



# **Council of the College of Naturopaths of Ontario**

## **Meeting #41**

## **Draft Agenda**

Date: May 29, 2024 (2024/25-01)

Time: 9:15 a.m. to 2:15 p.m.

Location: Zoom Video Conference Platform<sup>1</sup>

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<sup>1</sup> Pre-registration is required.

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

COLLEGE

**College is body corporate**

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

**Corporations Act**

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

**Duty of College**

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

**Objects of College**

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

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

**Duty**

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



The College of Naturopaths of Ontario

# **COUNCIL MEETING #41**

**May 29, 2024**

**9:15 a.m. to 12:00 p.m.**

## **DRAFT AGENDA**

Sect/No.	Action		Item		Page	Responsible	
0	Pre-Meeting Networking (8:00 am to 9:00 am)						
		Networking	Information networking for Council members.			--	All
1	Call to Order and Welcome						
	1.01	Procedure	Call to Order			--	J. Sokoloski
	1.02	Discussion	Meeting Norms			4-6	
	1.03	Discussion	“High Five” – Process for identifying consensus			7	
2	Officer Elections						
	2.01	Election	Council Chair			--	A Parr
	2.02	Election	Council Vice Chair			--	
	2.03	Election	Officer-at-Large Public member			--	
	2.04	Election	Officers-at-Large Professional Members (2)			--	
3	Consent Agenda						
	3.01	Approval	i.	Draft Meeting Minutes of March 27, 2024		8-15	J. Sokoloski
			ii.	Draft In-Camera Meeting Minutes of March 27, 2024		16-17	
			iii.	Committee Reports		18-32	
			iv.	Information Items		33-93	
4	Approval of Agenda and Conflicts of Interest						
	4.01	Approval	Review of Main Agenda			3	J. Sokoloski
	4.02	Discussion	Declarations of Conflict of Interest			94-95	
5	Monitoring Reports						
	5.01	Acceptance	Report of the Council Chair			96	J. Sokoloski
	5.02	Acceptance	Report on Regulatory Operations for March 2024			97-109	A Parr
	5.03	Acceptance	Report on Regulatory Operations for April 2024			110-122	A Parr
	5.04	Acceptance	Variance Report & Unaudited Financial Statements for Q4			123-132	A Kupny
6	Council Governance Policy Confirmation						
	6.01	Discussion	Review/Issues Arising			--	B Lessard-Rhead
			i.	Executive Limitation Policies			
			ii.	Council-CEO Linkage Policies			
	6.02	Discussion	In-depth Review of Terms of Reference (17-33)			--	
	6.03	Approval	Proposed policy amendments			133-218	
	6.04	Acceptance	CDHO Report on Governance			219-257	
7	Regular Business						
	7.01	Decision	Proposed By-law Amendments			258-265	A Parr
	7.02	Decision	Committee Appointments			266-274	A Parr
8	Council Education						
	8.01	Education	Program Briefing – Complaints Program			275-279	J Quesnelle
	8.02	Education	Program Briefing – Discipline Program			280-286	J Quesnelle
9	Other Business						
	9.01	TBD				--	
10	Evaluation and Next Meeting						
	10.01	Discussion	Meeting Evaluation			On-line	J. Sokoloski
	10.02	Discussion	Next Meeting – July 31, 2024			--	
11	Adjournment						
	11.01	Decision	Motion to Adjourn			--	J. Sokoloski



The College of Naturopaths of Ontario

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

**Meeting Norms**

**General Norms**

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

**Additional Norms for Virtual Meetings**

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

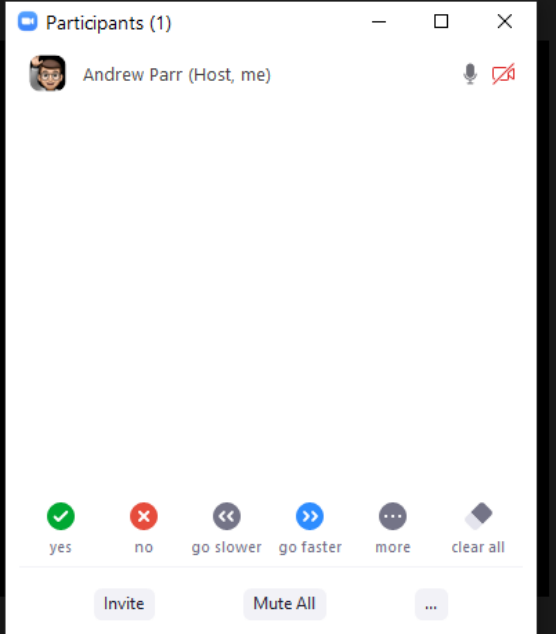


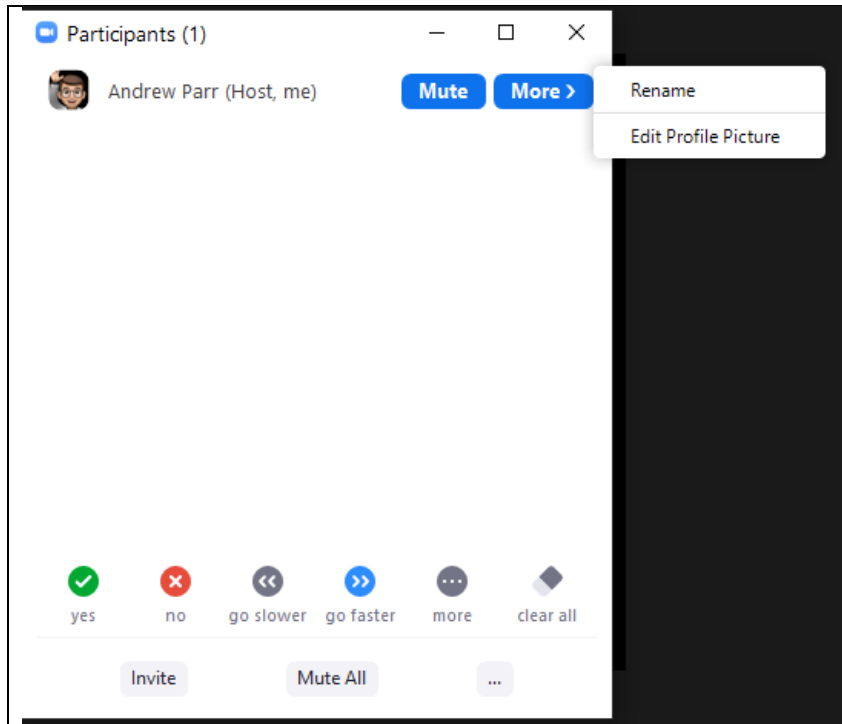
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting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

### Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

### Other Helpful Tips

	<ul style="list-style-type: none"> <li>• Use the Participants button on the bottom control button to see a list of participants.</li> <li>• 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)</li> </ul>
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The screenshot shows a Zoom 'Participants (1)' window. At the top, there is a header bar with a blue speech bubble icon, the text 'Participants (1)', and window control buttons (minimize, maximize, close). Below the header, a participant card for 'Andrew Parr (Host, me)' is visible. To the right of the name are two blue buttons: 'Mute' and 'More >'. A white dropdown menu is open from the 'More >' button, containing two options: 'Rename' and 'Edit Profile Picture'. At the bottom of the participants list, there is a row of icons with labels: a green checkmark for 'yes', a red X for 'no', a double left arrow for 'go slower', a double right arrow for 'go faster', a three-dot menu for 'more', and a trash can for 'clear all'. Below this row are three buttons: 'Invite', 'Mute All', and a three-dot menu.

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



The College of Naturopaths of Ontario

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

**Using “High Five” to Seek Consensus**



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.

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The College of Naturopaths of Ontario

**Council Meeting  
March 27, 2024**

**Video Conference  
DRAFT MINUTES**

<b>Council</b>		
<b>Present</b>		<b>Regrets</b>
Dr. Jonathan Beatty, ND (4:6)*		Ms. Lisa Fenton (5:6)
Dr. Shelley Burns, ND (6:6)		Ms. Sarah Griffiths-Savolaine (4:6)
Mr. Dean Catherwood (6:6)		Ms. Tiffany Lloyd (2:6)
Dr. Amy Dobbie, ND (6:6)		
Mr. Brook Dyson (5:6)		
Dr. Anna Graczyk, ND (6:6)		
Dr. Denis Marier, ND (6:6)**		
Mr. Paul Phillion (5:6)		
Dr. Jacob Scheer, ND (6:6)		
Dr. Jordan Sokoloski, ND (5:6)		
<b>Staff Support</b>		
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, Human Resources & Administration Coordinator		
<b>Guests</b>		
Ms. Rebecca Durcan, Legal Counsel		
Dr. Brenda Lessard-Rhead, ND (Inactive), GPRC Chair and Council member elect (District 6)		
Dr. Erin Walsh (Psota), ND, Council member elect (District 4)		

Dr. Felicia Assenza, ND, Council member elect (District 2)		
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### 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, including the three new Council elect members attending the meeting as observers, Dr. Felicia Assenza, ND of Hamilton, ON (District 2), Dr. Erin Walsh (Psota), ND of Toronto East, ON (District 4), and Dr. Brenda Lessard-Rhead, ND (Inactive) of Aurora, ON (District 6) and legal counsel Rebecca Durcan. In addition, he congratulated Mr. Paul Phillion, Public Member, on his reappointment to the Council beginning July 8, 2024, for an additional three years.

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:	Amy Dobbie
<b>CARRIED.</b>	

### 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 changes to the agenda. There were none.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Paul Phillion
SECOND:	Jacob Scheer
<b>CARRIED.</b>	

#### 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:	Shelley Burns
SECOND:	Dean Catherwood
<b>CARRIED.</b>	

##### 4.02 Report on Regulatory Operations from the Chief Executive Officer (CEO)

The Report on Regulatory Operations from the CEO, Mr. Andrew Parr and corresponding Briefing Note were circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations as presented by the CEO.
MOVED:	Dean Catherwood
SECOND:	Amy Dobbie
<b>CARRIED.</b>	

##### 4.03 Variance Report and Unaudited Financial Statements for Q3

The Variance Report and the Unaudited Financial statements ending December 31, 2023 (Q3) 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 quarter. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the third quarter as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Phillion
<b>CARRIED.</b>	

#### 5. Council Governance Policy Confirmation

##### 5.01 Review/Issues Arising

##### 5.01(i) Executive Limitations Policies

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

**5.01(ii) 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(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) – Governance Process Policies GP17-GP33**

Dr. Brenda Lessard-Rhead, ND (Inactive), Governance Policy Review Committee (GPRC) Chair, presented the results of the GPRC's survey to Council members regarding GP17-GP33 and provided supporting information as to why which responses were appropriate. For example, referencing direct language found within a given policy corresponding to the survey question. In addition, she provided a summary of the information within each of the policies and responded to any questions throughout her presentation.

The Chair thanked Dr. Lessard-Rhead, ND (Inactive), GPRC Chair, for her presentation.

**5.03 Policy Review – Governance Process Policies**

Dr. Lessard-Rhead, ND (Inactive), GPRC Chair, provided a detailed overview of the amendments being presented on behalf of the GPRC as outlined in the Memorandum included within the Council's package and responded to any questions that arose during the discussion.

<b>MOTION:</b>	To approve the proposed changes to GP07, GP10, GP11 and GP 12 as presented.
<b>MOVED:</b>	Paul Phillion
<b>SECOND:</b>	Jacob Scheer
<b>CARRIED.</b>	

**6. Business****6.01 Language Proficiency Policy Amendments**

A Briefing Note and corresponding documentation highlighting the proposed changes to the Language Proficiency Policy amendments were circulated in advance of the meeting. Dr. Shelley Burns, ND, Registration Committee Vice-Chair, provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

<b>MOTION:</b>	To approve the proposed changes to the Language Proficiency Policy as presented.
<b>MOVED:</b>	Amy Dobbie
<b>SECOND:</b>	Brook Dyson
<b>CARRIED.</b>	

**6.02 Registration Policy Amendments**

A Briefing Note and corresponding documentation highlighting the proposed changes to the Registration Policy amendments were circulated in advance of the meeting. Dr. Shelley Burns,

ND, Registration Committee Vice-Chair, provided a detailed overview of the amendments and responded to any questions that arose during the discussion.

