include both committee costs as well as any costs related to seeking new drugs (e.g. DIRC assessments).

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. The Council should consider the following when deliberating on this matter

- Who is the primary beneficiary of this?
- Would this better fit into another's mandate?
- Is the decision consistent with the mandate of the College?

EDIB –The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. There are no apparent EDIB considerations related to this matter.

RECOMMENDATIONS

No recommendations provided.
The Council should determine how it wishes to proceed with regards to the Ministry's decision on which drugs to recommend.

ACTION ITEMS

To be determined based on the Council's decision on how it wishes to proceed.

Dr. George Tardik, ND
Chair, Scheduled Substances Review Committee

Jeremy Quesnelle
Deputy Chief Executive Officer

November, 2022

ONTARIO REGULATION 168/15

GENERAL

TABLE 1

PRESCRIBED SUBSTANCES THAT MAY BE ADMINISTERED BY INHALATION

Substance	Limitations
Acetylcysteine	No limitation specified.
Glutathione	No limitation specified.
Ipratropium Bromide	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer a maximum daily dose of 0.5 mg but only after the member has administered Salbutamol to the patient.
Salbutamol	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer a maximum of two doses, each dose 2.5 mg.
Saline	No limitation specified.
Therapeutic Oxygen	No limitation specified.

TABLE 2

PRESCRIBED SUBSTANCES THAT MAY BE ADMINISTERED BY INJECTION

Substance	Route of Administration	Limitation
Acetylcysteine	Intravenous	Must be in combination with other amino acids.
Adenosine triphosphate	Intravenous	No limitation specified.
Alanine	Intravenous	Must be in combination with other amino acids.
Alpha Lipoic Acid	Intravenous	Maximum daily dose of 600 mg racemic or maximum daily dose of 300 mg R.
Arginine	Intravenous	Must be in combination with other amino acids.
Aspartic Acid	Intravenous	Must be in combination with other amino acids.
Atropine	Intravenous	Administered to a patient by the member in his or her office only in emergency circumstances. In an emergency, administer 0.5-1 mg q3-5 min. Dose must be 0.5 mg or higher but must not exceed 2 mg.
Biotin	Intravenous, Intramuscular	No limitation specified.
Calcium Chloride	Intravenous	No limitation specified.
Calcium Gluconate	Intravenous	No limitation specified.
Calcium Glycerophosphate	Intravenous	No limitation specified.
Carbohydrates in sodium chloride solution	Intravenous	No limitation specified.
Chromium	Intravenous	No limitation specified.
Copper Sulfate	Intravenous	No limitation specified.
Cupric Chloride	Intravenous	No limitation specified.
Dextrose Injection	Intravenous	No limitation specified.
Diphenhydramine Hydrochloride	Intravenous, Intramuscular	Administered to a patient by the member in his or her office only in emergency circumstances with a maximum dose of 100 mg.
Epinephrine Hydrochloride	Intramuscular	Administered to a patient by the member in his or her office only in emergency circumstances with a maximum dose of 1.5 mg.
Ferrous Sulphate	Intramuscular	Must be administered by z-track only.
Folic Acid	Intravenous, Intramuscular	No limitation specified.
Glutamine	Intravenous	Must be in combination with other amino acids.
Glutamic Acid	Intravenous	Must be in combination with other amino acids.
Glycine	Intravenous	Must be in combination with other amino acids.
Glutathione	Intravenous, Intramuscular	No limitation specified.

Histidine	Intravenous	Must be in combination with other amino acids.
Hydrochloric Acid	Intravenous	In ratio of 1:1000 or 1:500.
Iron Dextran	Intramuscular	Must be administered by z-track only.
Isoleucine	Intravenous	Must be in combination with other amino acids.
L-Tryptophan	Intravenous	No limitation specified.
Lactated Ringer's Solution	Intravenous	No limitation specified.
Leucine	Intravenous	Must be in combination with other amino acids.
Levocarnitine and its salts	Intravenous	No limitation specified.
Lysine	Intravenous	Must be in combination with other amino acids.
Magnesium Sulfate	Intravenous, Intramuscular	Must never be administered by the member for the treatment of eclampsia or pre-eclampsia.
Magnesium Chloride	Intravenous, Intramuscular	Must never be administered by the member for the treatment of eclampsia or pre-eclampsia.
Manganese	Intravenous	No limitation specified.
Methionine	Intravenous	Must be in combination with other amino acids.
Molybdenum	Intravenous	No limitation specified.
Ornithine	Intravenous	Must be in combination with other amino acids.
Phenylalanine	Intravenous	Must be in combination with other amino acids.
Phosphatidylcholine	Intravenous	No limitation specified
Potassium Chloride	Intravenous	In dosage form not more than 0.3 mEq/kg/hr. Must never be administered as a single agent or by intravenous push.
Potassium Phosphate	Intravenous	In dosage form not more than 0.3 mEq/kg/hr. Must never be administered as a single agent or by intravenous push.
Proline	Intravenous	Must be in combination with other amino acids.
Ringer's Solution (sodium, chloride, potassium and calcium)	Intravenous	No limitation specified.
Saline Solution	Intravenous, Intramuscular	No limitation specified.
Selenium	Intravenous	No limitation specified.
Serine	Intravenous	Must be in combination with other amino acids.
Sodium Bicarbonate	Intravenous	No limitation specified.
Sodium Iodide	Intravenous	Must be in combination with other minerals.
Sterile Water	Intravenous, Intramuscular	Must be in combination with other substances.
Strontium and its salts	Intravenous	No limitation specified.
Taurine	Intravenous	No limitation specified.
Threonine	Intravenous	Must be in combination with other amino acids.
Tyrosine (L-tyrosine)	Intravenous	Must be in combination with other amino acids.
Vanadium	Intravenous	Must be in combination with other minerals.
Viscum Album	Intravenous, Subcutaneous	No limitation specified.
Vitamin A	Intravenous	Maximum daily dose of 10,000 International Units.
Vitamin B1	Intravenous, Intramuscular	No limitation specified.
Vitamin B2	Intravenous, Intramuscular	No limitation specified.
Vitamin B3	Intravenous, Intramuscular	No limitation specified.
Vitamin B5	Intravenous, Intramuscular	No limitation specified.
Vitamin B6	Intravenous, Intramuscular, Subcutaneous	No limitation specified.
Vitamin B12	Intravenous, Intramuscular	No limitation specified.
Vitamin C	Intravenous	Must administer no more than 15 g per day when patient's G6PD is deficient.

Vitamin D	Intravenous, Intramuscular	No limitation specified.
Vitamin E	Intravenous	No limitation specified.
Vitamin K1	Intramuscular	No limitation specified.
Zinc Chloride	Intravenous	No limitation specified.
Zinc Sulphate	Intravenous	No limitation specified.

TABLE 3

DRUGS THAT MAY BE PRESCRIBED

Drug	Limitations, routes of administration, dosages
Adenosine triphosphate	Only if prescribed for intravenous injection to be administered by the member in his or her office to the patient.
Calcium Chloride	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Calcium Gluconate	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Colchicine	Must not be prescribed unless the drug is botanical colchicine, compounded from the corm of colchicum autumnale.
Cortisone	Only if prescribed in oral form.
Dehydroepiandrosterone (DHEA)	Only if prescribed in topical or oral form.
Dextrose Injection	May only be prescribed when in concentrated solutions for intravenous injection to be administered by the member to the patient.
Digitalis Purpurea and its glycosides	Only if prescribed in conjunction with monitoring of patient's serum levels by member.
Estrogen ~~(bioidentical)~~	~~Only if prescribed in topical or suppository form.~~ No limitation, etc. specified
Folic Acid	Only if prescribed in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest recommended daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
Hydrocortisone Acetate	Only if prescribed in topical form.
L-Tryptophan	Only if prescribed for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided. May be prescribed as a single ingredient intended for intravenous injection.
Levocarnitine and its Salts	Only if prescribed for the treatment of primary or secondary levocarnitine deficiency.
Liothyronine or its salts	No Limitation etc., specified
Nitroglycerin	Administered to a patient by the member in his or her office only in emergency circumstances and only for angina pectoris. Dosage: 1 to 2 metered doses (0.4 or 0.8 mg nitroglycerin) administered on or under the tongue, without inhaling. The mouth must be closed immediately after each dose (up to 3 doses in total, at least 5 minutes apart). A sublingual tablet may be used (0.3 or 0.6 mg for initial dose). Maximum dose of 1.8 mg.
Pancreatin	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be prescribed unless, 1. the drug is botanical pilocarpus, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's drug levels during treatment with the drug and, 3. the drug is never prescribed to treat a patient with glaucoma.
Podophyllotoxin	Must not be prescribed unless, 1. the drug is botanical podophyllotoxin compounded from podophyllum peltatum and, 2. the drug is never prescribed to treat a patient with rheumatoid arthritis.
Progesterone ~~(bioidentical form)~~	~~Only if prescribed in a topical or suppository form.~~ No limitation, etc. specified
Rauwolfia	No limitation, etc., specified.
Testosterone	Only if prescribed in topical form.
Thyroid	No limitation, etc., specified.
Thyroxin or its salts	Including but not limited to levothyroxine and its salts
Vitamin A	Only if prescribed in oral dosage form containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if prescribed in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be prescribed unless the drug is botanical yohimbine, compounded from the bark of pausinystalia yohimbine.

TABLE 4

DRUGS THAT MAY BE DISPENSED

Drug	Limitations, routes of administration, dosages
Colchicine	Must not be dispensed unless the drug is botanical colchicine, compounded from the corm of the colchicum autumanle.
Cortisone	Only if dispensed in oral form.
Dehydroepiandrosterone	Only if dispensed in oral or topical form.
Digitalis Purpurea and its glycosides	Only if dispensed in conjunction with monitoring of patient's serum level by the member.
Estrogen ~~(bioidentical)~~	~~Only if dispensed in topical or suppository form.~~ No limitation, etc. specified
Folic Acid	Only if dispensed in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
Hydrocortisone Acetate	Only if dispensed in topical form.
L-Tryptophan	Only if dispensed for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided in 3 to 4 equally divided doses.
Levocarnitine and its salts	Only if dispensed for the treatment of primary or secondary levocarnitine deficiency.
Liothyronine or its salts	No limitation, etc. specified
Pancreatin	Only if dispensed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if dispensed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be dispensed unless, 1. the dispensed drug botanical pilocarpus compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's drug levels during treatment with the drug and, 3. the drug is never dispensed to treat a patient with glaucoma.
Podophyllotoxin	Must not be dispensed unless, 1. the dispensed drug is botanical podophyllotoxin compounded from podophyllum peltatum and, 2. the drug is never dispensed to treat a patient with rheumatoid arthritis.
Progesterone ~~(bioidentical form)~~	~~Only if dispensed in a topical or suppository form.~~ No limitation, etc. specified
Rauwolfia	No limitation, etc., specified.
Testosterone	Only if dispensed in topical form.
Thyroid	No limitation, etc., specified.
Thyroxin or its salts	Including but not limited to levothyroxine and its salts
Vitamin A	Only if dispensed in oral dosage containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if dispensed in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest recommended daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if dispensed in oral dosage when the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if dispensed in oral dosage when the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be dispensed unless the dispensed drug is botanical yohimbine compounded from the bark of pausinystalia yohimbine.

TABLE 5

DRUGS THAT MAY BE COMPOUNDED

Drug	Limitations, routes of administration, dosages.
Adenosine triphosphate	Only if compounded for intravenous injection.
Colchicine	Must not be compounded unless the drug is botanical colchicine compounded from the corm of colchicum autumnale.
Dehydroepiandrosterone (DHEA)	Only if compounded in topical form.
Dextrose Injection	Only if compounded when in concentrated solution for intravenous injection.
Digitalis Purpurea and its glycosides	Only if compounded in conjunction with monitoring of the patient's serum levels by the member.
Estrogen ~~(bioidentical)~~	~~Only if compounded in topical or suppository form.~~ No limitation, etc. specified
Folic Acid	Only if compounded in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
Hydrocortisone Acetate	Only if compounded in topical form
L-Tryptophan	Only if compounded for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided in 3 to 4 equally divided doses.

	May also be compounded as a single ingredient intended for intravenous injection.
Levocarnitine and its Salts	Only if compounded for the treatment of primary or secondary levocarnitine deficiency.
Pancreatin	Only if compounded in a dosage that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if compounded in a dosage that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be compounded unless, 1. the drug is botanical pilocarpine, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's serum levels during treatment with the drug and, 3. the drug is never compounded to treat a patient with glaucoma.
Podophyllotoxin	Must not be compounded unless, 1. the drug is botanical podophyllotoxin, compounded from podophyllum peltatum and, 2. the drug is never compounded to treat a patient with rheumatoid arthritis.
Progesterone ~~(bioidentical)~~	~~Only if compounded in topical or suppository form.~~ No limitation, etc. specified
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if compounded in oral dosage containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if compounded in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if compounded in oral dosage where the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if compounded in oral dosage where the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be compounded unless the drug is botanical yohimbine, compounded from the bark of pausinystalia yohimbine.

TABLE 6

DRUGS THAT MAY BE SOLD

Drug	Limitations, routes of administration, dosages.
Colchicine	Must not be sold unless the drug is botanical colchicine, compounded from the corm of colchicum autumnale.
Cortisone	Only if sold in oral form.
Dehydroepiandrosterone	Only if sold in oral or topical form.
Digitalis Purpurea and its glycosides	Only if sold in conjunction with monitoring of the patient's serum levels by the member.
Estrogen ~~(bioidentical)~~	~~Only if sold in topical or suppository form.~~ No limitation, etc. specified
Folic Acid	Only if sold in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
Hydrocortisone Acetate	Only if sold in topical form.
L-Tryptophan	Only if sold for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided in three to four equally divided doses.
Levocarnitine and its Salts	Only if sold for the treatment of primary or secondary levocarnitine deficiency.
Liothyronine or its salts	No limitation, etc. specified
Pancreatin	Only if sold in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pancrelipase	Only if sold in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be sold unless, 1. the drug is botanical pilocarpine, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's serum levels during treatment with the drug and, 3. the drug is never sold to treat a patient with glaucoma.
Podophyllotoxin	Must not be sold unless, 1. the drug is botanical podophyllotoxin, compounded from podophyllum peltatum and, 2. the drug is never sold to treat a patient with rheumatoid arthritis.
Progesterone ~~(bioidentical form)~~	~~Only if sold in topical or suppository form.~~ No limitation, etc. specified
Rauwolfia	No limitation, etc., specified.
Testosterone	Only if sold in topical form.
Thyroid	No limitation, etc., specified.
Thyroxin or its salts	Including but not limited to levothyroxine and its salts
Vitamin A	Only if sold in oral dosage containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.