<b>MOTION:</b>	To approve the proposed changes to the Registration Policy as presented.
<b>MOVED:</b>	Paul Phillion
<b>SECOND:</b>	Dean Catherwood
<b>CARRIED.</b>	

### 6.03 Council Vaccine Statement

A Briefing Note and corresponding documents were circulated to the members of the Council in advance of the meeting. The Chair provided a detailed outline of the process that will be adopted for this agenda item by following the Council's procedures for debates and motions which is based on Robert's Rules of Order. Afterwards the Chair proposed that a motion be tabled to focus the discussion on the matter at hand.

<b>MOTION:</b>	That the Council's Vaccine Statement issued on November 25, 2021 remain in place and unchanged at this time.
<b>MOVED:</b>	Shelley Burns
<b>SECOND:</b>	Brook Dyson

After asking if any Council members had questions or clarifications on the briefing materials, the Chair opened the floor to general comments and discussion. During this discussion, a further motion was moved and seconded seeking to call the question on the motion.

In accordance with the rules of order, the Chair noted that a motion to call the question had been made which thereby took precedence over the earlier motion. He asked if there were any comments or questions on the motion to call the question.

At this time, the Chair recognized Dr. Jonathan Beatty, ND, Council member for District 6, who indicated that he was tendering his resignation from the Council effective immediately. Dr. Beatty, ND, left the meeting.

On the advice of Legal Counsel, the Chair clarified that a motion to call the question on the motion that had been tabled required the approval of two-thirds of Council members present. He then called for a vote on the motion to call the question.

<b>MOTION:</b>	To call the question on the motion that was tabled on the vaccine statement.
<b>MOVED:</b>	Brook Dyson
<b>SECOND:</b>	Dean Catherwood
<b>IN FAVOUR:</b>	8
<b>OPPOSED:</b>	2



With a vote of 8 in favour and 2 opposed, the Chair ruled that the motion had met the two-thirds approval requirement and that the motion was carried.

The Chair then turned the Council's attention to the earlier motion that had been tabled to which the Council would vote and would require a simple majority.

MOTION:	That the Council's Vaccine Statement issued on November 25, 2021 remain in place and unchanged at this time.
MOVED:	Shelley Burns
SECOND:	Brook Dyson
<b>CARRIED.</b>	

#### **6.04 Annual Operational Plan**

A comprehensive Briefing Note, Operational Plan and Human Resources Plan documents were circulated to the members of the Council in advance of the meeting. Mr. Parr provided a detailed review of the plan and highlighted some projects and activities underway for the coming fiscal year 2024 - 2025. He also responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Annual Operational Plan and Human Resources Plan as presented.
MOVED:	Dean Catherwood
SECOND:	Paul Phillion
<b>CARRIED.</b>	

#### **6.05 Annual Capital and Operating Budgets 2024-2025 Fiscal Year**

A detailed Briefing Note and the draft capital and operating budgets were included in the Council materials circulated in advance of the meeting. Ms. Kupny highlighted the main components within each budget and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the Capital and Operating budgets for fiscal year 2024-2025 as presented.
MOVED:	Dean Catherwood
SECOND:	Anna Graczyk
<b>CARRIED.</b>	

#### **6.06 College Performance Measure Framework Report (CPMF)**

Mr. Jeremy Quesnelle, Deputy CEO, reviewed in detail the CPMF Report 2023 distributed to Council in advance of the meeting. He informed the Council that once approved, the report will

be submitted to the Ministry of Health and uploaded to the College's website for the public's viewing. In addition, he responded to any questions or concerns that arose during the discussion that followed.

<b>MOTION:</b>	To approve the College Performance Measure Framework Report for 2023 as presented.
<b>MOVED:</b>	Paul Phillion
<b>SECOND:</b>	Jacob Scheer
<b>CARRIED.</b>	

### 6.07 Risk-based Regulation

Mr. Parr, reviewed in detail the Risk-based Regulation documents distributed to Council in advance of the meeting. He informed the Council of how data would be collected to identify potential risks that can be mitigated and how this program would be implemented. In addition, he responded to any questions or concerns that arose during the discussion that followed.

<b>MOTION:</b>	To accept the Risk-based Regulation Program as presented.
<b>MOVED:</b>	Dean Catherwood
<b>SECOND:</b>	Jacob Scheer
<b>CARRIED.</b>	

## 7. Council Education

### 7.01 Program Briefing – Examination Program

A Briefing Note highlighting the Examination Program was circulated in advance of the meeting. Ms. Erica Laugalys, Director, Examinations & Registration, attended the meeting to responded to any questions asked by Council.

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

### 8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 1:14 p.m.

<b>MOTION:</b>	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
<b>MOVED:</b>	Paul Phillion
<b>SECOND:</b>	Denis Marier
<b>CARRIED.</b>	

## 9. Other Business

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

**10. Meeting Evaluation and Next Meeting****10.01 Evaluation**

The Chair advised Council members that a link will be provided via e-mail for each member to copy and paste into a web browser to complete an evaluation form immediately following the end of the meeting.

**10.02 Next Meeting**

The Chair noted for the Council that the next regularly scheduled meeting is set for May 29, 2024.

**11. Adjournment****11.01 Motion to Adjourn**

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 1:43 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Shelley Burns

Recorded by: Monika Zingaro  
Administration Coordinator  
March 27, 2024



The College of Naturopaths of Ontario

Page has been redacted pursuant to paragraphs (b) and (d) of section 7(2)(d) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991 as it pertains to personnel matters of the College.

7 (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

(d) personnel matters or property acquisitions will be discussed.



The College of Naturopaths of Ontario

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(d) personnel matters or property acquisitions will be discussed.



The College of Naturopaths of Ontario

# MEMORANDUM

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**DATE:** May 29, 2024

**TO:** Council members

**FROM:** Andrew Parr, CAE  
Chief Executive Officer

**RE:** Committee Reports

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

1. Audit Committee
2. Discipline Committee
3. Equity, Diversity and Inclusion Committee
4. Examination Appeals Committee
5. Executive Committee
6. Governance Committee
7. Governance Policy Review Committee
8. Inquiries, Complaints and Reports Committee
9. Inspection Committee - (Report not available)
10. Patient Relations Committee
11. Quality Assurance Committee
12. Registration Committee
13. Standards Committee

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



The College of Naturopaths of Ontario

## **AUDIT COMMITTEE REPORT**

March 1, 2024 – April 30, 2024

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

The committee is expected to meet early June 2024.

Brook Dyson  
Chair  
Audit Committee  
May 2024



The College of Naturopaths of Ontario

## **DISCIPLINE COMMITTEE REPORT** **Period of March 1, 2024 to April 30, 2024**

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

This report is for the period from 1 March to 30 April 2024 and provides a summary of the hearings held during that time as well as any new matters referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

### **Overview**

As of April 30, 2024, there were two ongoing discipline matters before the Committee (DC22-04 and 22-05).

### **Discipline Hearings and Decision & Reasons**

One contested hearing (DC22-04) involving Dr. Michael Prytula, ND, was held on March 19 and 20, and April 9 and 10, 2024. The hearing is ongoing and will continue in July 2024.

There were no Decision and Reasons released during the reporting period.

### **New Referrals**

No new referrals were 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.

Respectfully submitted,

Dr. Jordan Sokoloski, ND

Chair

21 May 2024





The College of Naturopaths of Ontario



The College of Naturopaths of Ontario

**EQUITY, DIVERSITY AND INCLUSION COMMITTEE REPORT**  
**Period of March 1, 2024 to April 30, 2024**

During the reporting period the EDI Committee did not have a meeting scheduled.

Staff of the College continued to seek feedback from the various College Committees and staff on the EDIB lens tool.

The Committee is next scheduled to meet on June 12, 2024.

Respectfully submitted,

Dr. Jamuna Kai, ND  
Co-Chair  
May 2024

Dr. Shelley Burns, ND  
Co-Chair  
May 2024



The College of Naturopaths of Ontario

**EXAM APPEALS COMMITTEE CHAIR REPORT**

March 1 - April 30, 2024

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 met on March 26, 2024 to discuss the draft amendments of the Exams Appeals Policy.

The Committee also reviewed The Equity & Inclusions Lens and Equity Diversity and Belonging Checklist documents.

Respectfully,

Rick Olazabal, ND (Inactive)

Chair

Exam Appeals Committee

May 16, 2024



The College of Naturopaths of Ontario

**EXECUTIVE COMMITTEE REPORT**  
**Period of March 1, 2024 to April 30, 2024**

This serves as the Chair report of the Executive Committee for the period of March 1 to April 30, 2024.

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  
21 May 2024



The College of Naturopaths of Ontario

## **GOVERNANCE COMMITTEE CHAIR REPORT**

May 2024

Although the Governance Committee just recently met, during the March 1, 2024 to April 30, 2024 reporting period, the Committee did not meet.

Shout outs however to two Committee members (Dr. Jamuna Kai, ND, and Mr. Shawn Bausch) who alongside Ms. Agnes Kupny hosted an In Conversation With (ICW) on March 21, 2024. At that session Dr. Kai and Mr. Bausch spoke to the College's Volunteer Program. Topics highlighted included volunteer opportunities, time commitments and training offered.

Congratulations and thanks to both Dr. Kai and Mr. Bausch! A total of two applications were received for existing vacancies within five business days of delivering the session. Both applications have been successfully processed.

I would like to take the opportunity to thank Committee members and staff for their time, effort and participation.

Respectfully submitted,  
Hanno Weinberger, Chair  
May 2024



The College of Naturopaths of Ontario

## GOVERNANCE POLICY REVIEW COMMITTEE (GPRC) BI-MONTHLY REPORT

Period of March 1, 2024, to April 20, 2024

### Meetings and Attendance

The Governance Policy Review Committee met on one occasion (March 5, 2024) between March 1 and April 30, 2024, via video conference. Attendance continues to be excellent with no concerns regarding quorum experienced.

### Activities Undertaken

The Committee considered the feedback from the January Council meeting in the context of preparing for the policy review to take place at the March Council meeting. It was agreed that questions using both scenarios and true false formats would be developed that relate to the Governance Process policies GP17 to GP33 and the survey results would then be used to identify and address any misunderstandings among Council members.

Discussion further continued on the Committee Terms of Reference associated with GP06 – Committee Principles, following receipt of proposed amendments based on the decisions of the Council on January 31st. The Committee reviewed each term of reference providing feedback and adjustments. At the end of this process, the Committee agreed that Mr. Parr would forward the proposed changes to each Committee for feedback from the Committees.

As part of the detailed annual review of all Policies, the Committee reviewed and discussed the Governance Policies GP07-GP12. Feedback from Committee members on these policies was received and collated by Mr. Parr, CEO in a memorandum in advance of the meeting, that included recommended changes to several of the policies. The Committee reviewed the feedback and recommendations for each of the policies. It was agreed that these proposed changes would be presented to the Council for approval at its March meeting.

### Next Meeting Date

May 7, 2024

Respectfully submitted,

Dr Brenda Lessard-Rhead, ND (Inactive)

Chair

May 9, 2024

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The College of Naturopaths of Ontario

**INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT**  
**Period of March 1, 2024 to April 30, 2024**

Between March 1 and April 30, 2024, the Inquiries, Complaints and Reports Committee held two regular online meetings – January 11 and February 8.

March 7, 2024: 8 matters were reviewed, ICRC members approved 4 Decisions and Reasons.

April 4, 2024: 7 matters were reviewed, ICRC members drafted 1 report for an ongoing investigation, and approved 3 Decision and Reasons.

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

Respectfully submitted,

Dr. Erin Psota, ND  
Chair  
May 16, 2024



The College of Naturopaths of Ontario

**PATIENT RELATIONS COMMITTEE REPORT**  
**Period of March 1, 2024 to April 30, 2024**

During the reporting period the Patient Relations Committee did not have a meeting scheduled. The Committee is next scheduled to receive a funding update on May 8, 2024.

Respectfully submitted,

Dr. Gudrun Welder, ND  
Chair  
May 2024





The College of Naturopaths of Ontario

## QUALITY ASSURANCE COMMITTEE REPORT

For the period March 1, 2024 to April 30, 2024

### Meetings and Attendance

Since the date of our last report to Council in March, the Quality Assurance Committee has met on two occasions, via teleconference on March 19<sup>th</sup> and April 23<sup>rd</sup>. There were no concerns regarding quorum.

### Activities Undertaken

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

In addition, at its **March** meeting, the Committee first reviewed and made a determination with respect to one Registrant's submission on how they had addressed the discrepancies identified in their Peer and Practice Assessment and after considering a presentation by staff, approved the hiring of 8 new Peer and Practice Assessors.

Finally at the March meeting, the Committee reviewed and made a determination with respect to a Registrant who had failed to meet their Group III CE Reporting requirements for the past year.

In addition, at its **April** meeting, the Committee first reviewed and made determinations with respect to three Registrants who had been provided the opportunity to make a submission on how they had addressed discrepancies identified in their Peer and Practice Assessments.

The Committee also reviewed and made a determination with respect to one CE Reporting Amendment request.

Finally at the April meeting, the Committee reviewed and provided feedback on the Governance Policy Review Committee's proposed amendments to the QA Committee's Terms of Reference.

### Next Meeting Date

May 21, 2024.

Respectfully submitted by,

Barry Sullivan, Chair,  
May 17, 2024.



The College of Naturopaths of Ontario

## REGISTRATION COMMITTEE REPORT Period of March 1, 2024 to April 30, 2024

*At the time of this report, the Registration Committee met twice, on March 20, 2024 and April 17, 2024.*

### **Class Change Application Inactive to General (over 2 years)**

A panel of the Registration Committee reviewed the one class change application for a registrant under subsection 10(6) of the Registration Regulation.

### **Class Change over 2 years - Remediation Extension Request**

A panel of the Registration Committee reviewed the class change remediation request extension under subsection 10(6) of the Registration Regulation.

### **Plans of Exam Remediation**

The Committee reviewed and set plans of exam remediation for seven candidates who had made two unsuccessful attempts at the Ontario Clinical Sciences Examination, and one candidate who had made two unsuccessful attempts of the Ontario Clinical (Practical) Exam in Acupuncture, in accordance with subsection 5(4)(b)(ii) of the Registration Regulation.

### **Draft Amendments to the Committee Terms of Reference**

The Committee reviewed and discussed draft amendments to the Committee's Terms of Reference as proposed by the Governance Policy Review Committee (GPRC).

### **Language Proficiency Policy Amendments**

The Committee reviewed and discussed proposed draft amendments to the Language Proficiency policy.

### **Standards of Practice – Standards Committee Internal Consultation**

The Committee reviewed, discussed and provided feedback on revised Standards of Practice as part of the Standards Committee's internal consultation.

**IVIT Training Course Content Addition (Resubmission)**

The Committee reviewed the approved course content updates for a College approved Intravenous Infusion Therapy (IVIT) training course, in accordance with the IVIT Program & Examinations Policy.

Respectfully submitted,

Danielle O'Connor ND  
Chair  
May 16, 2024



The College of Naturopaths of Ontario

**STANDARDS COMMITTEE REPORT**  
**Period of March 1, 2024 to April 30, 2024**

During the reporting period the Standards Committee did not have a meeting scheduled.

During the reporting period the Committee initiated an internal circulation of amended standards of practice to the various College Committees for review and requested their consideration of anything that may be missing and whether the standards represent current naturopathic practice. The Committee is next scheduled to meet on May 15, 2024 where it will review any feedback from the Committees.

Respectfully submitted,

Dr. Elena Rossi, ND  
Chair  
May 2024



The College of Naturopaths of Ontario

# MEMORANDUM

**DATE:** May 22, 2024

**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 several 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 can 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.	Grey Areas (No. 289 & 290)	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 (March and April 2024)	This is an update provide 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 regulations that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda Package.

- |    |   |   |
|----|---|---|
| 3. | REP Evaluations<br>Complaints<br>Delegation | These are evaluation summaries from recent sessions of the Regulatory Education Program. All participants are invited to provide feedback which is then summarized and provided to the presenters.                                    |
| 4. | D&R<br>CCO and Dr. Moore                    | This is a recently issued Decision and Reasons from the Discipline Committee of the College of Chiropractors of Ontario relating to ordered costs in a recent disciplinary matter.  |
| 5. | Council Meeting<br>Evaluation               | Graphs summarizing the responses of Council member's feedback from the March 2024 Council meeting.  |
| 6. | Guidelines                                  | Three Guidelines to reference as noted within Briefing Notes throughout the agenda items. These include the following, Understanding the Public Interest, Understanding the Rush Analysis Terminology and Understanding Transparency. |



# GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

[sml-law.com/resources/grey-areas/](http://sml-law.com/resources/grey-areas/)

## A Critique of Policy Governance

by Rebecca Durcan

April 2024 - No. 289

Regulators of professions have adopted several different approaches to governance. Popular with some is a variation of the Policy Governance model created by John Carver. A [recent governance review](#) (Report) prepared for the College of Dental Hygienists of Ontario (CDHO) by Harry Cayton and Deanna Williams has challenged the suitability of this approach for professional regulators (at least without significant modifications).

The Report notes the effectiveness of both the Registrar & CEO and the Chair of the Board at the CDHO. The Report ascribes the observed governance issues as flowing from the Policy Governance approach it follows.

The Report describes the Policy Governance approach as involving a strong separation of the “ends” (or goals) of the organization from the “means” (or operations) for achieving those ends. The Board’s role is to link the “owners” of the organization to the operations of the organization through written governance policies that “address the broadest levels of all organizational decisions and situations.” In particular, the

written policies set out the “executive limitations” constraining the actions of the Registrar & CEO. For example, the Registrar & CEO cannot unilaterally borrow from financial institutions. Nor can the Registrar & CEO act illegally. However, where there are no specific limitations, the Registrar & CEO has unfettered discretion on how to achieve the organization’s ends.

There are recognized advantages to the Policy Governance approach. It prevents the Board from stifling the initiative of the Registrar & CEO, interfering in operational matters, and second-guessing staff leadership. The approach provides an explicit source of authority to resolve many differences in perspective on governance issues. It also allows the Board to establish the goals of the organization and to focus on the “assurance of organizational performance through structured monitoring.”

However, the Report identifies several weaknesses in the model as it applies to regulators such as the CDHO. Most obvious to the reporters was that Board meetings “fitted into a rigid structure, spontaneity is

removed, discussion is limited, and the majority of the meeting's time is consumed with repetitive procedure."

On a related point, as a result of the focus on compliance with policies, the reporters observed that "little time was specifically allotted on the agendas to matters that would improve the public's access to safe and competent care or reduce real or potential risks of harm ...."

Cayton and Williams were of the view that this governance model distracted the organization from focusing on the risk of harm to the public. They recommended that the CDHO develop a risk register of harms that could occur to the public, especially patients, through the actions of CDHO registrants.

For example, one risk-of-harm agenda item observed by the reporters related to "racism as experienced by both the clients of [dental] hygienists and by [dental] hygienists themselves". The governance structure contributed to a limited discussion of that topic by the Board and then the subsequent referral of the issue to the Registrar & CEO for action. The reporters were of the view that the Board could, appropriately, have engaged more with the topic and worked with senior staff as a team to develop an action plan.

Another challenge in applying the Policy Governance model to regulators is defining who are the "owners" of the organization. The Report suggests that there is some ambiguity within the CDHO as to how to apply that term in the regulatory context. Some interviewees were of the view that this term referred to the "members" [the term used in the statute] of the profession who are regulated by CDHO. The Report recommends that the "ownership" concept be modified to focus on the transparency of the organization and more intensive engagement with the public.

The Report also questions whether the governance model tended to direct the Board to primarily monitoring staff activity (e.g., staff's compliance with policies) rather than evaluating the outcomes of the organization's activities. In other words, was the CDHO making a difference in the quality and ethics of registrants' services? For example, the Report notes that there was no planned measure of the effectiveness of the CDHO's diversity, equity, and inclusion initiatives.

The Report indicates that many Board members questioned whether another governance approach might be "more understandable, flexible and less onerous".

The Report does not propose another specific governance model. Rather, it suggests that any governance approach should involve a team endeavour between the Board and the Registrar & CEO. The Board should focus on steering and monitoring while, at the same time, not interfering with the Registrar & CEO's role of implementing the organization's strategic goals and operations. The Report uses slightly different language in expressing this concept:

Another important distinction internally is that between strategy and oversight and delivery and management. In business governance an important distinction is made between 'executive officers or directors' (the CEO and most senior staff) and the nonexecutive directors, (who are appointed or elected to the board). Non-executive board members are not there to run the regulator; they are there to set the direction of its work, oversee the delivery of its strategy and to hold the CEO accountable for running the organization within that strategy and the values the board has set. Within the structure of the College, the Council members are non-executive



directors, and the Registrar is the Chief Executive Officer.

There are some other governance observations and recommendations in the Report. For example, the Report commends the Board's development of explicit competency expectations for Board and committee members. While the focus was on required knowledge and skills, suitability for office (e.g., an absence of criminal convictions) is also important. The Report urges strict term limits (two multi-year terms at most) for Board members.

The Report also emphasizes the need to separate the Board's steering and monitoring role from the independence of the complaints and discipline functions of the CDHO, which are largely conducted through statutory committees.

The Report also recommends that the minutes of Board meetings contain reference to the public interest rationales for each Board decision.

The Report also disagrees with the concept that regulation is most effective when there is representation of the profession through its governing Board:

Elected boards are only representative of those who are willing to stand and those who vote for them. They are often likely to be drawn from a narrow socioeconomic group and from older members of a profession. It has been observed that when boards believe they are representing the 'democratic'

interests of members they fall into error and lose sight of their primary purpose of protecting the public. *[citation omitted]*

The Report goes on to expand on the topic of the organization's role in managing risk:

Council as the governing body of the College should be concerned with two categories of risk: risk to patients and the public of the practice of registered dental hygienists, wider risks to the public from poor oral health and risks to the College itself of failure to fulfil its statutory duties, its fiduciary oversight, its reputation, and integrity. Council seems to act as though these are operational matters where, in fact, they are existential.

The Report also emphasizes current governance trends:

The direction of reform in regulation of professions is clear across numerous jurisdictions and professions. Boards are being reduced in size; elections are being replaced with appointments based on merit; and the proportion of public members is being increased to half or more. Chairs of boards are appointed separately, and public members may be appointed chair.

While there are still strong supporters of the Policy Governance model for regulators, the authors of this report are not among them.

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



# GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

[sml-law.com/resources/grey-areas/](http://sml-law.com/resources/grey-areas/)

## Policy Making for Regulators

by Bernie LeBlanc

May 2024 - No. 290

Surprisingly little has been written about policy making by regulators. Thus, the UK's Professional Standards Authority's (PSA) [consultation paper](#) on the topic is a welcomed introductory read.

The context for the paper is legislative reform that will remove the requirement for Privy Council (government) approval of rules enacted by health and social work regulators. While the paper addresses formal rules (e.g., registration requirements, the discipline process), it suggests that similar considerations apply to policy and guidance documents including standards of practice. The PSA states that it does not have a formal role in approving rules made by regulators. However, its oversight role means that its assessment of and reporting on regulators will likely involve comments about their rule making process.

The beginning point is that all rules must advance the public interest mandate of regulators, namely protecting the health and safety of the public, promoting public confidence in the profession, and facilitating

professional standards of conduct for registrants.

However, the main thesis of the paper is that rule making is all about principles and processes.

The core principles are:

- Consistency with the public interest mandate of the regulator;
- Consistency with right-touch regulation concepts (e.g., proportionate to the risk of harm);
- Promotion of equity, diversity and inclusion;
- Consistency with the rules of other regulators;
- Agility where swift changes may be required; and
- Enabling multi-disciplinary teams and practice innovation.

The PSA reiterates the importance of consistency amongst regulators. In many areas differences in approach are difficult to explain (e.g., information published on the public register, complaints, investigations,

and disciplinary procedures). Unjustified disparities undermine public confidence in regulators and have resulted in controversies and external reviews expressing concern about how regulatory outcomes could be so different. The PSA references an [earlier study](#) it had commissioned on the topic.