Vitamin D	Only if sold in oral dosage containing more than 1,000 International Units of Vitamin D per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1,000 International Units of Vitamin D.
Vitamin K1	Only if sold in oral dosage where the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if sold in oral dosage where the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be sold unless the drug is botanical yohimbine compounded from the bark of pausinystalia yohimbine.

Drug/ Substance	Proposal Characteristics	Analysis +Status
Alpha Lipoic Acid	New item Add to Table 2 for IV administration only	Feb 17: CONO to provide context for why naturopaths need to prescribe it and other proposed drugs and substances (i.e., what/where is the gap?); and indicate which drugs/ substances are "fixes" to the reg. Also CONO to: (i)Consider that physician co-management is often indicated when a drug is prescribed by a physician specialist- so does prescription of alpha lipoic acid fall within current scope of practice? (ii)Are tests required for patient monitoring within current scope of practice? (iii)Confirm indications.
B Complex	Constituents of the B Complex vitamins (see "Other" column) are an existing item in Table 2 Add intramuscular route of administration (currently IV only); for B6 only, also and subcutaneous route	Follow-up email from SM (Feb 17):(i) Considering not all proposed indications are supported in the literature, CONO to confirm indications.
Hydrocortisone (Cortisol)	New item Add to Table 3, 4, & 6 in oral form	Feb 17: CONO to (i)Confirm that the proposal is requesting the same substance as DIRC reported on. (ii)Confirm indications. (iii)Are patient monitoring tools within current scope of practice?
Dehydroepiandosterone (DHEA)	New item Add to Table 3, 4, 5 & 6 in topical or oral form	Feb 17: SM noted it is a controlled drug in federal legislation. CONO to: (i) Look into information related to co-management with a physician. (ii)Confirm indications.
Estrogens	Existing item in Table 3, 4, 5 & 6 Remove "only…in topical or suppository form" Remove "bioidentical" qualifier	Feb 17: CONO to: (i)Confirm indications. (ii) Look into info related to co-management with a physician. (iii)Are patient monitoring tools within current scope of practice? (iv) Is this a movement to traditional estrogen therapy and is that within the naturopathy scope of practice?

Drug/ Substance	Proposal Characteristics	Analysis +Status
Hydrocortisone Acetate	New item Add to Table 3, 4, 5 & 6 in topical form	Follow up email(Feb 17): SM asked CONO to confirm indications.
Iron Dextran	New item Add to Table 2. Intramuscular administration only	Feb 17: CONO advised that this substance is a “fix” to a current irregularity in regulation. Ferrous sulfate is currently permissible for naturopaths however it is inappropriate for injections. CONO to: (i) Look into information related to co-management with a physician. (ii)Are patient monitoring tools within current scope of practice?
Levothyroxine (T4)	New item Add to Table 3, 4, & 6	Feb 17: CONO advised that sometimes naturopaths request pharmacists to adapt prescriptions as needed. At times, pharmacists’ adaptations result in prescription of drug that is not on naturopaths’ drug list. Colleges are working together on this issue. CONO to (i)Confirm that the proposal is requesting the same substance as DIRC reported on. (ii)Comment on co-management with a pharmacist warning. (iii)Are patient monitoring tools within current scope of practice? Follow-up email (Feb 17): SM advised of FDA/ Health Canada warnings
Liothyronine (T3)	New item Add to Table 3, 4 & 6	Feb 17: (i)Considering risk of adverse effects and clinical similarity to levothyroxine, CONO to determine whether this drug is required for practice.
Oral Micronized Progesterone	Existing item in Table 3, 4, 5 & 6 Remove “only…in topical or suppository form” Remove “bioidentical” qualifier	Feb 17: CONO advised of Health Canada warning. CONO to: (i)Confirm indications. (ii) Look into info related to co-management with a physician. (iii)Are patient monitoring tools within current scope of practice? (iv) Is this a movement to traditional progesterone therapy and is that within the naturopathy scope of practice?

Drug/ Substance	Proposal Characteristics	Analysis +Status
Phosphatidylcholine	New item Add to Table 2 for IV administration only	Feb 17: CONO to: (i)Provide background info on the substance. (ii)DIRC info did not provide safety evidence for IV use. CONO to confirm the route of administration. (iii)Confirm indications.
Pyridoxine (Vitamin B6)	Existing item in Table 2 Add intramuscular and subcutaneous routes of administration (currently IV only)	Feb 17: CONO to: (i)Confirm indications.
Testosterone	New item Add to Table 3, 4, & 6 in topical form	Feb 17: CONO to: (i)Confirm indications. (ii) Look into info related to co-management with a physician. (iii)Are patient monitoring tools within current scope of practice?
L-Tyrosine	New item Add to Table 2 with limitation	Feb 17: CONO to: (i)Confirm indications. (ii) Confirm route of administration as DIRC information is not related to IV route.

Alpha Lipoic Acid:

Why is this needed? What is the current gap?

Oral Alpha Lipoic Acid is publicly available. This item is specifically to authorize access for injection. For use by those who have nausea and can't use oral form. It is also used for the pain associated with peripheral neuropathy. And provides an option for a secondary delivery method https://pubmed.ncbi.nlm.nih.gov/8786016/ . It is a more direct method of delivery and some clinical trials have failed with oral form of ALA for treating peripheral neuropathy associated pain

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

ALA in clinical practice is often performed by the patient's primary care provider which in some situations may only be a naturopath.

Patient Monitoring

Naturopaths under the LSCCLA can requisition the following test that would be used for monitoring purposes:

- *Blood – 79. Insulin, Fasting and Non-Fasting*
- *Blood – 75. Hemoglobin – A1C*

Indications

- *to treat Diabetic Neuropathy*
- *to improve insulin sensitivity and fasting blood glucose levels in patients with type 2 diabetes*
- *for patients with reflux, gastritis who are not able to use oral ALA.*

B-Complex

Indications

- *Digestive Health*
- *Age related eyesight degeneration*

Cortisone

Same as DIRC Report?

- Yes.
- *The category on the prescription drug list is: Adrenocortical hormones or their salts or derivatives.*
- *Primarily NDs would be utilizing the drug Cortef (or similar) which is listed as a hydrocortisone and cortisol.*

Patient Monitoring

- *Naturopaths under the LSCCLA can requisition the following test that would be used for monitoring purposes:*
    - *Blood – 45. Cortisol – bound and unbound, no differentiation.*
    - *Urine – 147. Cortisol – bound and unbound, no differentiation*
    - *Urine – 148. Cortisol/Cortisone*

Indications

- *To treat adrenal insufficiencies and fatigue*
- *Used to help with allergic reactions, allergic skin reactions in primary care for short durations.*

DHEA

Why is this needed? What is the current Gap?

DHEA is a safe alternative to using a suppository for the treatment of vaginal dryness and thinning of the lining in menopause, especially when the use of Estrogens are contraindicated (e.g. cancer risks). Oral usage is less important than the suppository.

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

9. *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

Addressing patient adrenal insufficiency is often performed by the patient's primary care provider which in some situations may only be a naturopath.

Indications

- *Used by NDs to address adrenal insufficiency which may be related to menopausal symptoms*

** It is noted that DHEA is listed in the Controlled Drugs and Substances Act and as Naturopaths are not listed in the New Classes of Practitioners Regulations that this is likely beyond the purview of the Ministry of Health.*

Estrogens

Is this a movement to traditional estrogen therapy and is that within the scope?

- *This is an administrative change to ensure that NDs have access to the appropriate form and routes of administration necessary to ensure appropriate patient care and safety.*
- *The bioavailability of topical estrogen is often poor and as a result it is not able to address certain cases of HRT or in preserving bone density.*
- Estrogel is the drug version and is "bio-identical". Patients already can get Estradiol compounded from a pharmacy. One issue is that NDs can't use Estrogel. Additionally, not being able to use oral estrogen if required. If a woman has a total hysterectomy or ovarian failure the topicals may not be appropriate. Low dose plus monitoring the estradiol levels would be appropriate, especially in those at high risk for osteoporosis.
- Treatment of moderate to severe symptoms of vulvar and vaginal atrophy associated with menopause, and bone loss. NDs may prescribe BHRT in topical form using Bi-est when this is not indicated to preserve bone mass in those at high risk.
- Levels of Estradiol can be monitored via the blood test

- those who experience allergic skin reactions have the option of a different route of administration with oral usage.

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

The types of conditions for which a naturopath would utilize estrogens, include but not limited to relief of menopausal symptoms and preserving bone density, are often performed by a patient's primary care provider which in some situations may only be a naturopath.

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood - 60. Estrogen*
    - *Blood – 72. Glucose, quantitative*
    - *Blood – 119. Thyroid stimulating immunoglobulin (TSI)*
    - *Blood – 121. Total Cholesterol panel*
    - *Urine – 154. Estrogen*
    - *Saliva – 178. Estrogen*

Indications

- *Relief of menopausal and postmenopausal symptoms*
- *Hormone Replacement Therapy*
- *Preserving bone density*
- *Vulvar and vaginal atrophy in menopause*

Hydrocortisone Acetate

Indications

- *Allergic reactions*
- *Corticosteroid responsive dermatosis including but not limited to: Eczema, minor skin irritations etc..*

Iron Dextran

What is this fixing?

Ferrous sulfate is not available for injection. Iron Dextran was the Health Canada approved product for injection. However it may be ideal to align this with the prescription drug list:

- Iron derivatives
    - Limitation: z-track only

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

Iron injections are often performed by the patient's primary care provider which in some situations may only be a naturopath.

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood –43. Complete Blood Count*
    - *Blood – 63. Ferritin*
    - *Blood - 82. Iron, total – with iron binding capacity and per cent saturation.*
    - *Blood – 123. Transferrin*

Levothyroxine (T4)

Why is this necessary? What is the Gap?

T4 is the primary treatment for hypothyroidism. NDs can currently access a version of T4 as it is found in desiccated thyroid. However, desiccated thyroid also includes T3 which is not always ideal. For example in pregnant women T3 cannot be absorbed by the fetus and thus all T3 needed for babies is made by T4 only. Levothyroxine is absorbed more gradually and is thus able to maintain a steady state in the blood, ensuring the body has the appropriate amount to synthesize T3. When combination therapy of both T4 and T3 are used such as in desiccated thyroid, it can be difficult to maintain a normal T4 to T3 ratio. Having access to T4 is important for patient safety and it can also provide a standard in dosing which is more difficult when using desiccated thyroid extracts.

Same as DIRC report?

- *Yes. The item is listed as Thyroxin or its salts on the Prescription Drug List.*
- *Naturopaths would be accessing Levothyroxine (T4)*
- *The most common preparation that NDs would access is Synthroid or Eltroxin for the management of hypothyroidism.*

Pharmacist Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

Naturopaths currently work very closely with pharmacists when prescribing drugs to ensure that patients remain safe and receive the most appropriate drug, dosage and route of administration.

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood – 120. Thyroxine Free (FT4)*
    - *Blood – 127. TSH (thyroid stimulating hormone)*

Health Canada Warning

Naturopaths work very closely with pharmacists to ensure that patients receive the most appropriate drugs, dosage and route of administration and that no contraindications or potential negative interactions exist.

Perhaps a limitation be added to the regulation: not be used for the purpose of weight loss or treatment of obesity

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Liothyronine (T3)

Is this required for practice as it is similar to T4 but with more side effects

- *Access to T3 would require NDs to undertake greater safety precautions when prescribing. If have access to T4 (above) this may not be necessary.*

Progesterone

Is this a movement to traditional progesterone therapy?

- *This is an administrative change for patient safety.*
  - *When treating patients with estrogen therapy it is essential that also receive appropriate progesterone therapy. Topical progesterone is not appropriate for preventing endometrial hyperplasia which can result in endometrial cancer.*
  - *This is a route of administration change to ensure that NDs have access to the most appropriate forms and necessary routes of administration to ensure patient safety.*
  - *Oral progesterone is the correct form for symptoms of secondary amenorrhea.*

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.** (1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners. Naturopaths are currently

working with pharmacists to ensure that patient's receive the appropriate and necessary progesterone.

The inclusion of progesterone with estrogen therapy is necessary for patient safety and often performed by the patient's primary care provider which in some situations may only be a naturopath.

Indications

- *Prevention of endometrial hyperplasia*

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood - 1. 17-OH-Progesterone*
    - *Blood – 102. Progesterone*
    - *Urine – 161. Progesterone*
    - *Saliva – 169. 17-OH-Progesterone*
    - *Saliva – 181. Progesterone*

Phosphatdylcholine

Background on the substance

- *Is a phospholipid which is naturally occurring in the body. With age the synthesis of phosphatidyl choline is impeded and other phospholipids and cholesterol increases.*
- *The most common product used by NDs is Plaquex, an IV lipid soluble form for fatty liver disease.*

DIRC did not provide safety evidence for IV use. Confirm IV Use and why?

IV is needed for those who cannot take it orally due to side effects of diarrhea or nausea.

Indications

- *Hypercholesterolemia by lowering serum cholesterol*
- *Support liver health*

Pyridoxine (B6)

Indications

- *Used to treat Vitamin B6 deficiency.*

Testosterone

Indication

- *Female sexual dysfunctions – supporting female patients with total hysterectomies*
- *Low testosterone, erectile dysfunctions*
- *Hypogonadism*

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

Sexual health is a primary function of naturopaths in Ontario and addressing basic sexual disfunctions is often performed by the patient's primary care provider which in some situations may only be a naturopath.