The PSA accepts that there were some areas in which different approaches could be justified. For example, different rules could be appropriate where there are variances in: the degree of risk; the extent of interacting with patients; the roles within teams; and the speed of change amongst professions. However, those differences should be exceptional.

Before delving into the specific process for rule making, the PSA reviews the risk management approach to right-touch regulation in general, which it summarizes as follows:

- Identify the problem before the solution
- Quantify and qualify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change.

The PSA emphasizes the value of consultations when making rules, especially since the safety mechanism of a Privy Council review would no longer be in place. External groups and individuals could add expertise and perspectives that might not be inherent to the regulator. Also, those affected by a rule should be permitted to comment on it.

However, there is an art to effective consultation. Those consulted need to know the precise subject of the consultation and what feedback the regulator is seeking. Those consulted also need to have a readily accessible way of responding. Special measures are necessary to obtain the perspective of those typically under-represented in the consultation process. There should be a report back to those who are consulted.

The frequency and extent of consultation by several regulators could impose a cumulative burden on those being consulted. And the ability to obtain meaningful input can subsequently be impaired. Thus, the manner of consultation (formal, informal, targeted) and coordination amongst regulators should be carefully considered.

The PSA urges regulators to keep a record of their consultation plans and of the processes followed to enable accountability.

The PSA references a model [guidance document](#) issued by the Cabinet Office on consultation principles.

The PSA also notes that there should be considered and robust governance choices for the rule making process. This may be particularly important where regulators of different professions are consolidated. Governance affects the criteria and process for selecting Board members to ensure policy making skills. Governance also involves a clear delineation of the role of staff, advisory groups, and the Board in policy making.

The consultation ended in April of 2024. Presumably the PSA will model the principles it espouses in its own consultation process. The final version of the document will be of interest to many regulators.

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*From Julie Maciura*

### **In This Issue**

<b>Ontario Bills.....</b>	<b>2</b>
Bill 179, Fewer Backlogs and Less Partisan Tribunals Act, 2024 .....	2
Bill 171, Enhancing Professional Care for Animals Act, 2024 .....	2
Bill 166, Strengthening Accountability and Student Supports Act, 2024 .....	2
Bill 149, Working for Workers Four Act, 2023 .....	2
<b>Proclamations.....</b>	<b>2</b>
There were no relevant proclamations this month. ....	2
<b>Regulations.....</b>	<b>3</b>
There were no relevant regulations this month. ....	3
<b>Proposed Regulations Registry .....</b>	<b>3</b>
There are no relevant postings this month.....	3
<b>Bonus Features .....</b>	<b>3</b>
Interpreting the Range of Disciplinary Sanctions.....	3
Both Cannot Be Right, But Both Can Be Wrong.....	3
Privacy Breach Via Regulator's Website .....	4
Muted Modernization for the Regulation of BC Legal Practitioners .....	4
Playing Chicken with Adjournments .....	5
Reviewing Reinstatement Requests .....	6
Risky Resolutions.....	7

## Ontario Bills

([www.ola.org](http://www.ola.org))

**Bill 179, Fewer Backlogs and Less Partisan Tribunals Act, 2024** – (*Private Members Bill – passed first reading*) – Bill 179 would foster the independent appointment, including renewals, and oversight of many of Ontario’s tribunals. It would apply to the Health Professions Appeal and Review Board and the Licence Appeal Tribunal, but would not, at this time, apply to regulatory tribunals for individual professions.

**Bill 171, Enhancing Professional Care for Animals Act, 2024** – (*Government Bill – passed second reading and referred to the Standing Committee on the Interior*) – Bill 171 replaces and modernizes the current *Veterinarians Act*. Veterinary technicians are regulated by the College. Instead of a prohibition on unlicensed persons practising “veterinary medicine”, there is a scope of practice statement and restrictions on performing authorized acts (similar to the controlled acts model under the *Regulated Health Professions Act*). There are exceptions to the authorized acts restrictions for veterinarians, pharmacists, and potentially other professions as can be set out in the regulations. There are also significant updates to the licensing, complaints, discipline, and fitness to practise processes, and a formal quality assurance program receives statutory recognition.

**Bill 166, Strengthening Accountability and Student Supports Act, 2024** – (*Government Bill – passed second reading, referred to the Standing Committee on Social Policy*) – In Bill 166: “Every college and university is required to have a student mental health policy that describes the programs, policies, services and supports available at the college or university in respect of student mental health. Every college and university is required to have policies and rules to address and combat racism and hate, including but not limited to anti-Indigenous racism, anti-Black racism, antisemitism and Islamophobia.”

**Bill 149, Working for Workers Four Act, 2023** – (*Government Bill – passed third reading – received Royal Assent*) – Bill 149 will enable the government to make regulations setting out requirements for non-health regulators to demonstrate that their assessment of qualifications of applicants is transparent, objective, impartial and fair.

## Proclamations

([www.ontario.ca/search/ontario-gazette](http://www.ontario.ca/search/ontario-gazette))

There were no relevant proclamations this month.

### Regulations

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

There were no relevant regulations this month.

### Proposed Regulations Registry

([www.ontariocanada.com/registry/](http://www.ontariocanada.com/registry/))

There are no relevant postings this month.

### Bonus Features

*These include some of the items that appear in our blog:*

([www.sml-law.com/blog-regulation-pro/](http://www.sml-law.com/blog-regulation-pro/))

### ***Interpreting the Range of Disciplinary Sanctions***

When sanctioning for professional misconduct, there is a lot of discussion about how to apply the range of sanctions for a particular type of misconduct. In Quebec, the Court for professions recently discussed these concepts in the context of the sexual abuse of a patient and the subsequent manipulative harassment of the patient when the relationship ended. The Court affirmed a recent Quebec Court of Appeal decision that the presumptive five-year suspension for frank acts of sexual abuse is not retrospective. However, the Court went further and said that the usual range of sanctions applicable at the time of the conduct should apply. The Court deferred to the hearing panel's assessment of mitigating factors including the degree of consent and exploitation of the patient. A suspension of 18 months was upheld as reasonable.

However, on the finding related to harassment, the Court upheld a six-month suspension that was higher than the established range because of the aggravating factors, especially the manipulation involved. The Court said that the range of sanctions is not a straight-jacket, and a hearing panel can go above the range where sanctioning principles warrant such an outcome. See: [\*Médecins \(Ordre professionnel des\) v. Alain Jean Barrier\*](#), 2024 QCTP 8 (CanLII).

### ***Both Cannot Be Right, But Both Can Be Wrong***

Dr. Tan, a veterinarian, was prohibited from supervising colleagues. He performed a procedure with the assistance of a colleague who required supervision when practising. Dr. Tan said that the arrangement



was informal, and he was not supervising in the formal sense of that term. The colleague said that he was being supervised by Dr. Tan. In the matter involving Dr. Tan, the Court agreed that an informal or casual supervision arrangement was a breach of the limitation. Dr. Tan was disciplined. See: [\*Dr Ignacio Tan III v Alberta Veterinary Medical Association\*](#), 2024 ABCA 94 (CanLII).

### ***Privacy Breach Via Regulator's Website***

A nurse was hired by a family to provide extensive services to an individual patient with complex care needs. The nurse did not advise the family, when interviewed for the position, that they were under investigation by the regulator. The nurse, confused about their duty to report their employment status to their regulator, listed the family's name and address with the regulator (which then was posted on the public register). When the privacy breach was discovered, the nurse did not make diligent efforts to remove that information from the public register. No action was taken on the failure to disclose to the family that the nurse was under investigation because such information does not need to be divulged unless it is relevant to the services to be provided. The nurse was, however, advised to ensure patient confidentiality and to be more diligent in repairing any privacy breaches. See: [\*CM v Williams\*](#), 2024 CanLII 19690 (ON HPARB).

### ***Muted Modernization for the Regulation of BC Legal Practitioners***

The move in British Columbia to modernize the regulation of legal practitioners has run into significant opposition by advocates for the independence of legal professionals, without interference from government, as a fundamental tenet of the justice system. As a result, the government has conceded that some of the regulatory reforms imposed on other professions will not be fully applied to legal practitioners.

In its [most recent update](#) on the reform initiative, the government has stated the following muted intentions:

- The majority of the Board will be lawyers, even as notaries and paralegals are brought within a single regulator.
- The majority of the Board will be elected from the profession. However, the Board will be able to appoint a minority of licensees to its Board through a competency-based process.
- The Board will be larger than for most other professions, with 17 persons.
- Only three of the 17 Board members will be publicly appointed non-licensees, who will also be appointed through a competency-based process and who will act independently of the government once appointed.
- The government will not retain the right to veto rules made by the Board.
- There will not be an independent supervisor of the regulator. However, there will be future independent reviews of the effectiveness of the regulator, especially about facilitating access to legal services and reconciliation with Indigenous peoples.

However, significant reforms will still occur including, in addition to a single regulator, the following:

- The core responsibilities of the regulator will be set out in statute. These will include the regulation of the practice of the profession and establishing standards of practice in the public interest. In addition, the regulator will have a mandate to facilitate access to legal services and to advance reconciliation with Indigenous peoples.
- There must be a minimum of two Indigenous members of the Board. In addition, there will be an Indigenous Council as part of the regulator's governance structure.
- The mandate of the Board will be strategic oversight.
- Regulated individuals will be referred to as licensees, not members. There will be no requirement to hold annual meetings of licensees, licensees will not be able to forward resolutions purporting to direct the actions of the Board, and licensees will not have the authority to approve or reject rules developed by the Board.

Regulators across the country will monitor these reforms with interest.

### ***Playing Chicken with Adjournments***

For regulators, one of the more frustrating aspects of the discipline process is when a registrant asks for repeated and extended deferrals of discipline hearings while providing only a limited basis to support the request. Refusing an adjournment where it compromises a registrant's ability to have a fair hearing can result in the entire proceeding being set aside. The regulator can also be perceived as heavy handed by pressing forward too aggressively. However, public confidence and protection can be placed at risk by failing to complete discipline proceedings on a timely basis. Sometimes, the process resembles a game of "playing chicken".

That is what appears to have occurred in [Korzeniowski v Alberta \(Association of Professional Engineers and Geoscientists\)](#), 2024 ABCA 91 (CanLII). A professional engineer faced a discipline hearing for allegations related to [quality of practice concerns](#). The engineer repeatedly requested an adjournment of the proceedings because of his treatment for cancer. The regulator sought additional information about the engineer's health and whether he was continuing to practice. Despite not providing the information, the regulator still provided a lengthy adjournment of eleven months. When the hearing was scheduled to resume, the engineer again requested an adjournment and provided a physician's document indicating that treatment was ongoing and would be for some time. The regulator insisted that both the engineer and the physician attend, remotely, at the beginning of the hearing to provide a full basis for the adjournment request. Neither attended. The hearing panel proceeded with the hearing.

On appeal, the primary issue was whether the engineer had been denied procedural fairness by the adjournment refusal. The engineer argued that, if the regulator was truly concerned about the public interest, it could have imposed an adjournment with conditions related to the engineer not practising in the meantime.

The Court dismissed the appeal. The engineer had failed to provide sufficient information to justify an additional lengthy adjournment.

In the present case, the Discipline Committee faced a stark choice: grant a second, lengthy adjournment for an undefined period during which Mr. Korzeniowski could continue to practice, or proceed in his absence. The mandate of a professional disciplinary body is “to protect the public, to regulate the profession and to preserve public confidence in the profession”: *Law Society of Saskatchewan v Abrametz*, 2022 SCC 29 at para 53. The professional disciplinary hearing involved more than Mr. Korzeniowski’s interests; lengthy delay in disciplinary proceedings can impact the complainants and the public in general by undermining confidence in the profession.

In the absence of a statutory provision enabling the hearing panel to impose restrictions on the practice of the engineer, it was reasonable for the hearing panel not to grant an adjournment on the condition the engineer would not practice. The engineer was not present to indicate whether he would agree to such a condition.

On these facts, the regulator’s choice to proceed with the hearing was justified.