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood – 2. 5a-dihydrotestosterone (DHT)*
    - *Blood – 72. Glucose, quantitative*
    - *Blood – 75. Hemoglobin – A1C*
    - *Blood – 106. PSA, Ratio*
    - *Blood – 115. Testosterone*
    - *Blood – 116. Testosterone, free*
    - *Blood – 121. Total Cholesterol Panel*
    - *Urine – 141. 5a-dihydrotestosterone (DHT)*
    - *Urine – 163. Testosterone*
    - *Urine – 164. Testosterone, free*
    - *Saliva – 170. 5a-dihydrotestosterone (DHT)*
    - *Saliva – 182. Testosterone*

- *Saliva – 183. Testosterone, free*

** It is noted that DHEA is listed in the Controlled Drugs and Substances Act and as Naturopaths are not listed in the New Classes of Practitioners Regulations that this is likely beyond the purview of the Ministry of Health.*

L-Tyrosine

Route of administration?

- *IV is the correct route of administration. NDs have access to amino acids for IV therapy, in combination with other amino acids.*
- *This is an oversight when the original regulation was drafted. Tyrosine is found in Aminosyn and Triamine III. The majority of amino acid products approved by Health Canada contain tyrosine.*
- *Health Canada has approved IV Amino Acid Blends, most of which include tyrosine. Without access to this specific amino acid along with the others, NDs cannot use the Health Canada approved products but rather must have a unique compound created.*
- *https://health-products.canada.ca/dpd-bdpp/info.do?lang=en&code=98820*

Indications

- *Cognitive performance*
- *Memory*

Alpha Lipoic Acid:

Why is this needed? What is the current gap?

Oral Alpha Lipoic Acid is publicly available. This item is specifically to authorize access for injection. For use by those who have nausea and can't use oral form. It is also used for the pain associated with peripheral neuropathy. And provides an option for a secondary delivery method https://pubmed.ncbi.nlm.nih.gov/8786016/ . It is a more direct method of delivery and some clinical trials have failed with oral form of ALA for treating peripheral neuropathy associated pain

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

ALA in clinical practice is often performed by the patient's primary care provider which in some situations may only be a naturopath .

Q (1): DIRC information indicates that physician co-management is recommended. I understand that physician co-management is often indicated when a drug is prescribed by a physician specialist (rather than a general practitioner physician). Does prescription of this drug fall within the current naturopathy scope of practice?

A (1): This is not typically something prescribed by specialists but rather used in primary care clinics. This is something that NDs had access to prior to 2015 proclamation of the *Naturopathy Act* and lost. ALA is a substance that NDs have training and experience administering.

Patient Monitoring

Naturopaths under the LSCCLA can requisition the following test that would be used for monitoring purposes:

- *Blood – 79. Insulin, Fasting and Non-Fasting*
- *Blood – 75. Hemoglobin – A1C*

Q (2): DIRC information indicates that patient monitoring is needed for prescription of this substance. Are the tests listed above sufficient for prescription of this substance? Which laboratory/diagnostic tests would be required for prescription that are not currently authorized to naturopaths?

A (2): No additional tests are needed for patient monitoring of use of ALA. NDs have access to the necessary testing.

Indications

- *to treat Diabetic Neuropathy*
- *to improve insulin sensitivity and fasting blood glucose levels in patients with type 2 diabetes*
- *for patients with reflux, gastritis who are not able to use oral ALA.*

Q (3): Because not all of the proposed indications identified by naturopaths in the proposal are supported in the information provided by DIRC, how would the college ensure that naturopaths are prescribing according to supported indications? Note that this inconsistency between DIRC and the proposal, for indications, occurs over several of the proposed substances.

A (3): Naturopaths who wish to prescribe, dispense, compound or sell a drug must first meet the standard of practice for therapeutic prescribing. In order to do so NDs must successfully complete a prescribing course and examination on therapeutic prescribing that also includes an Ontario component focused on the drugs and substances accessible in Ontario.

B-Complex

Indications

- *Digestive Health*
- *Age related eyesight degeneration*

Cortisone

Same as DIRC Report?

- Yes.
- *The category on the prescription drug list is: Adrenocortical hormones or their salts or derivatives.*
- *Primarily NDs would be utilizing the drug Cortef (or similar) which is listed as a hydrocortisone and cortisol.*

Patient Monitoring

- *Naturopaths under the LSCCLA can requisition the following test that would be used for monitoring purposes:*
    - *Blood – 45. Cortisol – bound and unbound, no differentiation.*
    - *Urine – 147. Cortisol – bound and unbound, no differentiation*

Q (4): DIRC information indicates that patient monitoring is needed for prescription of this substance. Are the tests listed above sufficient for prescription of this substance? Which laboratory/diagnostic tests would be required for prescription that are not currently authorized to naturopaths? A (4): These are the appropriate tests for patient monitoring. No additional testing is required.
Q (5): DIRC information indicates that physician co-management may be recommended. I understand that physician co-management is often indicated when a drug is prescribed by a physician specialist (rather than a general practitioner physician). Does prescription of this drug fall within the current naturopathy scope of practice? A (5): Access to cortisone is often a primary care function and treatment of adrenal insufficiencies and allergies that falls within the scope of practice of NDs in Ontario. Access to this drug is providing NDs with the ability to effectively practice within their scope using evidence-based treatment methods.

Indications

- *To treat adrenal insufficiencies and fatigue*
- *Used to help with allergic reactions, allergic skin reactions in primary care for short durations.*

DHEA

Why is this needed? What is the current Gap?

DHEA is a safe alternative to using a suppository for the treatment of vaginal dryness and thinning of the lining in menopause, especially when the use of Estrogens are contraindicated (e.g. cancer risks). Oral usage is less important than the suppository.

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

Addressing patient adrenal insufficiency is often performed by the patient's primary care provider which in some situations may only be a naturopath.

Indications

- *Used by NDs to address adrenal insufficiency which may be related to menopausal symptoms*

** It is noted that DHEA is listed in the Controlled Drugs and Substances Act and as Naturopaths are not listed in the New Classes of Practitioners Regulations that this is likely beyond the purview of the Ministry of Health.*

Estrogens

Is this a movement to traditional estrogen therapy and is that within the scope?

- *This is an administrative change to ensure that NDs have access to the appropriate form and routes of administration necessary to ensure appropriate patient care and safety.*

- *The bioavailability of topical estrogen is often poor and as a result it is not able to address certain cases of HRT or in preserving bone density.*
- Estrogel is the drug version and is "bio-identical". Patients already can get Estradiol compounded from a pharmacy. One issue is that NDs can't use Estrogel. Additionally, not being able to use oral estrogen if required. If a woman has a total hysterectomy or ovarian failure the topicals may not be appropriate. Low dose plus monitoring the estradiol levels would be appropriate, especially in those at high risk for osteoporosis.

Q (6): If estrogel is bioidentical, why can't ND use it? Is this the problem that needs fixing?

A (6): This was a mix up on my part. I put Estrogel and not Estrace. Estrace is the oral estrogen that would primarily be used by NDs. If a women has a total hysterectomy or ovarian failure the topical estrogen (whether bioidentical or not) may not be appropriate. The primary change is the amendment to the route of administration to include oral. The secondary amendment is the removal of the limitation of bio-identical to allow NDs to treat primary care issues within their patients by means of use of birth control estrogens that are not bioidentical.

- Treatment of moderate to severe symptoms of vulvar and vaginal atrophy associated with menopause, and bone loss. NDs may prescribe BHRT in topical form using Bi-est when this is not indicated to preserve bone mass in those at high risk.
- Levels of Estradiol can be monitored via the blood test
- those who experience allergic skin reactions have the option of a different route of administration with oral usage.

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

The types of conditions for which a naturopath would utilize estrogens, include but not limited to

Q (7): DIRC information indicates that physician co-management is recommended. I understand that physician co-management is often indicated when a drug is prescribed by a physician specialist (rather than a general practitioner physician). Does prescription of this drug fall within the current naturopathy scope of practice?

A (7): The use of estrogen and the treatment of patients for hormone deficiencies is within the scope of practice for NDs in Ontario. Access to the drug will allow NDs to treat patients based on evidence of efficacy and safety.

relief of menopausal symptoms and preserving bone density, are often performed by a patient's primary care provider which in some situations may only be a naturopath.

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood - 60. Estrogen*
    - *Blood – 72. Glucose, quantitative*
    - *Blood – 119. Thyroid stimulating immunoglobulin (TSI)*
    - *Blood – 121. Total Cholesterol panel*
    - *Urine – 154. Estrogen*
    - *Saliva – 178. Estrogen*

Q (8): DIRC information indicates that patient monitoring is needed for prescription of this substance. Are the tests listed above sufficient for prescription of this substance? Which laboratory/diagnostic tests would be required for prescription that are not currently authorized to naturopaths?

A (8): The above noted tests would be appropriate for patient monitoring and no additional testing would be required.

Indications

- *Relief of menopausal and postmenopausal symptoms*
- *Hormone Replacement Therapy*
- *Preserving bone density*
- *Vulvar and vaginal atrophy in menopause*

Hydrocortisone Acetate

Indications

- *Allergic reactions*
- *Corticosteroid responsive dermatosis including but not limited to: Eczema, minor skin irritations etc..*

Iron Dextran

What is this fixing?

Ferrous sulfate is not available for injection. Iron Dextran was the Health Canada approved product for injection. However it may be ideal to align this with the prescription drug list:

- Iron derivatives
  - Limitation: z-track only

Q (9): Both brands of iron dextran (Infufer and Dexiron) are no longer available in Canada. Please clarify whether you are suggesting that "iron derivatives, limitation: z-track only" replace "iron dextran". Would there be a need to provide a DIRC-review for iron derivatives?

A (9): NDs currently have the Knowledge, Skill and Judgement to administer iron via z-track only. This is a common treatment and well within the scope of practice of Naturopaths in Ontario. The recommendation is simply to allow NDs to actually access the Health Canada Approved products. Iron Dextran is simply a specific type of Iron derivative. As such all of the DIRC information applies. Perhaps an additional limitation can be included: Only Health Canada approved product.

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

Iron injections are often performed by the patient's primary care provider which in some situations may only be a naturopath.

Q (10): DIRC information indicates that physician co-management is recommended for iron dextran. I understand that physician co-management is often indicated when a drug is prescribed by a physician specialist (rather than a general practitioner physician). Does prescription of iron dextran fall within the current naturopathy scope of practice? [No need to answer if a iron derivatives is replacing iron dextran, and if a new DIRC review will be provided.]

A (10:) iron administration is not a specialist function but rather a primary care treatment for patients with Iron deficiencies and within the scope of practice of NDs in Ontario. The issue is ensuring that NDs have access to iron to provide care for their patients.

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood –43. Complete Blood Count*
    - *Blood – 63. Ferritin*
    - *Blood - 82. Iron, total – with iron binding capacity and per cent saturation.*
    - *Blood – 123. Transferrin*

Q (11): DIRC information indicates that patient monitoring is needed for prescription of iron dextran. Are the tests listed above sufficient for prescription of iron dextran? Which laboratory/diagnostic tests would be required for prescription that are not currently authorized to naturopaths? [No need to answer if a iron derivatives is replacing iron dextran, and if a new DIRC review will be provided.]

A (11): NDs have access to all the necessary tests for patient monitoring.

Levothyroxine (T4)

Why is this necessary? What is the Gap?

T4 is the primary treatment for hypothyroidism. NDs can currently access a version of T4 as it is found in desiccated thyroid. However, desiccated thyroid also includes T3 which is not always ideal. For example in pregnant women T3 cannot be absorbed by the fetus and thus all T3 needed for babies is made by T4 only. Levothyroxine is absorbed more gradually and is thus able to maintain a steady state in the blood, ensuring the body has the appropriate amount to synthesize T3. When combination therapy of both T4 and T3 are used such as in desiccated thyroid, it can be difficult to maintain a normal T4 to T3 ratio. Having access to T4 is important for patient safety and it can also provide a standard in dosing which is more difficult when using desiccated thyroid extracts.

Same as DIRC report?

- *Yes. The item is listed as Thyroxin or its salts on the Prescription Drug List.*
- *Naturopaths would be accessing Levothyroxine (T4)*
- *The most common preparation that NDs would access is Synthroid or Eltroxin for the management of hypothyroidism.*

Pharmacist Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

Naturopaths currently work very closely with pharmacists when prescribing drugs to ensure that patients remain safe and receive the most appropriate drug, dosage and route of administration.

Q (12): Pharmacists are not normally considered primary health care providers. Do the current standards of practice adequately cover off situations such as this, where DIRC recommends co-management with a pharmacist? Alternatively, are there other ways to ensure patient safety in this circumstance?

A (12): This is well within the scope of practice of naturopaths as they already have access to a number of thyroid medication. The standard of practice for Prescribing outlines the necessary information that an ND must ensure is provided when any prescription is written, which is consistent with other regulated health professions in Ontario.

Q (13): DIRC information indicates that physician co-management may be recommended. I understand that physician co-management is often indicated when a drug is prescribed by a physician specialist (rather than a general practitioner physician). Does prescription of this drug fall within the current naturopathy scope of practice?

A (13): Treatment of thyroid issues is well within the scope of NDs in Ontario and is currently something that NDs do frequently. Providing access to T4 is allowing access to the appropriate drugs for NDs to fully and safely care for their patients.

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
  - *Blood – 120. Thyroxine Free (FT4)*
  - *Blood – 127. TSH (thyroid stimulating hormone)*
  - *Blood – 126.* Triiodothyronine Free (T3)

Q (14): DIRC information indicates that patient monitoring is needed for prescription of this substance. Are the tests listed above sufficient for prescription of this substance? Which laboratory/diagnostic tests would be required for prescription that are not currently authorized to naturopaths?

A (14): No additional tests required that NDs don't currently already have access to

Health Canada Warning

Naturopaths work very closely with pharmacists to ensure that patients receive the most appropriate drugs, dosage and route of administration and that no contraindications or potential negative interactions exist.

Perhaps a limitation be added to the regulation: not be used for the purpose of weight loss or treatment of obesity

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Liothyronine (T3)

Is this required for practice as it is similar to T4 but with more side effects

- *Access to T3 would require NDs to undertake greater safety precautions when prescribing. If have access to T4 (above) this may not be necessary.*

Progesterone

Is this a movement to traditional progesterone therapy?

- *This is an administrative change for patient safety.*
    - *When treating patients with estrogen therapy it is essential that also receive appropriate progesterone therapy. Topical progesterone is not appropriate for preventing endometrial hyperplasia which can result in endometrial cancer.*
    - *This is a route of administration change to ensure that NDs have access to the most appropriate forms and necessary routes of administration to ensure patient safety.*
    - *Oral progesterone is the correct form for symptoms of secondary amenorrhea.*

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

> ***9.*** *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners. Naturopaths are currently working with pharmacists to ensure that patient's receive the appropriate and necessary progesterone.

The inclusion of progesterone with estrogen therapy is necessary for patient safety and often performed by the patient's primary care provider which in some situations may only be a

Q (15): DIRC information indicates that physician co-management is recommended for certain patient popuulations. I understand that physician co-management is often indicated when a drug is prescribed by a physician specialist (rather than a general practitioner physician). Does prescription of this drug fall within the current naturopathy scope of practice?

A (15): This is a primary care function and all evidence and research requires that oral progesterone be prescribed along with estrogen therapy. This is an omission that should be remedied to ensure patient safety.

naturopath.

Indications

- *Prevention of endometrial hyperplasia*

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood - 1. 17-OH-Progesterone*
    - *Blood – 102. Progesterone*
    - *Urine – 161. Progesterone*
    - *Saliva – 169. 17-OH-Progesterone*
    - *Saliva – 181. Progesterone*

Q (16): DIRC information indicates that patient monitoring is needed for prescription of this substance, prior to and during therapy. Are the tests listed above sufficient for prescription of this substance? Which laboratory/diagnostic tests would be required for prescription that are not currently authorized to naturopaths?

A (16): No additional tests needed beyond those that NDs currently already have access to

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Phosphatdylcholine

Background on the substance

- *Is a phospholipid which is naturally occurring in the body. With age the synthesis of phosphatidyl choline is impeded and other phospholipids and cholesterol increases.*
- *The most common product used by NDs is Plaquex, an IV lipid soluble form for fatty liver disease.*

DIRC did not provide safety evidence for IV use. Confirm IV Use and why?

IV is needed for those who cannot take it orally due to side effects of diarrhea or nausea.

Indications

- *Hypercholesterolemia by lowering serum cholesterol*
- *Support liver health*

Pyridoxine (B6)

Indications

- *Used to treat Vitamin B6 deficiency.*

Q (17): I'm not sure why this was separated out from the B complex vitamins? I will collapse it into the B complex work that we do, above, unless you tell me otherwise.

A (17): B complex is different. B complex is a combination of B vitamins. The Naturopathy Act requires that access to any drug must be listed in the regulation. As such B6, which is currently omitted from the general regulation, should be added individually as well as B-complex. The use of B6 is to treat specific B6 deficiencies.

Testosterone

Indication

- *Female sexual dysfunctions – supporting female patients with total hysterectomies*
- *Low testosterone, erectile dysfunctions*
- *Hypogonadism*

Physician Co-Management

Naturopathic Doctors are required, under section 9 of the General Regulation made under the Naturopathy Act to:

9. *(1) The member must notify the patient's other primary health care providers, if any, within a reasonable time that the member prescribed a drug for the patient and provide details respecting the prescription, unless the patient refuses to consent to the notification.*

The Standard of Practice for Prescribing also states:

- *The Member who prescribes a drug notifies the patient's other primary health care providers, if any, of the details of the prescription, with the patient's consent.*
- *Consults with an appropriate health care professional when the patient's response to the therapy is other than what the Member anticipated.*

Working with a patient's other primary care provider is a common occurrence for NDs, this includes family physicians, pharmacists, and nurse practitioners.

Sexual health is a primary function of naturopaths in Ontario and addressing basic sexual disfunctions is often performed by the patient's primary care provider which in some situations may only be a naturopath.

Patient Monitoring

- *NDs under the LSCCLA can requisition the following test that would be used for monitoring:*
    - *Blood – 2. 5a-dihydrotestosterone (DHT)*
    - *Blood – 72. Glucose, quantitative*
    - *Blood – 75. Hemoglobin – A1C*
    - *Blood – 106. PSA, Ratio*
    - *Blood – 115. Testosterone*
    - *Blood – 116. Testosterone, free*
    - *Blood – 121. Total Cholesterol Panel*
    - *Urine – 141. 5a-dihydrotestosterone (DHT)*
    - *Urine – 163. Testosterone*
    - *Urine – 164. Testosterone, free*
    - *Saliva – 170. 5a-dihydrotestosterone (DHT)*
    - *Saliva – 182. Testosterone*
    - *Saliva – 183. Testosterone, free*

** It is noted that Testosterone is listed in the Controlled Drugs and Substances Act and as Naturopaths are not listed in the New Classes of Practitioners Regulations that this is likely beyond the purview of the Ministry of Health.*

L-Tyrosine

Route of administration?

- *IV is the correct route of administration. NDs have access to amino acids for IV therapy, in combination with other amino acids.*

- *This is an oversight when the original regulation was drafted. Tyrosine is found in Aminosyn and Triamine III. The majority of amino acid products approved by Health Canada contain tyrosine.*
- *Health Canada has approved IV Amino Acid Blends, most of which include tyrosine. Without access to this specific amino acid along with the others, NDs cannot use the Health Canada approved products but rather must have a unique compound created.*
- *https://health-products.canada.ca/dpd-bdpp/info.do?lang=en&code=98820*

Indications

- *Cognitive performance*
- *Memory*

Regulation - LGIC

Amendments to O. Reg. 168/15 made under the Naturopathy Act, 2007.

Regulation Number(s):	O. Reg 168/15
Instrument Type:	Regulation - LGIC
Bill or Act:	Naturopathy Act, 2007
Summary of Proposal:	In Ontario, the regulation of health professions is based on a self-governance model. There are 26 health regulatory colleges governing 28 health professions under the Regulated Health Professions Act, 1991 (RHPA) and their respective health profession Acts. Under the RHPA and the Naturopathy Act, 2007, the College of Naturopaths of Ontario (College) is responsible for governing the profession of naturopathy in Ontario. Under these Acts, the College has the authority to make regulations on a variety of subjects, including regulations designating the drugs that members may prescribe, dispense, compound and sell. Specifically, the College is proposing amendments to Reg.168/15 (General) made under the Naturopathy Act, 2007 to update the list of drugs and substances that its members may prescribe. The College's proposal is not final. The ministry may refine this proposal based on feedback received through this consultation, prior to bringing it forward to the Minister of Health for her review and prior to seeking the approval of the Lieutenant Governor in Council.
Analysis of Regulatory Impact:	The proposed amendments are not anticipated to impose any increased administrative costs to members and/or businesses as any updates would be within the current naturopathy scope of practice. However, members of the College will need to be aware of the amendments and the ways in which they may impact their practice.
Further Information:	Draft regulation (Download Adobe Reader)
Proposal Number:	22-HLTC009
Posting Date:	January 31, 2022
Comments Due Date:	March 17, 2022
Contact Address:	Health Workforce Regulatory Oversight Branch Strategic Policy, Planning and French Language Services Division Ministry of Health Ministry of Long-Term Care 438 University Avenue, 10th Floor Toronto ON M5G 2K8

The College of Naturopaths of Ontario

Feedback on the Drug Regulation Proposal

Purpose

- To provide an overview of the ministry's review of the College of Naturopaths of Ontario's (CONO) proposed amendments to O.Reg. 168/15 (General).

Necessary Updates Required for Vitamin D

O.Reg. 168/15 was written to reflect the limitations, routes of administration and dosages that appear in Health Canada's Prescription Drug List (PDL).

Prior to February 24, 2021, the PDL indicated that the amount of (oral) Vitamin D that could be recommended without a prescription was 1,000 international units (IU) per day.

The PDL now indicates 2,5000IU per day for Vitamin D.

O.Reg. 168/15 reflects the outdated PDL parameter of 1,000 IU.

Amendment is needed to align provincial and federal legislation.

Scheduled Substances Review (SSR) Process and Proposal

CONO initiated a Scheduled Substances Review (SSR) process in November 2016 to recommend changes to the tables in O.Reg. 168/15. This process led to the proposal that was submitted to the ministry on December 23, 2019 seeking new or expanded access to 14 drugs or substances.

CONO has advised that the proposed amendments "are intended to address errors, omissions or deletions that occurred as a result of proclamation of the *Naturopathy Act, 2007* and to ensure…access to the most appropriate drugs, substances…that fall within the scope of practice and for which [naturopaths] have the knowledge, skill and judgement."

As the ministry was moving forward on amending O.Reg. 168/15 for Vitamin D, the SSR-related proposal was examined to determine whether there were opportunities for further amendments.

SSR Stakeholder Feedback

When the proposed amendments were circulated to CONO membership and other stakeholders for a 62-day comment period in 2019:

- 3 naturopaths provided comments expressing support. At that time, there were 1704 members.
- The Ontario Association of Naturopathic Doctors (OAND) provided support for the proposal.
- No other comments were received.

Regulatory Registry Stakeholder Feedback

The ministry posted the proposal on the Regulatory Registry from January 31, 2022 to March 17, 2022. A total of 91 submissions were received.

Positive Feedback	Negative Feedback
• 90 Stakeholders, including 17 naturopaths, 4 pharmacists, 1 chartered professional accountant, 1 nurse practitioner, 1 lawyer, 1 physiotherapist and the OAND provided positive feedback. • Most respondents submitted a form letter created by the OAND which expressed general support for the proposal.	• The Ontario Medical Association (OMA) expressed concerns that naturopaths: • Are not trained to diagnose conditions, consider comorbidities, consider the risk and benefits of prescribing a chosen substance or drug, or identify emerging risk or complication arising from the substances prescribed • Lack the training to administer cortisone, estrogen and progesterone, testosterone, levothyroxine and liothyronine. The OMA also described these drugs and/or substances as having a high patient risk factor.

Analysis of the CONO Proposal

The ministry analyzed the proposal to understand the relative risks of each drug or substance. A stringent, technical evaluation focused on information compiled by the Drug Information Resource Centre (DIRC) which was provided by CONO. Other research was also conducted, across the ministry.

In addition, the ministry considered the proposal in alignment with the scope of practice-related policy positions and evaluation approaches used when the drug regulation was initially created, when naturopaths became regulated under the RHPA.

Recommendations for Authorization

In addition to the Vitamin D amendment, the following 5 drugs or substances:

New or Expanded Access?	Name of Drug or Substance	Parameters
New	Alpha lipoic acid	Intravenous administration. Add to Table 2 with a limitation (maximum daily dose of 600 mg racemic or maximum daily dose of 300 mg R).
Expanded	All B complex vitamins	Intramuscular administration. Amendment to Table 2 required.
	B6 only (pyridoxine)	Subcutaneous administration. Amendment to Table 2 required.
New	Hydrocortisone acetate	Topical administration. Add to Tables 3, 4, 5 and 6 with limitations (1% concentration or less; prescription duration of 7 days or less).
New	L-tyrosine	Add to Table 2 with a limitation (must be in combination with other amino acids).

Recommendations to Not Authorize

The 9 remaining proposed drugs or substances are not recommended for expanded access or, if not currently authorized, to be added to regulation.

Name of Drug or Substance	
Cortisol	Phosphatidylcholine
Estrogen*	Levothyroxine
Iron dextran	Dehydroepiandrosterone (DHEA)
Liothyronine	Testosterone
Oral micronized progesterone*	

Ministry of Health

Nursing and Professional Practice Division

Health Workforce Regulatory Oversight Branch

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Ministère de la Santé

Division des soins infirmiers et de la pratique professionnelle

Direction de la surveillance réglementaire relative aux ressources humaines dans le domaine de la santé

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October 6, 2022

Andrew Parr, Registrar
College of Naturopaths of Ontario
150 John Street, 10th Floor
Toronto ON M5V 3E3

Dear Andrew,

Thank you for the collaborative efforts to update your college's drug regulation, O. Reg. 168/15 (General) made under the *Naturopathy Act, 2007*. Further to the commitment made at a meeting on August 16, 2022, between our respective teams, I am writing to advise you of the outcome of the Ministry of Health's (ministry) analysis.

The ministry is prepared to move forward with the College's request to amend the drug regulation to update Vitamin D to align it with the current parameter in Health Canada's Prescription Drug List (PDL). As you may know, O. Reg. 168/15 was written to reflect the limitations, routes of administration and dosages that appear in Health Canada's Prescription Drug List (PDL); and the PDL parameter for Vitamin D has changed.

As changes will be made to the regulation, and for efficiency, the ministry reviewed the College's proposal for amendments to O. Reg. 168/15 which resulted from your Scheduled Substances Review Process (SSR). The proposal was submitted in December 2019 and seeks new or expanded access to 14 drugs and/or substances.

The ministry analyzed the proposal and engaged with pharmacists and technical experts across the ministry to understand the relative risks of each drug or substance. An evaluation focused on information from the Drug Information Resource Centre (DIRC) which was included in your submission to the ministry. DIRC provided detailed information related to:

- Proposed indications
- Dosage and administration
- Efficacy
- Whether co-management with a physician was appropriate
- When monitoring would be required
- Prescribing restrictions
- Safety
- Other information

The ministry also considered the proposal in alignment with the scope of practice-related policy positions and evaluation approaches used when the drug regulation was initially created and when naturopaths became regulated under the *Regulated Health Professions Act, 1991 (*RHPA).