### ***Reviewing Reinstatement Requests***

Revoked registrants can usually apply for reinstatement after a specified period of time. While the criteria for reinstatement vary, usually one issue is whether the applicant is currently of good character such that the previous concerns are unlikely to reoccur. A recent Ontario Divisional Court decision provides guidance on the application of the criteria that would likely apply to several regulators.

In [\*Mundulai v. Law Society of Ontario\*](#), 2024 ONSC 959 (CanLII), the applicant had “a lengthy discipline history, which resulted in the revocation of his licence to practice law following a finding of ungovernability in 2012.” Although the lapse of time favoured the applicant, numerous factors did not. The applicant: owed the regulator and professional liability insurer tens of thousands of dollars among other unpaid debts; had several criminal convictions including for intimate partner violence; failed to disclose information such as the criminal conviction on the application for reinstatement; allegedly was disrespectful to the regulator’s investigator during the reinstatement process; and had taken few rehabilitative steps. Both the regulator’s hearing tribunal and its internal appeal tribunal refused to reinstate the applicant.

In upholding the refusal, the Court made the following points:

- The regulator has a duty to ensure that only applicants of good character are granted reinstatement.
- The test for the internal appellate tribunal is the usual appellate standard of review, not the reasonableness standard. The appellate standard is correctness for questions of law and palpable and overriding error for most other issues. Procedural fairness is required throughout.
- Under the legislation, making a false or misleading representation on the application is sufficient grounds, on its own, to refuse reinstatement.
- When assessing the current good character of the applicant, several non-exhaustive factors should be considered “including the nature and duration of the misconduct, whether the applicant is remorseful, what rehabilitative efforts, if any, the applicant has taken and the success

of such efforts, the applicant's conduct since the proven misconduct, and the passage of time since the misconduct."

- Assertions that the regulator had treated the applicant unfairly, both in the past and during the investigation of the current application, are irrelevant to whether the applicant is currently of good character.
- In this particular case, the evidentiary and procedural rulings made by the hearing and appeal tribunals were appropriate.

Generally, courts will show deference to a tribunal's assessment of the current good character of applicants for reinstatement.

### ***Risky Resolutions***

Negotiated resolutions are generally considered a good thing, including in the discipline hearing context. They generate an almost certain outcome, without the risk of unpredictable litigation. They save registrants and witnesses from the stress of a hearing. Also, registrants are more likely to alter their behaviour when they agree to remediation rather than having a discipline order imposed on them.

However, a recent decision indicates that there may be a risk to regulators in pursuing negotiated solutions: [\*Thmbran v The British Columbia College of Nurses and Midwives \(BCCNM\)\*](#), 2024 BCSC 441 (CanLII). There, the regulator investigated a complaint against a nurse, who was the Director of Care at a residential facility, for not responding appropriately to sexually assaultive behaviour by a cognitively impaired resident. On two separate occasions, the regulator attempted to negotiate a consent order. On both occasions the nurse refused, stating that the allegations were false and insisting on having the opportunity to clear her name at a discipline hearing. Steps were taken to initiate the discipline process, including publishing the allegations against the nurse. However, in the course of preparing for the hearing, the regulator determined that the outcome was too uncertain and unilaterally issued a Letter of Expectations to the nurse, effectively ending the process.

The nurse sued the regulator and various regulator representatives for malicious prosecution, defamation (referring to the published notice of the planned discipline hearing), and misfeasance in public office, among other things. The regulator and its representatives tried to end the lawsuit on a summary basis on the grounds that the pleadings and evidence disclosed no cause of action and because the immunity provision protecting them, other than for malicious acts or bad faith, applied.

The Court permitted the action to proceed against those most involved in the handling of the complaint. The Court concluded that there was a possibility of establishing malice or bad faith given the cumulative history of the handling of the matter. While the Court was concerned about the alleged inadequacy of the investigation, the fairness of the summaries of the investigation, disclosure issues, and the failure to schedule a pre-hearing conference, those did not appear to be the core issues. Rather, the Court was most troubled by the fairness of the content (i.e., requiring the nurse to agree to facts apparently not established by the investigation) and manner (i.e., indicating possible consequences if there was no agreement) of the resolution proposals and then the effective withdrawal of the allegations, denying the nurse an opportunity to vindicate herself at a discipline hearing.

The nurse has a long way to go to establish bad faith at trial. The regulator may well have reasonable explanations for its approach to the complaint. There will likely be complex legal issues about the privileges that protect settlement discussions, regulatory committee deliberations, and legal advice. However, what is most surprising is that an assertion of bad faith can potentially be founded on resolution discussions. Resolution discussions are intended to be frank and forthright, without the parties having to worry about their communications being later used against them. Hopefully, a subsequent court will provide guidance as to whether, or when, those discussions can constitute bad faith.

*From Julie Maciura*

### **In This Issue**

<b>Ontario Bills.....</b>	<b>2</b>
Bill 179, Fewer Backlogs and Less Partisan Tribunals Act, 2024 .....	2
Bill 171, Enhancing Professional Care for Animals Act, 2024 .....	2
Bill 166, Strengthening Accountability and Student Supports Act, 2024 .....	2
<b>Proclamations.....</b>	<b>2</b>
There were no relevant proclamations this month. ....	2
<b>Regulations.....</b>	<b>2</b>
Fixing Long-Term Care Act, 2021 .....	2
<b>Proposed Regulations Registry .....</b>	<b>3</b>
Nursing Act, 1991 .....	3
Laboratory and Specimen Collection Centre Licensing Act .....	3
Child, Youth and Family Services Act, 2017 and Social Work and Social Service Work Act, 1998 .....	3
<b>Bonus Features .....</b>	<b>3</b>
Major Registration Decision.....	3
UK EDI Initiatives .....	4
Sanctioning Sparseness.....	4
Regulation by Objectives .....	5
Stays Just Got Harder to Obtain.....	6
Publishing Allegations .....	7
Considering the Response.....	8

## Ontario Bills

([www.ola.org](http://www.ola.org))

**Bill 179, Fewer Backlogs and Less Partisan Tribunals Act, 2024** – (*Private Members Bill – defeated*) – Bill 179 would have fostered the independent appointment, including renewals, and oversight of many of Ontario’s tribunals. It would have applied to the Health Professions Appeal and Review Board and the Licence Appeal Tribunal, but would not have applied to regulatory tribunals for individual professions.

**Bill 171, Enhancing Professional Care for Animals Act, 2024** – (*Government Bill – under consideration by the Standing Committee on the Interior*) – Bill 171 replaces and modernizes the current *Veterinarians Act*. Veterinary technicians are regulated by the College. Instead of a prohibition on unlicensed persons practising “veterinary medicine”, there is a scope of practice statement and restrictions on performing authorized acts (similar to the controlled acts model under the *Regulated Health Professions Act*). There are exceptions to the authorized acts restrictions for veterinarians, pharmacists, and potentially other professions as can be set out in the regulations. There are also significant updates to the licensing, complaints, discipline, and fitness to practise processes and a formal quality assurance program receives statutory recognition.

**Bill 166, Strengthening Accountability and Student Supports Act, 2024** – (*Government Bill – ordered for third reading after consideration by the Standing Committee on Social Policy*) – In Bill 166: “Every college and university is required to have a student mental health policy that describes the programs, policies, services and supports available at the college or university in respect of student mental health. Every college and university is required to have policies and rules to address and combat racism and hate, including but not limited to anti-Indigenous racism, anti-Black racism, antisemitism and Islamophobia.”

## Proclamations

([www.ontario.ca/search/ontario-gazette](http://www.ontario.ca/search/ontario-gazette))

There were no relevant proclamations this month.

## Regulations

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

**Fixing Long-Term Care Act, 2021** – The General regulation is amended in several ways including permitting nursing student externs to perform several functions and modifying rules for air conditioners. (O. Reg. 178/24)

### Proposed Regulations Registry

([www.ontariocanada.com/registry/](http://www.ontariocanada.com/registry/))

**Nursing Act, 1991** – The proposed registration regulation would recognize educational programs for RNs (baccalaureate degree) and RPNs (diploma) where those are approved or recognized in the jurisdictions in which they were taken and would require applicants to “successfully complete a course to support their integration to the healthcare system in Canada unless they qualify for an exemption as outlined in the proposed regulation.” Comments are due by May 30, 2024.

**Laboratory and Specimen Collection Centre Licensing Act** – The proposed regulation would “expand midwives' authority to order additional laboratory tests and allow midwives to perform certain point-of-care tests.” Comments are due by May 25, 2024.

**Child, Youth and Family Services Act, 2017 and Social Work and Social Service Work Act, 1998** – Proposed amendments to these statutes would permit the sharing of information with regulatory colleges so as to protect children. Comments are due by May 17, 2024.

### Bonus Features

*These include some of the items that appear in our blog:*

([www.sml-law.com/blog-regulation-pro/](http://www.sml-law.com/blog-regulation-pro/))

### Major Registration Decision

A medical student was found to have engaged in professional misconduct in Saskatchewan for having sex with a woman without a condom (without consent) and involving significant sexual violence (beyond scope of consent to some “rough sex”). The applicant was refused registration by the Ontario regulator because they did not establish that their “past and present conduct afford reasonable grounds for belief that the applicant, ... will practise medicine with decency, integrity and honesty and in accordance with the law....” The Appeal Board upheld the decision, noting the following:

- While the conduct occurred years ago and did not occur during the practise of the profession, there was a nexus between the conduct and the core values of the profession and public confidence in the profession (related to respect for bodily integrity and consent);
- It was appropriate for the regulator to consider the applicant’s degree of insight and empathy in the way that the applicant responded to the allegations;
- While the regulator could have done more in analyzing the extensive character references and expert medical opinions offered on behalf of the applicant, the regulator had taken them into account and there were limits to the value of such evidence in the context of allegations of sexual violence;



- It was not established that the regulator had applied the wrong legal test that the applicant had to meet (namely “an objective basis for the belief which is based on compelling and credible information”); and
- The fact that the Saskatchewan Court of Appeal returned the discipline matter for a fresh consideration on penalty (an indefinite suspension had been imposed) was not determinative because the criteria for revocation is quite different from the criteria to register an applicant for registration.

See [Leontowicz v The College of Physicians and Surgeons of Ontario](#), 2024 CanLII 36942 (ON HPARB).

### ***UK EDI Initiatives***

The UK physician regulator has [revised its policies](#) for screening and prosecuting allegations of misconduct. These changes are likely in response to past concerns about the regulator being disproportionately rigid in disciplining racialized registrants, including for less serious instances of dishonesty. Changes include allowing earlier resolution of dishonesty or violence concerns where the public interest is not at risk, requesting legal counsel to conduct prosecutorial viability assessments of cases sent to them, and permitting reconsideration of cases referred to discipline where there is material new information warranting a less significant disposition.

### ***Sanctioning Sparseness***

It is, unfortunately, not uncommon for some applicants to use the protected title and begin practising before the application for registration is completed. Regulators struggle with how to address such behaviour. In [Eloufy v The Association of Professional Engineers And Geoscientists of Saskatchewan](#), 2024 SKKB 45 (CanLII), a court upheld a regulator’s refusal to register the applicant on the basis that they were not of good character and to ban their ability to re-apply for three years.

The applicant was found to have made several written and verbal representations about being registered in Saskatchewan while applying for an engineering position in British Columbia. The applicant was hired on that basis. However, their employment was terminated when they could not provide proof of registration. The employer notified the Saskatchewan regulator, who was processing the application. The regulator treated the conduct as evidence of bad character. The applicant appealed the refusal of registration to court.

The Court upheld the finding of bad character: “Once might be a mistake. Twice could be coincidence or bad luck. But three or four times strains credulity. There was no palpable and overriding error in Council finding that Mr. Eloufy had falsely claimed to be a professional engineer.”

The Court also rejected the argument that bad faith could only apply to conduct in Saskatchewan, finding that any other approach to the character of the applicant would result in an “absurd” outcome.

However, the Court was concerned that the regulator had not provided any reasons explaining the basis for its finding. The refusal of registration for an applicant was sufficiently serious as to require meaningful reasons for the decision. The reasons need not be lengthy:

In saying that better reasons were required, what is required is not difficult. The usual guidance to decision-makers is to explain why they decided as they did. The explanation need not be lengthy. Sometimes it simply requires adding the word “because” at the end of the sentence stating the decision and then carrying on to complete the sentence.