As you are aware, naturopaths were previously regulated under the *Drugless Practitioners Act;* and regulation under the RHPA was intended, among other things, to maintain the profession's scope of practice as a drugless practitioner and provider of services that are alternative or complementary to the medical care that a patient may receive from a physician, nurse practitioner, or other regulated health professional. Regulation under the RHPA resulted in access to both the natural health products and remedies that naturopaths use to treat patients, and authority to administer/prescribe/dispense/compound/sell a drug listed in the Tables of O. Reg. 168/15 to ensure selective alignment with a limited list of Natural Health Products (NHP) that is set by Health Canada (i.e., amino acids, enzymes, hormones and vitamins and minerals).

In addition to the Vitamin D amendment, the following drugs and/or substances are recommended for authorization:

New or Expanded Access?	Name of Drug and/or Substance	Parameters
New	Alpha lipoic acid	Intravenous administration. Add to Table 2 with a limitation (maximum daily dose of 600 mg racemic or maximum daily dose of 300 mg R)
Expanded	All B complex vitamins	Intramuscular administration. Amendment to Table 2 required
	B6 only (pyridoxine)	Subcutaneous administration. Amendment to Table 2 required
New	Hydrocortisone acetate	Topical administration. Add to Tables 3, 4, 5 and 6 with limitations (1% concentration or less; prescription duration of 7 days or less)
New	L-tyrosine	Add to Table 2 with a limitation (must be in combination with other amino acids)

Two of the proposed drugs and substances were removed from consideration because access to the drugs falls outside of the ministry's jurisdiction:

Name of Drug and/or Substance (Administration Route)	Concerns
Dehydroeipiandrosterone (DHEA)	Federally controlled. Health Canada has the authority and responsibility to authorize drugs for sale in Canada. A controlled substance is one that Health Canada has placed on a Schedule of its *Controlled Drugs and Substances Act.* These items are restricted because they present a high risk for potential misuse, addiction, and diversion. Controlled substances include hormonal therapies, opioids, sedatives, and amphetamines. In order to prescribe controlled drugs and substances, regulated health professions (other than physicians) must be specified in a federal regulation (https://laws-lois.justice.gc.ca/eng/regulations/SOR-2012-230/page-1.html#h-784889). Naturopaths are not specified in the regulation and as a result do not have the authority to prescribe any controlled drug.
Testosterone	

The remaining seven proposed drugs and/or substances are not recommended for expanded access or, if not currently authorized, to be added to regulation. These drugs and/or substances are incompatible with independent naturopathic practice due to the following:

- DIRC has made a physician co-management recommendation; and/or
- DIRC has identified patient monitoring requirements that likely exceed current naturopathy authorities; and/or
- DIRC has identified Health Canada and/or the US Food and Drug Administration (FDA) warnings, indicating that these drugs and substances have a high-risk profile; and/or
- Drugs do not appear on Health Canada's NHP list; and/or
- Insufficient information is available to DIRC and the ministry.

With the potential exception of phosphatidylcholine, the remaining proposed drugs and/or substances also pose concern. Specifically:

Name of Drug and/or Substance (Administration Route)	Primary Concerns
Estrogen (Route other than current topical or suppository; non-bioidentical form)	Health Canada and FDA warnings. Oral route has higher risk profile than topical or suppository routes due to potential for greater systemic absorption. Estrogen is not a Health Canada NHP. Prescription of oral estrogen and/or oral contraception does not align with naturopathy as a complementary or alternative medicine, e.g., following a hysterectomy, the surgeon would typically write the original prescription. The primary care provider would likely be required to continue therapy and write repeat prescriptions. If there is no primary care provider and the patient sees a naturopath, then co-management with other health care provider would be required. Concerns regarding misalignment between the conditions identified by CONO for oral estrogen treatment and those identified by DIRC. Limitations to critical testing authority for cardiovascular diseases. Patient monitoring required and naturopaths do not have the authority to order all testing required for safe prescription. Physician co-management recommended.
Iron dextran (Injection – intramuscular, z-track technique only)	Health Canada and FDA warnings. Potent form of iron that requires patient monitoring at the time of administration, as well as monitoring of laboratory levels. Not interchangeable with oral forms. This form of iron is normally administered in a hospital or clinic and not a naturopath's office. Iron dextran is not a Health Canada NHP. Treatment of patients who are candidates for iron dextran (e.g., not responding well to the oral form of iron) is out of alignment with naturopathy as a complementary or alternative medicine. Physician co-management recommended for certain

	patient populations.
Levothyroxine (T4) (No route specified)	Health Canada and FDA warnings. Levothyroxine is not a Health Canada NHP. Monitoring and physician co-management concerns are not adequately mitigated. Potential need to co-manage with a pharmacist due to myriad drug interactions.
Liothyronine (T3)	Health Canada and FDA warnings. Liothyronine is not a Health Canada NHP. Clinically similar to T4 but potentially causes more adverse effects. DIRC has indicated that T3 is “not the best choice” for maintenance thyroid replacement compared to levothyroxine, a substance that the ministry is not recommending for authorization.
Oral micronized progesterone (non-bioidentical form)	Health Canada warning related to estrogen-progestin therapy. Many of the identified precautions apply to the use of combined estrogen-progestin therapy. The request for oral micronized progesterone is primarily as a co-therapy for estrogen; and CONO has clarified that it is not requesting access to oral progesterone if oral estrogen is not authorized. Oral estrogen is not being recommended for authorization. Oral micronized progesterone is not a Health Canada NHP. Concerns regarding limitations to current patient monitoring authorities. Physician co-management recommended for certain patient populations.
Cortisol (Oral)	Due to the number of potential consequences associated with corticosteroid use, monitoring of concurrent conditions and/or appropriate bloodwork and tests may require follow-up with a physician. Cortisol is not a Health Canada NHP.
Phosphatidylcholine (IV)	The substance is usually used orally or subcutaneously. Neither DIRC nor the ministry were able to find information

	related to the safety of phosphatidylcholine when administered by IV.

The ministry's analysis also included a review of feedback received by the college during its SSR process; and from the 45-day consultation period on the Regulatory Registry. I am attaching to this letter a submission made by the Ontario Medical Association for your information.

If you have further questions on the ministry's process or outcomes you may contact Virginia Collins, Manager of the Regulatory Design and Implementation Unit, at virginia.collins@ontario.ca or 647-284-3672.

Again, I would like to thank you for your ongoing strategic vision in leading the College of Naturopaths of Ontario (CONO), and for the work you do in meeting CONO's mandate to serve and protect the public interest. It has been a pleasure to liaise with you and your staff over the last months.

Sincerely,

Allison Henry, Director
Health Workforce Regulatory Oversight Branch
Ministry of Health

cc: Dr. Karima Velji, Chief of Nursing and Professional Practice; Assistant Deputy Minister, Nursing and Professional Practice Division, Ministry of Health
Virginia Collins, Manager, Regulatory Design and Implementation Unit, MOH

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March 17, 2022

Health Workforce Regulatory Oversight Branch
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Re: Proposed Amendments to O. Reg. 168/15 made under the Naturopathy Act, 2007

The Ontario Medical Association (OMA) is writing to provide feedback on the College of Naturopaths of Ontario's proposed changes to Regulation 168/15 under the Naturopathy Act, 2007.

The OMA is supportive of collaborative, team-based delivery of healthcare where every professional can work to their full scope of practice and be appreciated for their unique skills and experience. As well, physicians are in favour of interprofessional care initiatives that will improve patient access to health care. However, in order to be effective, efforts to improve patient access should demonstrate a positive impact on patient outcomes and on the operation of the health care system as a whole.

To facilitate the review of proposed scope changes, the OMA has developed a list of OMA Scope of Practice Principles. While not every principle will be applicable in each instance, we feel it is beneficial to utilize a framework to consider expanded scopes in a consistent, objective and evidence-based manner. We urge the government to use these principles when considering scope of practice changes and we welcome the opportunity to discuss them further. The OMA Scope of Practice Principles state that any scope change should:

1. Be subject to a rigorous regulatory structure,
2. Not raise patient safety concerns,
3. Be consistent with the knowledge, skill and judgment of the professionals involved,
4. Support a truly collaborative, team-based approach to care as opposed to parallel care,
5. Be accompanied by system initiatives/supports to ensure that no health care provider is unreasonably burdened with complications arising from expanded scopes of practice from other professions,
6. Be subject to stringent conflict of interest provisions,
7. Be applied with consideration of current best practices and lessons learned from other jurisdictions,
8. Be applied with consideration to cost effectiveness at a health system level,
9. Promote inter-professional communication and information sharing,
10. Promote continuity of care,
11. Promote positive relationships with patients,
12. Be subject to system evaluation to determine if they are leading to positive outcomes.

Be subject to a rigorous regulatory structure and stringent conflict of interest provisions

Members of the College of Naturopaths of Ontario (CNO) are prohibited, through their Standards of Practice and their Conflict of Interest policy, to profit from sales of naturopathic products. Were this regulation to pass, it would be imperative that CNO develop a monitoring program to ensure compliance with these standards, as an expansion of the drug list could potentially produce opportunities for naturopaths to run afoul of CNO's policies. Moreover, the OMA would strongly encourage ONA to educate their members on this matter as well.

Not raise patient safety concerns

The OMA has serious concerns with the proposed changes that would expand the list of substances and drugs that naturopaths may administer, prescribe, dispense, compound or sell. The changes proposed are significant and may lead to direct patient harm. We would like to raise the following specific issues:

1. The OMA remains concerned that the proposed expanded list of substances to be administered by naturopaths is an alarming step towards the practice of medicine and not naturopathic medicine. Naturopaths are not trained to diagnose conditions, consider comorbidities, consider the risks and benefits of prescribing a chosen substance or drug, or to identify emerging risks or complications arising from the substances prescribed. Several of the substances listed are used for treating medical conditions that would require the supervision of a physician. In earlier submissions to the Ministry of Health, the OMA has raised concerns of serious patient risks with allowing naturopaths to administer substances for which they lack training, including intravenous potassium chloride, lithium and epinephrine.

2. There are several substances and drugs on the list that the OMA finds concerning because of the high patient risk factor. We offer the following examples:

   Cortisone is a an anti-inflammatory medication used to treat a number of conditions, including respiratory conditions such as asthma or chronic obstructive pulmonary disease (COPD). Patients with these conditions would require care and monitoring by a physician. Cortisone should only be prescribed at the lowest effective dose for the shortest possible time, as it may be associated with a wide variety of adverse events. Research shows that prolonged treatment of high doses can cause weak and brittle bones (osteoporosis) leading to increased fracture risks. Drug-induced osteoporosis is a significant health problem and awareness of this issue is low, even among physicians. [1]

   Estrogen and Progesterone: Combinations of estrogen and progesterone are used to treat certain symptoms of menopause. Many drugs can interact with estrogen and progesterone. This includes prescription and over-the-counter medicines, vitamins, and herbal products. There are several factors to consider before starting menopausal hormone therapy, including patient age, severity of symptoms, and the patient's calculated risks for cardiovascular disease and breast cancer. This type of patient assessment should be done by a physician, who has the appropriate training to do so.

   Testosterone: Testosterone therapy is only recommended for patients with hypogonadism. Patients with symptoms of hypogonadism should be seen by a physician who can assess, diagnose and treat patients appropriately. Testosterone therapy is often promoted to men to help improve strength, athletic performance, or treat or prevent problems associated with

[1] Panday, Keshav et al. "Medication-induced osteoporosis: screening and treatment strategies." Therapeutic advances in musculoskeletal disease vol. 6,5 (2014): 185-202. doi:10.1177/1759720X14546350

aging. Using testosterone for other purposes than hypogonadism may be harmful to patient's health. Testosterone therapy has various known and unknown risks, including worsening sleep apnea, stimulating noncancerous growth of the prostate and growth of existing prostate cancer, limiting sperm production, increasing risk of blood clots and heart disease.[2]

Levothyroxine and Liothyronin: These drugs are used to treat hypothyroidism, a condition wherein the thyroid gland does not produce enough thyroid hormone. Patients with hypothyroidism should be under the care of a primary care doctor or an endocrinologist. Inappropriate prescription of these drugs may place the patient at risk for the development of long-term complications like increased bone loss and cardiac dysfunction, including arrhythmia, heart failure, and myocardial infarction[3]. Doctors are witnessing that growing number of patients are asking to be prescribed thyroid hormones because it may stimulate weigh loss and improve energy levels. Physicians are educating patients on the appropriate use of thyroid hormones, but our concern is that patients may turn to naturopaths for prescriptions if denied one by their physician, and we risk increasing instances of misuse of thyroid hormones.

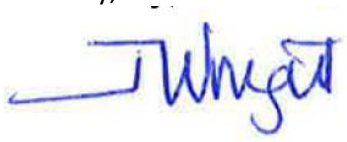
Overall, these medications require ongoing medical management, including ordering and carrying out invasive diagnostic tests.

Finally, very few, if any, of the products or services provided by naturopaths are supported by evidence. Most, if not all, naturopathic treatments have either not been subject to randomized controlled clinical trials, or research does not convincingly demonstrate any efficacy. Legitimizing the idea that health professionals can administer and promote unproven, ineffective treatment raises several patient safety risks, including the fact that the treatments can have unexpected, negative side effects; may interfere with, or replace the administration of, a more effective medical treatment; or may not produce a positive effect. The OMA represents all of Ontario's physicians across all disciplines. In advance of contemplation of the addition of drugs to existing lists, we avail ourselves to consult with/bring forward clinical experts from relevant disciplines to offer guidance on benefits, risks, and unintended consequences of any drug list change.

Based on the above outlined risks to patient health and safety, we strongly recommend that the proposed expansion of drugs that may be prescribed is rejected.

Thank you for the opportunity to provide advice regarding this important matter. Should you wish to discuss this further, please do not hesitate to reach out.