The Court said that “While a finding of inadequate reasons will usually result in the appeal being allowed,” in this case the Court was willing to make an exception. The basis for the decision was apparent from the record and the outcome, if the matter was returned to the regulator, was inevitable. The Court was willing to reassess the record and render the decision on its own, with reasons. However, the Court refused to order the applicant to pay the regulator’s costs for the appeal, which would have ordinarily flowed from its decision.

Interestingly, the Court did not address the possibility, which some regulators accept, of registering the applicant with restrictions. Perhaps that was because the applicant in this matter did not acknowledge their behaviour and offered no evidence to demonstrate the possibility of rehabilitation.

The Court concluded: “In proceeding in this manner, I do not condone the inadequacy of reasons.... I hope that APEGS [the regulator] will treat this decision as a caution to provide better reasons in future decisions.”

### ***Regulation by Objectives***

The Interprofessional Council of Quebec has released a [major study](#) on the overarching approach to regulating professions. It is written by professors Popescu and Issalys from the faculty of law of Laval University. It examines whether regulation by objectives would be the preferred method of regulation. In very general terms, regulation by objectives involves establishing the goals intended to be achieved and leaving to the participants (here, regulators and practitioners) discretion as to how the goals can best be met in the circumstances. This approach can be contrasted with prescriptive regulatory approaches in which the means to achieving the goals are expressed in detail in legislation and regulations. The value of an alternative approach to regulation is indicated by the complexity and prolixity of the current regulatory regime (the authors note the regulatory regime for professions in Quebec is made up of about 770 legal documents).

The report begins with a theoretical discussion of the concepts and a description of the current regulatory regime for professions in the province. The discussion of the public interest served by the regulatory scheme is particularly interesting, identifying five principal components:

1. The quality of professional services,
2. The regulation of the profession by a professional order,
3. State oversight of the professional orders,

4. Restricting who can provide professional services, and
5. Public participation in the regulation of professions.

It then examines in detail two aspects of the regulatory scheme: (1) the approach to regulating the practice of the professions and (2) the selection of boards, committees, and leaders of the regulatory orders.

The report concludes that, in most circumstances, regulation by objectives would have more disadvantages than advantages. First, while the general goals of the regulatory regime can be easily stated, they are so broad and indefinite that increasing amounts of subobjectives must also be established. Also, it is quite difficult to specify and measure the achievement of the objectives. Second, regulation by objectives is inherently more ambiguous than prescriptive regulation. That makes legal enforcement of a failure to meet an objective challenging, especially in the context of professional regulation (e.g., discipline hearings). Third, the process for proposing, consulting on, and approving an entirely new set of meaningful provisions prescribing objectives and the threshold for their achievement would be formidable within the current Quebec process.

As an alternative to both the current approach and regulation by objectives, the authors recommend that regulatory rules be combined, wherever possible, into one common provision applicable to all of the regulatory orders. The example of having multiple sets of detailed rules for the election of board members (e.g., varying electoral notice periods) illustrates the unnecessary diversity of the current regime.

### ***Stays Just Got Harder to Obtain***

Once a final regulatory decision has been made, a registrant can usually appeal or seek judicial review. Such challenges take time – at least months. An important consideration for the registrant is whether the regulatory decision takes effect immediately or whether it is stayed (postponed) pending the court decision. Even where the enabling legislation addresses the issue, either party can bring a motion to the court to alter the pending status of the regulatory decision. While the courts look at each case individually, the decision usually boils down to whether the registrant's personal interest outweighs the public interest in having the measures in place.

In [\*Platinum Cars Inc. v. Registrar, Motor Vehicle Dealers Act, 2002\*](#), 2024 ONSC 2077 (CanLII), the registration of both a motor vehicle dealer and its controlling salesperson were revoked after a hearing before the Licence Appeal Tribunal (LAT). LAT had found that the registrants had engaged in a course of non-compliance with their ethical and regulatory obligations. These included failing to comply with previous conditions agreed to by the registrants related to remediation for past conduct concerns and material non-disclosure to both consumers and the regulator. Consumers were purchasing vehicles with defects. LAT, in effect, found the registrants to be ungovernable.

The registrants appealed the decision and sought a stay of the revocation order until the appeal could be heard. The registrants argued that temporary restrictions could satisfactorily address the public interest goals and that shutting down the registrants' rather large business for months would be draconian, especially if the appeal succeeded.

The Court concluded that, despite the impact of the revocation order on the registrants, a stay was not warranted. In doing so, the Court applied the usual three-part test with some rigour.

The first part of the test, whether there is a serious issue to be tried on the appeal, is usually met with little effort. However, in this case, the Court was concerned that the grounds of appeal were quite general. Even at this stage, a preliminary assessment of the merits is required. The registrants provided no details of what might arguably be a palpable and overriding error in LAT's decision.

The second part of the test relates to evidence of irreparable harm to the registrants if no stay is granted. The Court framed the test in terms of "disastrous consequences". While there would obviously be financial implications for the registrants in closing their business and maintaining expenses, including for a 40-person sales staff and payment on a \$30 million bank loan, the Court found that insufficient evidence was tendered as to the registrants' full financial position in order to make a firm conclusion of irreparable harm.

The third part of the test was the balance of convenience between the impact on the registrants compared to the public interest. The Court concluded that the public interest took priority because of the registrants' history of ungovernability, evidence that the registrants had continued to advertise their business after the revocation took effect, and the failure of the individual registrant to address even the minimal consent conditions that had been in place for four years, such as completing approved dispute resolution and anger management programs.

This decision indicates that courts will not routinely grant stays to registrants during an appeal of tribunal decisions. Registrants need to provide meaningful evidence to support the necessity for such an order, at least where the tribunal findings are significant.

### ***Publishing Allegations***

In recent decades there has been a shift in thinking about whether regulators should publish pending allegations of misconduct. Years ago, there was concern that such publication, before the allegations were proved, might be unfair to registrants. In recent years, concerns about transparency and permitting members of the public to make informed choices have led to publication of such allegations by most regulators. Publication also facilitates the open hearing principle by enabling the public to choose whether to observe the hearings.

In [\*Harold The Mortgage Closer Inc. v. Chief Executive Officer of the Financial Services Regulatory Authority of Ontario\*](#), 2024 ONSC 2236 (CanLII), two licensees are trying to turn back the clock. The licensees sought judicial review to quash a notice of proposal to revoke their licenses. They also sought:

1. To have the regulator cease publishing the notice of proposal;
2. To alter the regulator's policies on publishing enforcement actions so as to prevent similar publications in future;
3. To require the regulator to publish some aspects of the licensees' dispute of the allegations; and
4. To require the regulator to ensure that the licensees' competitors did not use the regulator's publications to harm the licensees' business.

The regulator brought a motion to dismiss the application for judicial review as being plain and obvious to fail. The Court agreed that it was premature to interfere with the allegations in the notice of proposal. The tribunal hearing would address the issue. The Court was not in a good position to assess, as the licensees contended, whether the allegations contained deliberate falsehoods. That is for the tribunal to determine.

The Court expressed some doubts about the merits of the arguments about the regulator's publishing policies and actions. However, the Court was unprepared to say that it was plain and obvious that the application would fail. Thus, those arguments will go to a full panel of the Divisional Court for determination. That decision, if made on the merits, will be of interest to regulators.

The Court did set aside the final ground relating to restricting competitors from using the publications. The Court said:

Finally, it is plain and obvious that the applicants have no claim for an order in the nature of *mandamus* against the regulator concerning competitors. There is no duty owing to the applicants for the regulator to take any steps against competitors. Moreover, prosecution and enforcement are always discretionary. Relief rooted in the availability of a writ of *mandamus* cannot be available for such decisions.

The Court also indicated that there was no need to pause the pending hearing before the tribunal while awaiting the Divisional Court decision about publication.

### ***Considering the Response***

The three principles of procedural fairness for regulators are: give notice, provide an opportunity to respond, and then consider the response. Most challenges to regulatory decisions relate to the first two principles. A typical example of a breach of the third principle is where a decision-maker forms their decision before the process for receiving evidence and submissions has finished. A recent example of the application of the third principle, albeit in a more unusual way, is found in: [\*Boua v. Office of the Independent Police Review Director\*](#), 2024 ONSC 2172 (CanLII).

Ms. Boua made a complaint about her detention by police officers. Ms. Boua is most comfortable communicating in French. Her complaint was made in French. The police investigator only spoke English and relied upon an informal translation provided by another police officer. The police only communicated with Ms. Boua in English which Ms. Boua translated through a translation app. Ms. Boua was not interviewed as part of the investigation (although a third-party witness was). Ms. Boua requested a review of the decision to take no action to the Office of Independent Police Review. The Director determining the review also did not speak French and relied upon a summary prepared by their bilingual counsel. Ms. Boua sought judicial review of the Director's decision not to require further investigation by the police.

The Court identified the primary issue as being whether Ms. Boua had been understood throughout the process. The Court said: "Understanding and having one's language understood by the decision-maker is an important part of the right to be heard." The Court found that there was some evidence that Ms. Boua had not been understood during the police investigation and, indeed, in the review. The Court held that

“it was incumbent on the Director to advert to this issue in his reasons.” In fact, the Director indicated that any gaps in the police investigation were cured through the review process where the Director had Ms. Boua’s extensive submissions. However, the Director relied only on a summary of the submissions by his bilingual legal counsel (which summary was not placed before the Court) and, in fact, did not address some of Ms. Boua’s significant points in his reasons.

The Court returned the complaint for reconsideration with a new decision and reasons.

Regulators need to ensure that they understand the submissions of the parties to meet the third principle of procedural fairness.

Evaluation Report  
Complaints and Investigations: Converting Retreat into Advance  
March 11, 2024

Attendance		
Registered	Participants	No. of Evaluations
212	128	24

Evaluations & Feedback			
Topic	Question	Data	Overall
Relevance of topics	How satisfied were you with the relevancy of the topics covered: 1 - Not satisfied at all 5 - Very satisfied.	1@4 23@5	4.95
Satisfaction?	How satisfied were you with this event using the following scale: 1 - Not satisfied at all 5 - Very satisfied.	1@4 23@5	4.95
Event Planning	Please rate how you feel the event was planning using the following scale: 1 - Not at all well planned 5 - Very well planned.	1@4 23@5	4.95
Recommend to others	How likely are you to recommend to other individuals to attend a future event using the following scale: 1 – Very unlikely 5 – Very likely.	2@4 22@5	4.92
Event objectives	How do you feel about whether this event met is objectives using the following scale: 1 – Not met at all. 5 – Entirely met.	3@4 21@5	4.88
Time management	How well do you feel that the time was managed for this event using the following scale: 1 - Not managed well at all 5 – Very well managed.	3@4 21@5	4.88
Speakers/Presenters	How understandable and relatable were the speakers for this event using the following scale:	24@5	5.0

	1 - Not at all understandable or relatable 5 – Highly understandable and relatable.		
Would you attend another REP event?	Yes No	24@yes 0@No	
What Worked Well?	<p>I liked having a person who's gone through the process talking through what they learned and having that contrasted with the rules</p> <p>Great speakers, concise and clear</p> <p>Excellent presenters &amp; Host. Very knowledgeable and informative. Thank you so much!</p> <p>Having someone share from their personal experience was very helpful/insightful.</p> <p>Having someone share from their personal experience was very helpful/insightful.</p> <p>I really enjoyed this session! Thank you. I felt like having someone who has gone through a disciplinary/complaint process added significant value to the session and made the whole process less intimidating.</p> <p>It was great to hear from an ND who has been through this process and understands this from a professional standpoint.</p> <p>Very informative session.</p> <p>It was dynamic and the one presenter was animated and engaging with her personal story</p> <p>I loved the style of this presentation; hearing a real world example alongside the process/steps was so helpful.</p>		
Areas of Improvement	<p>Middle of the day on a weekday is a challenge to make work, so the timing could be modified to make it easier to attend</p> <p>A flow sheet visual of the process would be helpful</p> <p>there were enough interesting and valid questions arising as a result of the presentation, which could warrant a Q&amp;A follow-up webinar</p>		
Future topics/speakers	<p>Dispensary and product recommendations</p> <p>Two ideas: 1) Charting - updates to ensure chart notes can hold up to legal requirements and audits; tips on how to chart in a timely manner to ensure it doesn't consume hours of time; any specific tips for charting virtual appointments? 2) Selling programs - is there a way to sell programs outside of 1:1 care in a manner that adheres to CONO regulations as a practicing ND</p> <p>I'm excited to participate in future programs.</p> <p>A deeper dive into strategies, tools, tips for developing the skill of completing charts/SOAPs more quickly &amp; efficiently.</p> <p>Breakdown of how our fees are spent</p> <p>info on why we haven't been able to expand scope of practice for NDs in Ontario</p> <p>Using social media properly</p>		
Other Feedback	<p>The panelists were great! Difficult topic and they were approachable and informative</p> <p>It was a useful webinar</p> <p>Very helpful and appreciated the opportunity to ask questions and have them answered on such a critical topic for NDs. Also grateful for the opportunity for CEs in learning and understanding how to work with our regulated body.</p>		



	Being able to obtain Jurisprudence credit is valuable and appreciated as well.
	I would like to see more examples of possible complaints and more clarity on consents forms for patients.
	Please repeat this topic - regularly. It is very relevant and helpful.
	Excellent presentation. I so appreciate CONO putting this on.
	Excellent presenters & Host. Very knowledgeable and informative. Thank you so much!
	It was a good session. The case with the use of homeopathic Nux vomica was very interesting; thank you Dr. Kathy for sharing!
	Great session. Better than some paid ones.