Sincerely,



James Wright, CM, MD, MPH, FRCSC
Chief,
Economics, Policy & Research

[2] Salter CA, Mulhall JP. Guideline of guidelines: testosterone therapy for testosterone deficiency. BJU Int. 2019 Nov;124(5):722-729. doi: 10.1111/bju.14899. Epub 2019 Sep 11. PMID: 31420972.
[3] Bernet, Victor. (2019). Thyroid hormone misuse and abuse. Endocrine. 66. 79-86. 10.1007/s12020-019-02045-1.

BRIEFING NOTE
Relocation of the College's Head Office

PURPOSE: To brief the Council on the conclusion of the search for new space, and the signing of a lease agreement.

OUTCOME To satisfy the Council that College due diligence has been undertaken in the negotiation of a fair lease which has been signed by two signing officers of the College.

NATURE OF DECISION ❒ Strategic ❒ Regulatory Processes & Actions ☑ Other

PROCESS:

Activity:	The CEO and Council will speak to the content of this briefing note.		
Results:	It is expected that the Council will have confidence in the process used to negotiate a lease agreement.		
Overall Timing:	20 minutes		
Steps/Timing:	**1.**	Review of Issue	10 minutes
	2.	Q&A from Council	10 minutes

BACKGROUND:

In July 2022, the Council was briefed on the process of the search for a new office location, all of the factors that were taken into consideration and that a new location had been found and initial offers made and confirmed to retain the space.

The only outstanding item at the time of the briefing was to negotiate and sign a lease with the new landlord. This briefing will set out the process that was followed and the final outcome of the negotiations.

As a reminder, the new office location is 10 King Street East, Suite 1001, Toronto, Ontario. The Agent for the landlord is BentallGreenOak, an international property management firm.

DISCUSSION POINTS:

In this section of the briefing, many of the key issues surrounding the lease agreement will be addressed.

<u>Legal Counsel</u>

Rebecca Durcan, Co-managing partner of Steinecke Maciura LeBlanc (SML Law) is general counsel to the College. Ms. Durcan noted that her area of expertise is administrative law and the *Regulated Health Professions Act, 1991*. Neither she nor anyone within SML Law have an expertise in commercial real estate. She therefore recommended that the College seek outside legal counsel who focuses in this area. Upon the recommendation of our Real Estate Broker, Lennard Commercial Realty, Brokerage, Jordan Cohen of Macdonald Sager, LLP was retained.

Initial Review of the Lease

The first draft of the lease was received from BentallGreenOak on behalf of the Landlord at 10 King Street East on August 12, 2022. This was forwarded to Mr. Cohen for review and on August 30, 2022, the Senior Management Team met with Mr. Cohen. At that time, Mr. Cohen noted that the lease was generally a good document that was fair to both parties. While there were a number of areas where changes might be sought, these were not as voluminous as might have been expected.

Proposed Changes and Negotiations

At the request of the College, Mr. Cohen provided BentallGreenOak with a red-lined version of the draft lease agreement proposing 30 changes to the agreement. Legal counsel for BentallGreenOak returned this shortly thereafter accepting about 30% of the changes and rejecting others.

In order to facilitate the conclusion of the agreement, Mr. Cohen and the Chief Executive Officer (CEO) met with Legal Counsel for BentallGreenOak on October 11, 2022. During this meeting, each of the clauses with proposed changes were discussed. At this time, it was noted that the reason for rejecting the changes were due to broader issues within the portfolio held by the landlord.

The primary issues identified were as follows:

- The lease required the College to use the Landlord's recycling services for all materials. The College was concerned that it could not dispose of certain regulatory records this way and preferred to continue with its shredding practices which included subsequent recycling. The Landlord has since amended the lease to be permissive of this arrangement.
- The lease required the College to retain all records of operations for two years past the end of the lease and provided the Landlord with a right of access. The College was concerned that this would be a violation of the RHPA. The Landlord has amended the lease to ensure that there is an exclusion for any record that is protected under section 36 of the RHPA.
- The lease places legal obligations on the College even though it might sublease the space in whole or in part to another organization. The College's concern is the possibility, albeit remote, that the legislation might be changed to change the name of the College or amalgamate the College with others. The Landlord made some minor amendments to allow for certain changes with permission but for the most part, did not move on this item. From a risk perspective, the likelihood of this happening is remote and if it did, the new entity would still have access to the termination provisions of the lease.
- For those provisions where proposed changes by counsel for the College were rejected, the risk analysis is indicative that the risk to the College is low and the probability of an occurrence was remote. Again, if something should occur within these provisions, the College always has access to the termination provisions.

Lease Signing

On October 19, 2022, the CEO and Council Chair met to review the lease. The Council Chair was provided with a detailed document setting out the provisions of the lease that were identified as issues, the decision of the Landlord and the outcome of the meeting to discuss the issues.

The CEO advised the Council Chair that the areas of primary concern to him, namely access to records and recycling requirements, were adequately addressed by the Landlord. The remaining issues are more legalistic in nature and based on the analysis, represent only a minor risk to the College.

Both the CEO and Council Chair have since signed the Lease Agreement.

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 – as noted in the briefing, relocation of the office brings about the potential risk of loss of personnel who do not want to commute to a new location if the change is significant.
- Financial risk:
    - Market risk – leasing space does represent a market risk. The College's processes are concluding during an unanticipated period of high inflation impacting the overall costs. Concluding the lease at this time reduces the risk as high inflation is expected to continue for several more months.
- Strategic risk:
    - Economic environment – as noted above, high inflation rates have the potential of further increasing costs to the College is the lease was not concluded at this time.
    - Reputation – Office space has a direct impact on the College's reputation; however, there are several conflicting perspectives. From the view of the public and most organizational stakeholders, having a head office location that is respectable, well kept, secure and well organized instills confidence in the organization. From naturopathic stakeholder, in particular Registrants, the costs of renting space are seemed to be extraordinary and in some cases unnecessary.

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 – this briefing note has been provided to foster trust that the College has used expert advice and followed due diligence in the review and signing of the lease.
- Timely, accessible and contextual – this is the next in a series of briefings to Council over the past 18 months about the search for a new office location and the factors that go into making these decisions.
- Confidentiality when it leads to better outcomes. In this case, the lease agreement itself is proprietary to the Landlord and has not been made public.
- Consistent approaches – by using expert advice that is commonly used by other health regulatory Colleges, this College has taken an approach to leasing the space that is consistent with other Colleges and standard approaches to search for and leasing space.

Financial Impact – The only financial impact of the lease process is the costs of legal review. The College has an adequate budget to cover such costs.

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. Only those relevant factors have been identified and addressed.

- The public interest in this matter is vested in principle-driven governance and operations. This briefing note is intended to summarize the key principles at issue in making a decision on leasing space and retaining talented, qualified staff.
- Transparency is also at issue in this matter. This briefing is intended to ensure that the College is being transparent in the process that has been followed and the resources used to come to a decision.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging (EDIB) generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered in the following ways:

- There are no EDIB issues in the context of the signing of the lease agreement.

RECOMMENDATIONS

There are no recommendations to the Council and no decisions to be made by the Council as this is an informational briefing.

NEXT STEPS

The Director of Operations has begun the planning for minor changes to the new office space. Welcome information has been received from BentallGreenOak allowing the College to being the planning process surrounding the move to the location. The move will occur in February 2023.

Council will be asked at its January meeting to pass a motion designating the new office location as the Head Office of the College on a specific date.

A copy of the actual lease agreement has been made available to the Council in the on-line Council Orientation Manual.

Andrew Parr, CAE
Chief Executive Officer
November 21, 2022

BRIEFING NOTE
Examinations Program Policy Amendment

ISSUE: Council is asked to review and approve amendments made to the Intravenous Infusion Therapy (IVIT) Program & Exam Policy

BACKGROUND:
At its April 2017 meeting, Council approved a revised IVIT Program & Examinations Policy which integrated competencies around sterile compounding both into the core competencies for the practice of IVIT as well as pertinent training course criteria, to reflect what is presently tested on the Ontario IVIT exam, to ensure safe, competent, and ethical IVIT practices. In October 2019, the policy was updated to add additional clarity for stakeholders seeking to offer an IVIT training course.

Draft amendments to this policy (attached) are being proposed by the Committee to provide additional clarity and update policy definitions, terminology, and language to align with the newer policies under the College.

DISCUSSION POINTS:

Amended Eligibility Requirements for the Practise of IVIT
To ensure consistency of requirement regarding the practise of IVIT, additional criteria have been added to stipulate that those deemed to have met the Standard of Practice for IVIT may only perform IVIT procedures in an IVIT premises registered with the College.

Window of Exam Results Validity
In keeping with the two-year window of skills atrophy, Registrants who elect to complete the IVIT examination prior to meeting the Standard of Practice for Prescribing, must meet the Standard of Practice for Prescribing within two years of their successful completion of the IVIT exam in order to be deemed to have met the Standard of Practice for IVIT. While this has been standard process since launch of the IVIT examination under the College, the policy amendment has been added for additional clarity, as many Registrants have been electing to complete the IVIT exam prior to meeting the Standard of Practise for Prescribing.

Amended Definitions and Terminology
Relevant definitions have been added for additional clarity and minor amendments have also been made to capture language associated with the new governance model (e.g., Registrant vs Member), 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.

- Relevant, credible, and accurate information: Proposed policy amendments ensure that the information imparted in the Policy fully reflects all processes and procedures and can be relied on as an accurate reflection of current practice.

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

Public Interest – The public interest assessment is based on the document the *Understanding 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.

- There are ethical, safe, competent professionals and services. The IVIT policy continues to set out robust requirements for the safe and competent practise of IVIT.

EDIB –The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered by the Registration Committee, to the best of our ability, in the following ways:

- Whether the proposed policy unduly favours a particular group (socio-economic or other) and has the potential to create inequity between Registrants.

RECOMMENDATION:

The Registration Committee recommends that the Council approve amendments to the Intravenous Infusion Therapy (IVIT) Program policy.

Dr. Danielle O'Connor, ND
Chair of the Registration Committee

Erica Laugalys
Director, Registration & Examinations

November 2022

Intent/Purpose	To establish a policy governing the ~~intravenous~~ Intravenous ~~infusion~~ Infusion ~~therapy~~ Therapy (IVIT) program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Act~~Candidate~~	Means the *Naturopathy Act, 2007*, ~~S.O.2007, Chapter 10, Schedule P,~~ as amended from time to time.~~Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.~~
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions, or limitations (TCLs) placed on the Certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the *RHPA* and who performs the duties assigned to ~~that~~the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the *Regulated Health Professions Act, 1991*.
	College	Means the College of Naturopaths of Ontario as established under the *Naturopathy Act, 2007* and governed by the *Regulated Health Professions Act, 1991*.~~the Act and governed by the RHPA.~~
	Compounding	Means reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances specified in Table 5 of the General Regulation or drugs designated in Table 2 of the General Regulation to create a customized therapeutic product for the purposes of administration to the ~~Member~~Registrant's patient by intravenous infusion therapy
	~~General Class Certificate of Registration~~	~~As defined in section 1(1) of the Health Professions Procedural Code means a Certificate of Registration issued by the Registrar, which satisfies the General Class registration requirements as per section 5(1) of the Registration Regulation.~~
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a ~~Candidate's~~ candidate's attempt at one or more examinations.

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Examination~~s~~ Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a ~~Candidate's~~ candidate's current needs arising from a disability, physical limitation or religious requirement.
Examination Violation	Means a contravention of the College's Examination Policy, or Examination Rules of Conduct.
General Class	Means a Registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.
General Regulation	Means Ontario Regulation 168/15 as amended from time to time.
~~Examination Violation~~	~~Means a contravention of the College's Examination Policy, or Examination Rules of Conduct.~~
Good Standing	Means the status assigned to a ~~Member~~Registrant ~~-~~ when they are current on dues and payments and are current with the registration requirements assigned to their ~~Class~~ class of ~~Registration~~registration.
Inactive Class	Means a Registrant not authorized to practise in Ontario, as set out in section 8 of the Registration Regulation.
Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a ~~Member's~~ Registrant's competencies to perform IVIT safely, competently and ethically.
~~Compounding~~	~~Means reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances specified in Table 5 of the General Regulation or drugs designated in Table 2 of the General Regulation to create a customized therapeutic product for the purposes of administration to the Member's patient by intravenous infusion therapy.~~
~~Laminar Air Flow Hood~~	~~Means an enclosure in which air flow is directed so as to prevent contamination of sterile materials by airborne organisms or particles.~~
Laminar Air Flow Hood	Means an enclosure in which air flow is directed so as to prevent contamination of sterile materials by airborne organisms or particles.
~~Member~~Registrant	Means a person registered with the College as defined in section 1(1) of the ~~Health Professions Procedural~~ Code.

	Premises	Means any place where a Registrant performs or may perform an IVIT procedure.
	Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the ~~Registrar~~CEO~~,~~. Panels of this statutory committee are responsible for all registration matters as set out in the Code.~~and the imposition of terms, conditions or limitations on Certificates of Registration as deemed necessary in accordance with the Health Professions Procedural Code.~~
	~~Registrar~~	~~Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.~~
	Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
	RHPA	Means the *Regulated Health Professions Act, 1991*, as amended from time to time.
	~~General Regulation~~	~~Means Ontario Regulation 168/15 as amended from time to time.~~
	Standard of Practice for IVIT	Means the standard as defined in section 5(5) of the General Regulation meaning the education and examination requirements necessary to demonstrate competency in the practise of IVIT.
	Standard of Practice for Prescribing	Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined in section 9(5) of the General Regulation.
General	Regulation	Determinations of whether a ~~Member~~ Registrant has met the Standard of Practice for IVIT, or whether an IVIT training course is approved, will be made in accordance with the General Regulation and this policy. Registration staff and ~~Members of the College~~Registrants will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.
	Eligibility Requirements for the Practise of IVIT	Any ~~Member~~ Registrant who wishes to perform ~~the controlled act of administering~~IVIT procedures (compounding for IVIT or administering IVIT) ~~intravenous infusion therapy~~ must: • Hold a General Class certificate of registration without any ~~terms, conditions or limitations~~TCLs which restrict the ~~Member~~ Registrant from engaging in direct patient care~~;~~.

	• Be in ~~Good~~ good ~~Standing~~ standing with the College~~;~~. • Have successfully completed an IVIT training course, approved by Council, that covers the core competencies for the practise of IVIT, and an examination in IVIT administered or approved by Council~~;~~. • Have met the Standard of Practice for Prescribing~~, as outlined in the General Regulation~~ as outlined in the Prescribing and Therapeutics Program & Examination Policy~~;~~. • Hold $3 million per claim and $3 million aggregate level in professional liability insurance in addition to the $2 million coverage required of all ~~Members~~ Registrants holding a General Class Certificate of Registration, in accordance with section 19 of the College ~~By~~by-laws.~~;~~ • Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to IVIT. • Only perform IVIT procedures in an IVIT premises registered with the College which has undergone an inspection and received an outcome of a pass or a pass with conditions.
Skills Atrophied	~~Members~~ Registrants holding an Inactive Class ~~Certificate~~ certificate of ~~Registration~~ registration or a General Class ~~Certificate~~ certificate of ~~Registration~~ registration with a ~~Non~~non-~~Clinical~~ clinical ~~Term, Condition or Limitation (TCL)~~ TCL with the College for more than two ~~(2)~~ years are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of IVIT.
Core Competencies for the Practise of IVIT	~~Members~~ Registrants performing ~~intravenous infusion therapy~~IVIT possess the knowledge, skill, and judgment in the following ~~IVIT~~ core competencies to ensure safe and effective practise: • Clinical rationale, including knowledge of indications and contraindications related to the practise of IVIT, related science to the practise of IVIT, and the ability to assess when IVIT is or is not an appropriate treatment option~~;~~. • Patient assessment, including health history and allergies, physical examination and informed consent requirements, appropriate tests and labs, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to IVIT treatment~~;~~. • Record keeping, including knowledge of documentation, charting and labeling requirements, ~~-~~appropriate IVIT related medical abbreviations, patient education documents and incident report filing requirements~~;~~. • Infection prevention and control, including knowledge of appropriate infection prevention and control practice requirements, aseptic and clean techniques, biohazard disposal requirements, personal protective equipment (PPE) and devices, and policies, regulations and provincial legislative requirements around infection control~~;~~.

		• IVIT substances, including knowledge of types of solutions and their clinical applications, appropriate routes of administration, storage and quality assurance measures, recommended dosages, potential allergy concerns, potential adverse reactions and appropriate treatment; • IVIT complications and emergencies, including knowledge of how to assess and respond to common emergency situations and adverse reactions, how to use emergency equipment and crash cart supplies, how to administer emergency substances, cautions and contraindications, dosages and route of administration for emergency substances, Health Canada reporting requirements and knowledge of emergency referral indicators and procedures; • IVIT equipment and devices, including knowledge of safe and proper use of IVIT equipment, storage and disposal requirements for IVIT equipment, how to use various types and gauges of needles and how to respond to common equipment issues; • Sterile compounding for IVIT, including knowledge of how to use and maintain a laminar airflow hood, appropriate garbing, and appropriate aseptic technique; • Anatomy and IVIT technique, including knowledge of body fluid composition, renal, cardiovascular, lymphatic, nervous, musculoskeletal, and endocrine systems, proper set-up, administration, and termination requirements for IV drips and pushes, appropriate site selection based on patient anatomy, and appropriate measure to mitigate and manage patient harm.
IVIT Training Courses	Approval	In order for the Council to approve a course, and for that course to be recognized by the College for IVIT training, and qualification of ~~Candidates~~ candidates for the IVIT examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council. In reviewing an application for approval, the Registration Committee will base their decision on the following criteria: 1. Course material must be fully referenced;~~.~~ 2. Course is a minimum of 32 hours and covers all core competencies necessary for the practise of IVIT;~~.~~ 3. Course material must adhere to Ontario legislation and regulation, College policy, standards and regulation, and must align with other regulated health profession industry standards for ~~IV infusion therapy~~IVIT, emergency response and infection prevention and control; 4. Substances covered in the course must cover all and only the substances outlined in the list of substances to be administered by injection in the General Regulation;

5. Labs covered in the course should a) reflect those laboratory tests relevant to the practise of IVIT, and b) be discussed in the context of those which are and those which are not authorized to the profession under the *Laboratory and Specimen Collection Centre Licensing Act*, the General Regulation and the Standards of the College~~;~~.
6. All participants who successfully complete the course ~~and course examination~~ must be provided with a certificate of completion or similar proof of course completion issued by the course provider~~; signed and dated by the course instructor~~
7. The course must contain six ~~(6)~~ to eight ~~(8)~~ hours of dedicated emergency procedures content, including one ~~(1)~~ hour of emergency procedures role play, which addresses the following:
    - How to assess and respond to: infiltrations and extravasations, phlebitis and thrombophlebitis, catheter related venous thrombosis, allergic and anaphylactic reactions, ecchymosis and hematoma, cardiac arrest, circulatory overload, syncope, speed shock, and ~~IV line~~IV-line issues (e.g. line obstructions and tubing disconnects~~);~~).
    - Prevention protocol, treatment options and emergency referral indicators for adverse reactions and emergency scenarios~~;~~.
    - Discussion and demonstration of PPE and devices (including safety engineered needles), and emergency equipment (including oxygen tanks, oxygen masks, AED and pulse oximeters~~);~~).
    - Documentation and reporting requirements around adverse reactions.
8. Course must have a practical component which:
    - Requires participants to perform at least one ~~(1)~~ successful infusion with proper insertion and termination~~;~~.
    - Requires participants to perform at least one ~~(1)~~ successful IVIT push with proper insertion and termination~~;~~.
    - Requires participants to perform at least seven ~~(7)~~ angiocath insertions, and at least three ~~(3)~~ butterfly insertions~~;~~.
    - Requires participants to compound a bag for IVIT using a laminar air flow hood~~;~~ , demonstrating proper infection control measures and garbing protocol~~;~~.
    - Discusses and demonstrates sterile compounding for IVIT, including use and maintenance of a laminar air flow hood and proper aseptic technique;
    - Discusses and demonstrates the use of safety engineered needles (SENs) including both sliding and hinged varieties~~;~~.

		• Demonstrates chevron technique and the use of transparent dressings (e.g.. transparent adhesive dressings) for catheter securement, and discusses appropriate use of each. 9. Course must have a calculation requirement which requires participants to complete at least ten ~~(10)~~ osmolarity calculations (including the calculation of drip rate) in class, and complete at least twenty calculations prior to course completion. 10. Course instructors must be in Good Standing with their regulatory body.
	Course Audits	The Registration Committee reserves the right to audit the course and all related content and references at its discretion, and at the cost of the course instructor.
	Revocation of Course Approval	The College reserves the right to review and/or revoke course approval in the following instances: • Failure to adhere to the training course requirements and the course outline approved by the Registration Committee; • Unsafe or unsanitary ~~practises~~ practices occurring during the training course~~;~~. • Known plagiarism of course content~~;~~. • IVIT complaints and discipline related matters involving course instructors~~;~~. • Failure of an inspection of the IVIT Premises where the course is offered under the auspices of the Inspection Program.
	Course Updates	Course material must be updated on an on-going basis to reflect applicable changes to College regulations, policies and standards, Ontario legislation and regulations, and to regulated health profession industry standards concerning IVIT, and such changes are subject to a review and approval by the Registration Committee. Any updates must be submitted to the Registration Committee prior to implementation.
	Course Changes	Changes to course material and/or references must be reviewed and approved by the Registration Committee. Any changes must be submitted to the Registration Committee prior to implementation.
IVIT Examination	General	In order to have been deemed to have met the Standard of Practice for IVIT, a ~~Member~~ Registrant must successfully complete an examination administered or approved by Council.
	Eligibility	A ~~Candidate~~ candidate is eligible to sit the College's IVIT examination provided they:

- ~~Hold~~ hold a General Class ~~Certificate~~ certificate of ~~Registration~~ registration without any ~~terms, conditions or limitations~~TCLs that restricts the ~~Member~~ Registrant from engaging in direct patient care and are in ~~Good~~ good ~~Standing~~ standing with the College at the time of application for the IVIT exam, or;
- ~~Are~~ are a registered ND in another regulated Canadian jurisdiction, and;
- ~~Have~~ have successfully completed a Council approved Ontario IVIT training course no more than two ~~(2)~~ years prior to the date of the exam.

Exam Registration	Exam registration priority will be given to ~~Members of the College~~Registrants. Those seeking to sit the examination from other regulated Canadian jurisdictions will have exam spots confirmed following close of exam registration.
Course Validity	Examination attempts must be made within two ~~(2)~~ years of the date of a ~~Candidate's~~ candidate's successful completion of the IVIT training course. A ~~Candidate~~ candidate who has exceeded the two ~~(2)~~ year window from their date of successfully completing the IVIT training course will be required to re-take a Council approved Ontario IVIT training course prior to being eligible to re-attempt the IVIT examination.
Examination Attempts	Three ~~(3)~~ initial attempts are provided to ~~Candidates~~ candidates to successfully complete the IVIT examination. A ~~Candidate~~candidate, who has failed the IVIT examination for a second time, will be required to complete additional education or training as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third time.
Window of Exam Ineligibility	A ~~Candidate~~candidate, who has failed the IVIT examination three ~~(3)~~ times will be ineligible to sit the examination again until the two~~-~~ ~~(2)~~ year anniversary from the date of their third unsuccessful examination attempt.
Final 2 Attempts	Prior to being eligible to make a fourth attempt of the IVIT exam, a ~~Candidate~~ candidate must successfully re-take a Council approved Ontario IVIT training course. For the purposes of public protection, ~~Candidates~~ candidates who have made five unsuccessful exam attempts will not be granted any further access to re-sit the IVIT exam.
Retakes	Candidates who have failed any one ~~(1)~~ component of the IVIT examination are deemed to have failed the entire examination and are required to re-take all components at any subsequent re-attempt of the examination.

Accommodations	To ensure ~~Candidates~~ candidates are provided fair opportunity to sit a Council approved examination, the College will consider all accommodation requests received from any ~~Candidate~~candidate. Requests for accommodation will be managed in accordance with the College's Examinations Policy ~~and Examination Rules of Conduct~~.
Deferrals	Any ~~Candidate~~ candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy ~~and Examination Rules of Conduct~~.
Examination Violations	All ~~Candidates~~ candidates are required to comply with the Examination Rules of Conduct as established by the ~~Registrar~~CEO. Any allegation of an examination~~s~~ violation will be handled in accordance with the College's Examinations Policy and Examination Rules of Conduct.
Passing Requirements	To pass the IVIT examination, ~~the~~ a ~~Candidate~~ candidate must score 75% on each component of the examination.
Window of Exam Results Validity for Meeting the Standard of Practice	Registrants who elect to complete the IVIT examination prior to meeting the Standard of Practice for Prescribing, must meet the Standard of Practice for Prescribing within two years of their having successfully completed the College's IVIT Exam in order to be deemed to have met the Standard of Practice for IVIT, or a subsequent IVIT course and the IVIT exam will be required to be undertaken again.

The College of Naturopaths of Ontario

BRIEFING NOTE
Draft Amendments to the Prescribing and Therapeutics Program & Examination Policy

PURPOSE: The Registration Committee is seeking Council approval of the draft amendments to the College's (the College) Prescribing and Therapeutics Program & Examination 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:

At its April 28, 2015, meeting, the then transitional Council of the College of Naturopaths of Ontario (the College) approved the College's Prescribing and Therapeutics Program & Examination Policy (the Policy). Further amendments to the policy were made in April of 2018 to allow fourth year CNME-accredited program graduates to sit the Ontario Prescribing and Therapeutics exam.

Minor draft amendments to the Prescribing and Therapeutics Program & Examination Policy (attached) have been made to update Policy definitions, and language to follow similar additions made to the IVIT Program & Examinations policy reviewed by the Committee in conjunction with this policy.

DISCUSSION POINTS:

Amended Definitions
Relevant definitions have been added for additional clarity, in keeping with the IVIT Program & Examination Policy, reviewed by the Committee in conjunction with this policy, and to bring all examination program policies up to date.

Number of Permitted Attempts
As part of its review, the Committee looked at whether sufficient rationale existed for amending

the number of permitted attempts for completing the Prescribing & Therapeutics examination. No amendments to number of permitted attempts are being made at this time however the Committee will re-review this topic when the policy comes forward again as part of its annual cycle of policy review.

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.
    - People: People risks comes from staff and third party vendors in ensuring the necessary practices and procedures are implemented and consistently delivered.
- 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.

- Relevant, credible, and accurate information: Proposed policy amendments ensure that the information imparted in the Policy fully reflects all processes and procedures and can be relied on as an accurate reflection of current practice.

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

Public Interest – The public interest assessment is based on the document the *Understanding 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.

- There are ethical, safe, competent professionals and services. The Prescribing and Therapeutics policy continues to set out robust requirements for safe and competent prescribing, compounding, dispensing and selling a drug or administering a drug or substance by inhalation or (non-IVIT) injection.