#### Comparison of REP Attendance & Evaluations 2024

KPI	March	April	May	June	July	Aug	Nov	Dec	Ave.
Registrations	212	252							
Attendees	128	164							
No. of Evaluations	24								
Relevance of topics	4.95								
Satisfaction?	4.95								
Event Planning	4.95								
Recommend to others	4.92								
Event objectives	4.88								
Time management	4.88								
Speakers/Presenters	5.0								
# would attend another	24								

Evaluation Report  
The Giving and Receiving of a Delegation  
April 26, 2024

Attendance		
Registered	Participants	No. of Evaluations
252	164	35

Evaluations & Feedback			
Topic	Question	Data	Overall
Relevance of topics	How satisfied were you with the relevancy of the topics covered: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 0@3 8@4 27@5	<b>4.77</b>
Satisfaction?	How satisfied were you with this event using the following scale: 1 - Not satisfied at all 5 - Very satisfied.	0@1 0@2 1@3 7@4 27@5	<b>4.74</b>
Event Planning	Please rate how you feel the event was planning using the following scale: 1 - Not at all well planned 5 - Very well planned.	0@1 0@2 0@3 9@4 26@5	<b>4.74</b>
Recommend to others	How likely are you to recommend to other individuals to attend a future event using the following scale: 1 – Very unlikely 5 – Very likely.	0@1 0@2 1@3 6@4 28@5	<b>4.77</b>
Event objectives	How do you feel about whether this event met is objectives using the following scale: 1 – Not met at all. 5 – Entirely met.	0@1 0@2 1@3 7@4 27@5	<b>4.74</b>
Time management	How well do you feel that the time was managed for this event using the following scale: 1 - Not managed well at all 5 – Very well managed.	0@1 0@2 0@3 6@4 29@5	<b>4.82</b>

Speakers/Presenters	How understandable and relatable were the speakers for this event using the following scale: 1 - Not at all understandable or relatable 5 – Highly understandable and relatable.	0@1 0@2 0@3 8@4 27@5	<b>4.77</b>
Would you attend another REP event?	Yes No	35@yes 0@No	
What Worked Well?	<p>It was well-organized, clear, and concise. I appreciated the case studies and the polls. I enjoyed the collaboration between the two presenters.</p> <p>These are such informative sessions.</p> <p>The polls got us reflecting on real-life scenarios, which was helpful.</p> <p>Very well organized and clear information!</p> <p>The polls and examples</p> <p>I liked the Cases that called on us to respond - it made me have to think about and apply the content more actively. I also liked that it was virtual and 1 hour - very manageable.</p> <p>I really liked the case studies &amp; polls; I felt this helped me understand the material the best &amp; testing my knowledge really showed me gaps which I could fill through this webinar.</p> <p>Dr Singh did an excellent job!</p> <p>The cases work well in explaining various situations.</p> <p>Obtaining lots of information about the subject presented. Very helpful to understand the process of delegation.</p> <p>Love that these virtual and FREE sessions are being offered for Jurisprudence credits. Thank-you. Really like the quiz format.</p> <p>One topic, a set of complete answers for the topic. Clear and simple.</p> <p>Both presenters had their roles and worked well together</p> <p>The session was informative, well-managed and the case studies were very helpful in summing up the subject.</p> <p>Thank you for the program. 1- Being free of charge 2- Knowledge of lecturer 3- Sequence of material 4- Relevancy of the session with the day-to-day challenges of Naturopaths working in a group setting. 5- Poll</p> <p>Very good session lots of good information liked the case studies.</p> <p>It was definitely something that I needed a better understanding for, and I did get that somewhat.</p> <p>Speaker was clear concise engaging and relevant. I loved getting free CAT A CE HRS. It can get quite expensive trying to get these. Thank you.</p> <p>Full explanations and definitions.</p>		
Areas of Improvement	<p>It would be great if the recordings were available (or maybe they are and I missed this!)</p> <p>I may have missed this but I would have liked to have a copy of the powerpoint presentation slides.</p> <p>Add more scenarios and more question time</p> <p>One panelist knew all the answers to the questions asked, while the other one was more uncertain. The more knowledgeable panelist could have done the entire presentation and then it would have made the session more seamless.</p> <p>Many examples of what we cannot do. I think it would be helpful to have more examples of what we CAN do in a *realistic* naturopathic clinic</p>		

	practice environment. Or maybe there are realistically no appropriate things to delegate other than B12 injections to a family member. I am still not clear on what is allowed for delegation.
	Could we view and potentially upvote other attendee's questions? This might prevent duplicate questions submitted. Also - this session could have been longer. I would recommend that you make this REP required viewing for all ND's.
	More cases.
	Recordings of these sessions would be great, with a quiz at the end for certificate.
	Covered the important aspects of delegation and gave clarity
	Duration was short.
	Middle of the day on a weekday is a challenge to make work, so the timing could be modified to make it easier to attend.
	Nothing; it was great!
Future topics/speakers	I'm not sure my suggestion would be entirely consistent with the objectives of REP, but many stakeholders are unaware of the amount of work and dedication that goes into the many programs at the college. In particular, the exams committee, and how they go through several steps to ensure the creation of a high-quality professional examination. While this would be more appropriate future NDs, and thus, a way to engage with naturopathic students, some NDs are unappreciative of how robust CONO's ETP exams are. It might be resourceful to shed some light on this painstaking process of ETP exam creation and perhaps link it to the future plans of having a nation-wide ETP exam. Unrelated to exams, many NDs are still curious to know what will happen with regard to future access to more labs and drugs. It might be helpful to revisit the topic and expand on the laborious task of making submissions to the ministry of health, and how the whole process works. It would be a way to gently remind the profession of the role of the College as he naturopathic law enforcer and not the law maker.
	Dealing with difficult/challenging patients
	Record keeping- never enough about this issue.
	Maybe cyber security or an update on record keeping
	Regulatory topics always need longer sessions to clear the mind of attendees about gray zones in shared practices.
	Would love a webinar on ways to chart more efficiently. Tips or strategies that make charting quicker, that meets the standard & personal actionable steps to further develop this skill.
	Regulations with regard to lab assessments.
Other Feedback	More please! I am really loving this series.
	I was very pleased with the entire production. It was clear, concise, engaging. Much appreciated.
	Thank you for providing easy and useful ways to obtain our Jurisprudence credits!
	I like these sessions very much overall, as they are more informative and interactive than reading the topics on the website.
	Thank you!
	This is a good way to learn polices etc. I like more webinars on the way.
	It was excellent.
	to continue one topic at a time
	Each session I attended was very helpful.
	This session was outstanding! Thank you!

	Great session thank you
	Can we get access to the slides - or, is it just as easy to reference the TCONO site.
	It was excellent.
	No, free CE hours are really nice, would be good to get IV ones too
	Thank you so much for running this!
	More time for poll questions.
	Love that these webinars are being offered to us. I appreciate the effort & work that goes into putting this together. I am deeply grateful!

### Comparison of REP Attendance & Evaluations 2024

KPI	March	April	May	June	July	Aug	Nov	Dec	Ave.
Registrations	212	252							232
Attendees	128	164							146
No. of Evaluations	24 (19%)	35 (21%)							20%
Relevance of topics	4.95	4.77							4.86
Satisfaction?	4.95	4.74							4.85
Event Planning	4.95	4.74							4.85
Recommend to others	4.92	4.77							4.85
Event objectives	4.88	4.74							4.81
Time management	4.88	4.82							4.85
Speakers/Presenters	5.0	4.77							4.89
# would attend another	24/24	35/35							100%

## DISCIPLINE COMMITTEE OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO

PANEL:	Mr. Robert MacKay (Chair)	Public Member
	Dr. Kyle Grice	Professional Member
	Mr. Shawn Southern	Public Member
	Mr. Scott Stewart	Public Member
	Dr. Murray Townsend	Professional Member

<b>BETWEEN:</b>	)	Appearances:
	)	
<b>COLLEGE OF CHIROPRACTORS OF ONTARIO</b>	)	Ms. Megan Shortreed and
	)	Ms. Karen Jones for the College
	)	of Chiropractors of Ontario
<b>- and -</b>	)	
	)	
<b>DR. BRIAN MOORE (Registration #1542)</b>	)	Mr. Antoine d'Ailly and
	)	Mr. James Kitchen for
	)	Dr. Moore
	)	
	)	Heard: In writing. <sup>1</sup>
	)	
	)	
	)	

Also participating in the written submissions:

Mr. Colin Stevenson – Independent Legal Counsel to the Panel to March 26, 2024 and Mr. Neil Wilson thereafter.

## DECISION AND REASONS ON COSTS

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<sup>1</sup> Schedule of written submissions, following College's February 12, 2024 submission re costs, is attached as Appendix: "A"



## INTRODUCTION

This decision and reasons for the decision on costs arises from a discipline matter between the College of Chiropractors of Ontario (the “College”) and Dr. Brian Moore (“Dr. Moore” or the “Member”). This panel of the Discipline Committee (the “Panel”) conducted the costs hearing (the “Hearing”) by written submissions.

## OVERVIEW

The hearing on the merits was conducted over 28 non-consecutive days from December 12, 2022 to August 21, 2023. There were 11 allegations against Dr. Moore in the Notice of Hearing. The Panel made findings of professional misconduct in relation to all 11 allegations against Dr. Moore. Those findings are set out in the Panel’s decision and reasons dated November 8, 2023.

The penalty decision and its reasons were released on January 23, 2024. At the conclusion of that decision the Panel advised the parties that if costs were being sought submissions shall comply with the provisions for costs as outlined in the *Code* and the Rules of the Discipline Committee.

### **Authority to Award Costs to the College**

A panel of the Discipline Committee has the authority to make an award of costs in favour of the College pursuant to s. 53.1 of the *Health Professions Procedural Code*, S.O. 1991, c. 18, Schedule 2. That section provides:

53.1 In an appropriate case, a panel may make an order requiring a member who the panel finds has committed an act of professional misconduct or finds to be incompetent to pay all or part of the following costs and expenses:

1. The College's legal costs and expenses.
2. The College's costs and expenses incurred in investigating the matter.
3. The College's costs and expenses incurred in conducting the hearing.

The section gives this Panel broad discretion to make an award of costs in favour of the College in an "appropriate case".

## **ISSUES**

### **Position of the College**

#### An appropriate case

It is the position of the College that Dr. Moore should be responsible for the costs associated with the 28-day hearing, the motion of the Member to adjourn the hearing on September 2, 2022, the motion to recuse the Panel chair, the motion of December 13, 2023 to adjourn the penalty hearing, and the written submissions of the College on penalty and costs.