EDIB –The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered by the Registration Committee, to the best of our ability, in the following ways:
Whether the proposed policy unduly favours a particular group (socio-economic or other) and has the potential to create inequity between Registrants.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve revisions to the Prescribing and Therapeutics Program & Examination 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

November 2022

Intent/Purpose	To establish a policy governing the prescribing and therapeutics program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Act~~Candidate~~	Means the *Naturopathy Act, 2007*, ~~S.O.2007, Chapter 10, Schedule P,~~ as amended from time to time.~~Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.~~
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class or Inactive Class, which demonstrates to the public that the holder is a Registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions, or limitations (TCLs) placed on the certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the ~~Health Professions Procedural~~ Code which is Schedule II of the ~~Regulated Health Professions Act~~*RHPA ~~, 1991~~* and who performs the duties assigned to the position of Registrar under the ~~Act,~~RHPA, the Code, the ~~*Naturopathy Act, 2007*~~Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the Regulated Health Professions Act, 1991.~~RHPA~~.
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is ~~recognised~~ recognized by the College.
	College	Means the College of Naturopaths of Ontario as established under the *Naturopathy Act, 2007* and governed by the *Regulated Health Professions Act, 1991*.
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a ~~Candidate's~~ candidate's attempt at one or more examinations.
	Drug	Means that as defined in the *Drug and Pharmacies Regulation Act*.
	Examinations Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a ~~Candidate's~~

	candidate's current needs arising from a disability, physical limitation, or religious requirement.
Examination Violation	Means a contravention of the College's Examination Policy or Examination Rules of Conduct.
General Class ~~Certificate of Registration~~	Means a Registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation. ~~Means a Certificate of Registration, as defined in section 1(1) of the Health Professions Procedural Code, issued by the CEO, which satisfies the General Class registration requirements as per section 5(1) of the Registration Regulation.~~
Good Standing	Means the status assigned to a Registrant when they are current on dues and payments and are current with the filing of reports as required based on their Certificate of Registration.
Inactive Class	Means a Registrant not ~~authorised~~ authorized to practise in Ontario as set out in section 8 of the Registration Regulation.
Prescribing and Therapeutics Examination	Means a two-part examination approved by ~~the~~ Council ~~of the College~~ that includes both written and oral components which tests a Registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.
Registrant	Means an individual, as defined in section 1(1) of the ~~Health Professions Procedural~~ Code.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for all registration matters as set out in the Code.~~, and the imposition of terms, conditions, or limitations (TCL) on Certificates of Registration as deemed necessary in accordance with the Health Professions Procedural Code.~~
Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
RHPA	Means the *Regulated Health Professions Act, 1991*, as amended from time to time.
Standard of Practice for Prescribing	Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined in section 9(5) of the General Regulation.

General	Regulation	Determinations of whether a Registrant has met the Standard of Practice for Prescribing, or whether a therapeutic prescribing course is approved, will be made in accordance with the General Regulation and this policy. Registration staff and Registrants of the College will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.
	Eligibility Requirements for the Practise of Therapeutic Prescribing	Any Registrant who wishes to perform the controlled acts of prescribing, compounding, selling, or dispensing a drug, or administering a drug by injection or inhalation must: • Hold a General Class Certificate of Registration without any Terms, Conditions or Limitations (TCL)'s which restrict the Registrant from engaging in direct patient care. • Be in Good Standing with the College. Have successfully completed a training course in therapeutic prescribing, approved by Council, that covers the core competencies for the practise of prescribing, and an examination in therapeutic prescribing administered or approved by Council. • Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to prescribing.
	Skills Atrophied	Registrants holding an Inactive class Certificate of Registration or a General class Certificate of Registration with a non-clinical TCL with the College for more than two years are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of prescribing a drug.
	Core Competencies for the Practise of Therapeutic Prescribing	Registrants performing the controlled act of prescribing a drug possess the knowledge, skill, and judgment in the following core competencies to ensure safe and effective practise: • Clinical rationale, including knowledge of indications and contraindications related to prescription and non-prescription drugs and substances, knowledge of appropriate starting dosages and titration schedules, and the ability to assess when a prescription is not an appropriate treatment option. • Therapeutic treatment plans, including medical history taking, medications and allergies, physical examination and informed consent requirements, appropriate tests and labs for monitoring, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to treatment. • Record keeping, including knowledge of documentation, charting, prescription writing and prescription labeling requirements. • Ontario approved drugs and substances as tabled in the General Regulation, limitations, and related standards of practice around the controlled acts of prescribing, dispensing,

compounding, or selling a drug or administering a substance by inhalation or injection.

- Adverse reactions and emergency situations, including knowledge of how to assess and respond to an adverse drug reaction, how to administer emergency substances, dosages, and route of administration for emergency substances, reporting an adverse drug reaction in conjunction with Health Canada reporting requirements and knowledge of emergency referral indicators and procedures.

Therapeutic Prescribing Training Courses	Approval	In order for the Council to approve a course, and for that course to be ~~recognised~~ recognized by the College for training in therapeutic prescribing, and qualification of ~~Candidates~~ candidates for the Prescribing and Therapeutics examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council. In reviewing an application for approval, the Registration Committee will base their decision on the following criteria: 1. Course material must be fully referenced. 2. Course is a minimum of 32 hours of structured learning and covers all core competencies necessary for the practise of therapeutic prescribing. 3. Course material must adhere to Ontario legislation and regulation, College policy, standards, and regulation, and must align with other regulated health profession industry standards for therapeutic prescribing. 4. All participants who successfully complete the course must be provided with a certificate of completion signed and dated by the course instructor. 5. The course must contain content which addresses the following: • Evidence based prescribing, principles and practice including informed decision making related to prescription and non-prescription medications for the treatment of cardiovascular disorders, psychological issues, pain management, respiratory disorders, endocrine disorders, reproductive issues, dermatological issues, nutritional deficiencies, and addiction issues. • How to create therapeutic plans and monitor therapy to ensure safe and effective treatment for specific conditions. • Medical history taking with respect to prescription medications, selecting appropriate starting doses

and titration schedules when initiating select prescription medications, and strategies for determining when a prescription may not be needed or may be harmful.

- How to ~~recognise~~ recognize and report situations where an adverse drug reaction may have occurred.
- Writing prescriptions using patient case scenarios, defining risks, benefits, and monitoring parameters.
- Ontario regulation, related standards, and requirements with respect to the controlled acts of prescribing, dispensing, compounding, or selling a drug or administering a drug by injection or inhalation, and the drugs tabled in the General Regulation.
- The College must be able to verify the course enrollment date for any ~~Candidate~~ candidate of the Prescribing and Therapeutics exam, with the course provider.
- Participants who successfully complete an in-person offering of the course must be provided with a certificate of completion signed and dated by the course instructor.

	Course Audits	The Registration Committee reserves the right to audit the course and all related content and references at its discretion, and at the cost of the course instructor(s).
	Course Updates	Course material must be updated on an on-going basis to reflect applicable changes to College regulations, policies and standards, Ontario legislation and regulations, and other regulated health profession industry standards concerning the controlled act of prescribing, and such changes are subject to a review and approval by the Registration Committee. Any updates must be submitted to the Registration Committee prior to implementation.
	Course Changes	Changes to course material and/or references must be reviewed and approved by the Registration Committee. Any changes must be submitted to the Registration Committee prior to implementation.
Prescribing and Therapeutics Examination	General	To be deemed to have met the Standard of Practice for Prescribing, a ~~Candidate~~ candidate must successfully complete an examination administered or approved by Council, and:

- hold a General Class Certificate of registration with the College, without any TCL's which restrict the Registrant from engaging in direct patient care; or
- hold a General Class Certificate of registration with the College, without any TCL's which restrict the Registrant from engaging in direct patient care within two years of successfully completing the examination; and
- be in good standing with the College.

Exam Eligibility

A ~~Candidate~~ candidate is eligible to sit the Prescribing and Therapeutics examination provided they are:

- a Registrant of the College, in Good Standing, at the time of application for the examination; or
- a registered ND in a regulated Canadian jurisdiction; or
- enrolled in a CNME-accredited program in Canada, and within 12 months of graduation from said program; or
- a CNME-accredited program graduate, who is actively engaged in completing their requirements for registration with the College.

And have completed a Council approved training course on therapeutic prescribing no more than two years prior to the date of the exam.

Passing Requirements

To pass the Prescribing and Therapeutics examination, a ~~Candidate~~ candidate must score 60% on each component of the examination.

Examination Attempts & Retakes

Candidates are provided three attempts to successfully complete the Prescribing and Therapeutics examination and must do so within two years of the date of their completion of the therapeutic prescribing training course.

A ~~Candidate~~ candidate who has failed the Prescribing and Therapeutics examination for a second time, will be required to complete additional education or training, if any, as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third and final time.

A ~~Candidate~~ candidate who has exceeded the two-year window from their date of successfully completing a Council approved therapeutic prescribing training course will be required to re-take an ~~Council~~ approved training course prior to being eligible to re-attempt the Prescribing and Therapeutics examination.

Retakes

Candidates who have failed any one component of the Prescribing and Therapeutics examination may elect to retake only the component of the examination for which they were unsuccessful, provided the retake component is completed within three attempts and two years of their completion of the course.

Accommodations	To ensure ~~Candidates~~ candidates are provided a fair opportunity to sit a Council approved examination, the College will consider all accommodation requests received from any ~~Candidate~~candidate. Requests for accommodation will be managed in accordance with the College's Examinations Policy and Examination Rules of Conduct.
Deferrals	Any ~~Candidate~~ candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy.
Examination Violations	All ~~Candidates~~ candidates are required to comply with the Examination Rules of Conduct as established by the CEO. Any allegation of an examination violation will be handled in accordance with the College's Examinations Policy.

BRIEFING NOTE
Educational Briefing – Inspections

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 practise of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical and qualified individuals to practise naturopathy in Ontario.

2. **Setting Standards –** The College sets and maintain 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 insomuch 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 Inspection Program and processes of the College.

General Regulation
Part IV of the *General Regulation* made under the *Naturopathy Act, 2007* came into effect on March 1, 2017, and requires the College to conduct inspections in premises where Intravenous Infusion Therapy (IVIT) procedures are performed.

Inspection Program Requirements
The Inspection Program applies to all locations where one or more Registrants perform IVIT procedures. IVIT procedures include:

- The compounding of drugs to make a customised therapeutic product for the purpose of administering by intravenous injection to a patient, or
- The administration of a therapeutic product by IVIT.

The Inspection Program establishes the requirements for a premise and reviews the following areas during inspections:

- Physical environment,
- Emergency preparedness,
- Infection Control,
- Sterile Compounding,
- Administering IVIT,
- Record Keeping and charting,
- Reporting of Type 1 and Type 2 occurrences,
- Delegation, and
- Quality management.

Every premises that is registered and performing IVIT procedures will undergo a scheduled inspection once every five years. Each inspection outcome is posted on the IVIT Premises Register. The outcome can be a “pass”, a “pass with conditions” or a “fail”.

Registering an IVIT Premises
A new premises where IVIT procedures are intended to be performed must be registered with the College, undergo Part I of an inspection, and receive a “pass” or “pass with conditions” that will then allow it to begin performing IVIT. The second part, Part II of the new premise’s inspection, occurs within approximately six months of the Part I inspection commencing.

Subsequent Inspections
After the Part I and Part II inspections are completed, subsequent inspections must occur within five years of the date of the initial inspection and every five years thereafter.

Designated Registrant
Every premises must have an ND who is the Designated Registrant. The Designated Registrant is responsible for:

- All Inspection Program related communications with the College,
- Submitting all Inspection Program forms,
- Ensuring the Inspection Program Requirements are met, and
- Paying all Inspection Program fees on behalf of the premises.

Inspection Process
The following outlines the typical inspection process:

- Notification of an upcoming inspection is sent to the Designated Registrant,
- The Designated Registration submits the Pre-Inspection Information and Declaration of a Conflict of Interest form, and the premises Policies and Procedures Manual within 14 days (this is required for Part I and five-year premises inspections),
- Upon receipt, an inspection is scheduled within 30 days of the Designated Registrant being notified of the assigned inspector,
- At the end of the inspection, the inspector provides feedback to the Designated Registrant who may provide additional comments and/or information to the College, and
- The Inspection Committee reviews the Inspector's Report and any additional information provided by the Designated Registrant, and delivers an outcome.

Inspection Outcomes

The Committee will determine an outcome that falls into one of three categories:

- "Pass" – all Inspection Program Requirements are fully met or partially met with minor deficiencies,
- "Pass with conditions" – One or more Inspection Program Requirements are not met that could impact patient safety, and
- "Fail" – few of the Inspection Program Requirements have been met or there are significant deficiencies that pose a risk of harm to patients, and the premises must cease providing services.

Inspectors

Inspectors within the Inspection Program are NDs who have met the standard of practice for IVIT and therapeutic prescribing, who are performing IVIT procedures at a premises, and who are specifically trained in the program requirements set out by the Council of the College. All individuals within a premises are required to cooperate with an inspector who has been appointed by the College to inspect the premises where IVIT services are provided.

Inspection Committee

The Inspection Program is overseen by the Inspection Committee, which is a Committee of the Council of the College. The Committee is made up of individuals who are:

- Registrants of the College who have met the standard of practice for IVIT (and therapeutic prescribing),
- Members of the Council, and
- Public Representatives appointed by the Council.

Type 1 and Type 2 Occurrences

Type 1 occurrences are incidents that may or did result in serious harm to a patient in relation to an Intravenous Infusion Therapy treatment. Type 1 Occurrences include:

- The death of a patient following IVIT,
- The death of a patient within five days following IVIT,
- Referral of a patient to emergency services within five days following IVIT,
- A procedure performed on the wrong patient.
- Administration of an emergency drug to a patient,
- A patient who is diagnosed with shock or convulsions within five days of IVIT, and
- A patient who is diagnosed with a disease of any disease causing agent as a result of the IVIT.

Type 1 occurrences must be reported to the College within 24 hours of the Registrant becoming aware of the occurrence. These reports are reviewed by the Inspection Committee who review the information and may require a follow up review and inspection if warranted by the Inspection Committee.

Type 2 occurrences are incidents that may or did result in harm to a patient in relation to the performance of compounding for or administering by IVIT. These include:

- An infection in a patient after the provision of IVIT,
- An unscheduled treatment of a patient within five days of IVIT, and
- Any adverse drug reaction.

Type 2 occurrences must be tracked and documented and are reported to the College annually.

Importance of this Program

The College's Inspection Program ensures continuous quality improvement for all premises where IVIT procedures are performed through the development and maintenance of standards. This helps enhance the safety and quality of care for the Ontarians who choose to access these services.

Respectfully submitted,

Dr. Mary-Ellen McKenna, ND (inactive)
Manager, Professional Practice

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