The College submitted that this is an appropriate case to order costs because, among other things, they were successful at proving all the allegations contained in the Notice of Hearing, Dr. Moore did not accept offers to settle that would have avoided a hearing and would have resulted in more favorable terms for Dr.



Moore, and because of the significant length of the hearing. Some of the reasons for the protracted hearing, the College submits, were Dr. Moore's frequent requests for adjournments, challenges to rulings of the Panel, and the attempt to have an expert qualified who had no relevant expertise.

### Quantum

It was the submission of the College that it has the right and responsibility to protect its members from bearing the full costs associated with one member engaging in professional misconduct. The College submits that it is seeking \$690,376.24, which is 60% of the costs and expenses incurred. Two Divisional Court cases<sup>2</sup> are relied on with regards to 2/3 of actual costs being fair and reasonable in an appropriate case.

### **Position of the Member**

#### An appropriate case

The Member submits that this is not an appropriate case for costs. Dr. Moore submits that costs awards have rapidly climbed over the last decade "as health profession regulators have increasingly utilized multiple senior, high-priced lawyers"<sup>3</sup> and Independent Legal Counsel ("ILC") in Ontario. The submission of Dr. Moore is that the approach to costs in Ontario is "due for a course

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<sup>2</sup> *Walia v. College of Veterinarians of Ontario*, 2021 ONSC 4023 (CanLII) at paras 30-31 and *Bayfield v. College of Physiotherapists of Ontario*, 2014 ONSC 6570 (CanLII) at paras 9-10.

<sup>3</sup> Written submissions of Dr. Moore, para 1.

correction.”<sup>4</sup> Dr. Moore relies on the Alberta Court of Appeal 2022 decision in *Jinnah*<sup>5</sup> in submitting this is not an appropriate case for a costs award.

It was the submission of Dr. Moore that discipline is a core function of the College and that it is the justification for professional membership fees. Dr. Moore appears to be taking the position that the membership should be responsible for the costs arising from the misconduct of disciplined chiropractors, in this case the professional misconduct of Dr. Moore.

#### Quantum

Dr. Moore submits that, except for those who have exceptional financial success, an award over \$200,000 would be ruinous, particularly for Dr. Moore as he has “been deprived of the ability to earn an income for over a year.”<sup>6</sup> Dr. Moore submitted that if the Panel were to find this is an appropriate case to award costs the award should be \$75,000 below the \$200,000 threshold he envisions as a maximum (which would be \$125,000 or 10.68% of the Bill of Costs of the College).

The Member submits that the Panel should consider the issue of access to justice, submitting that large costs award should not prevent health professionals from defending themselves.

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<sup>4</sup> Written submissions of Dr. Moore, para 1.

<sup>5</sup> *Jinnah v Alberta Dental Association and College*, 2022 ABCA 336

<sup>6</sup> Dr. Moore, submissions on Costs, para 12.



## DECISION AND REASONS

Both parties agreed that costs orders are not meant to be punitive. The Panel agrees and keeps that front of mind in deciding the issues of costs, reminding itself that panels are granted the authority to indemnify the College for its costs and expenses in an appropriate case and that a penalty has already been imposed in this matter.

### Applicability of *Jinnah v. Alberta Dental Association and College*

Much of the submissions on behalf of the Member were directed to the state and direction of Ontario health regulators when they award costs, rather than about Dr. Moore and whether or not his case is an appropriate one for costs and their quantum.

The Member placed particular emphasis on the Alberta Court of Appeal's decision in *Jinnah v. Alberta Dental Association and College*.<sup>7</sup> The Panel considered whether or not *Jinnah* is applicable in the consideration of costs in this matter. The parties disagreed on the relevance on *Jinnah* in Ontario and on the application of the four "compelling reasons" (exceptions) where the no-costs presumption in *Jinnah* would not apply and costs could be considered in Alberta under their *Health Professions Act*.

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<sup>7</sup> *Jinnah v. Alberta Dental Association and College*, 2022 ABCA 336

In review of the reasons in *Jinnah* the Panel found it unpersuasive and inconsistent with the approach to costs in professional discipline proceedings in Ontario. The Panel noted that the Ontario approach was reaffirmed in the recent Ontario Divisional Court decision in *Casella*.<sup>8</sup> Specifically, para 54 of *Casella* confirms the broad discretionary power of panels to make costs orders under the *Code*, and that the approach taken by the Alberta Court of Appeal (a significant portion of costs being borne by the membership) was not consistent with the approach taken by Ontario courts.

Moreover, *Jinnah* suggests that members who engage in less serious professional misconduct should not be held responsible for the costs of the College to conduct the hearing even if the misconduct is found. This is not consistent with what is in the *RHPA*.<sup>9</sup> For example, the *Code* at s. 51 (1) which deals with professional misconduct makes no reference to serious or not serious conduct. Section 53.1 which deals with ordering costs to the College also makes no distinction between serious or not serious conduct.

### Exceptions

In any event, even if *Jinnah* were applicable, the case sets out four exceptions to the no-costs presumption. The Panel found that three would apply here.

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<sup>8</sup> *Casella v. Ontario College of Chiropractors*, 2024 ONSC 899.

<sup>9</sup> *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18



The first exception is in the event of “serious unprofessional conduct” *Jinnah* provided some examples that are not applicable here. However, there are findings made against Dr. Moore in the decision on the merits that are serious unprofessional conduct. For example, giving a patient’s sensitive personal health information, some of which Dr. Moore knew was false or misleading, to a financial institution, and not advising the patient of the risks associated with chiropractic treatment and traction during the consent process.

The second exception deals with considering costs when the member is a “serial offender”. Dr. Moore does not have a previous finding of professional misconduct.

The third compelling reason is if the member fails to cooperate with the investigation by the college thereby forcing the college to expend more resources. The Panel found there were several actions taken by Dr. Moore that amount to not cooperating with the College. For example, Dr. Moore provided the College with an incomplete patient file containing certain fabricated records.

The fourth compelling reason where costs might be considered in Alberta is if the member engaged in behavior that unnecessarily prolongs the hearing. Dr. Moore’s largely meritless defence and repeatedly introducing irrelevant evidence, among other things (some of which are discussed below), prolonged the hearing.

For these reasons, the Panel finds *Jinnah* would not apply, is not persuasive, and is not applicable.

#### Is this an Appropriate Case to Order Costs

In considering if this is an appropriate case in which to order costs indemnifying the College, the Panel considered the following factors which the Panel found support a costs order:

- The success of the College in proving all eleven allegations contained in the Notice of Hearing.
- The meritless defence of Dr. Moore. For example, Dr. Moore's inexplicable attempt to justify giving a financial institution a patient's sensitive personal health information. Further, the amount of time Dr. Moore spent on his position that he did not need to disclose risks to the patient. In his oral evidence,<sup>10</sup> Dr. Moore called these "red flags", and stated that he has seen no risks to traction.
- Dr. Moore having been previously cautioned by the ICRC about some of the same conduct that Dr. Moore then engaged in and that led to the findings in this matter.
- The defence of Dr. Moore often focused on irrelevant evidence and expended significant time on matters not at issue in this case. This was despite the Panel, on many occasions, bringing counsel's attention to the relevant issues in the case contained in the Notice of Hearing. This was in

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<sup>10</sup> December 20, 2022 transcript page 178 line 25 through page 181 line 17.



contrast to counsel for the College who were focused and efficient throughout the hearing.

- Dr. Moore challenging Panel rulings. For example, a motion to recuse the Panel Chair was heard on November 4, 2022, before the onset of the hearing. The motion was unsuccessful. Dr. Moore then brought a motion to the Divisional Court to stay the December 12, 2022 hearing to allow the Member the opportunity to seek Judicial Review of the decision arising from his November 4, 2022 recusal motion. After hearing the motion to stay, the Divisional Court declined to take any action. Dr. Moore then again raised and argued this decided issue at the opening of the hearing on December 12, 2022.
- Dr. Moore spent two days attempting to have an expert witness qualified when the witness had expertise in radiology, not an issue in this matter, and had no expertise in any of the issues that were raised in the Notice of Hearing. Dr. Moore then sought, and was granted, an adjournment to locate an expert witness.
- The counsel of Dr. Moore not being prepared to proceed on a scheduled hearing date.

The Panel considered the position of Dr. Moore that costs are not appropriate because a core function of the College is discipline proceedings, that such proceedings are expected to have costs and that discipline proceedings are one of the justifications for professional membership fees. This view is inconsistent

with applicable Ontario Case law, including *Reid v. CCO*,<sup>11</sup> with which the Panel agrees and which provides as follows:

[24] Section 53.1 of the *Code* gives the College jurisdiction to order costs. The courts have recognized this jurisdiction and have described it as being broad and discretionary: *Freedman v. Royal College of Dental Surgeons*, [2001] O.J. No. 1726 (Div. Ct.), at paras. 3, 6; *Aronov v. Royal College of Dental Surgeons*, [2002] O.J. No. 5973 (Div. Ct.), at para. 54. The courts have also identified the College's right and responsibility to protect its members from the weight of the expense of protracted disciplinary hearings: *Aronov*, at para. 53. [Emphasis added]

For these reasons, the Panel concludes this is an appropriate case for an award of costs in favour of the College.

#### The Quantum of Costs

In considering the appropriate quantum of costs the Panel has taken into account the factors discussed above regarding whether this is an appropriate case to award costs. We found that these factors similarly support a significant costs award given among other things the length and conduct of this proceeding. In particular:

- The time used for arguing, and scheduled days lost, due to frequent requests for adjournments.

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<sup>11</sup> *Reid v. College of Chiropractors of Ontario*, 2016 ONCA 779 (CanLII)



- Repetitive raising of issues not relevant to the allegations in the Notice of Hearing.
- Attempting to qualify an expert witness that ultimately did not have expertise in the relevant issue of the hearing.
- The conduct of Dr. Moore frequently and unnecessarily lengthened and complicated the proceedings.

In considering an appropriate quantum the Panel considered the decision in *Casella*<sup>12</sup> para 54 which provides:

The Committee recognized that the amount ordered was significant but found that it reflected approximately two-thirds of the actual costs incurred, and that this was a reasonable amount for the Appellant to pay given the need to ensure that the membership at large is not left with the burden of paying a disproportionate share of the costs associated with proceedings generated as a result of another member's misconduct. [Emphasis added]

Dr. Moore submitted that “Costs must not be punitive and therefore must generally be capped at \$200,000”<sup>13</sup> and offers submissions to justify this position.

Dr. Moore’s reference to “five or six times the maximum fine”<sup>14</sup> in Ontario (\$35,000) is not useful in two ways. First, the comparison of a costs order to a

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<sup>12</sup> *Casella v. Ontario College of Chiropractors*, 2024 ONSC 899.

<sup>13</sup> Dr. Moore written submissions on cost para. 6

<sup>14</sup> Dr. Moore written submissions on costs para. 11.

fine comes from the *dissenting* opinion *Reid v. College of Chiropractors of Ontario*, 2016 ONSC 1041, which is not binding. Second, the comparison of a fine to a costs award wrongly associates a costs award with a penalty.

Dr. Moore relies on *Clokier v. RCDS*<sup>15</sup> in para 10 of his written submissions on costs and submits that: "...absent truly exceptional circumstance the upper limit of what is reasonable is \$200,000". The footnote supporting this submission points to para 74 of *Clokier*; however, this paragraph says nothing about an upper limit for costs nor does it mention \$200,000. Indeed, on review of the *Clokier* decision nowhere is there support for an upper limit or mention of \$200,000.

The next factor Dr. Moore says supports the \$200,000 threshold where a costs award becomes punitive is that the higher amount sought by the College would be financially devastating for the Member.

The Panel accepts that the high costs order being sought would have a significant negative effect on most members and potentially on Dr. Moore. However, the Panel notes that Dr. Moore offered no evidence of his financial success, or lack thereof, in support of his submission that a high costs order would be devastating for him. The only evidence the Panel had in this regard is Dr. Moore's oral evidence where he sets out how many patients he sees per day,

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<sup>15</sup> *Clokier v The Royal College of Dental Surgeons of Ontario*, 2017 ONSC 2773 (CanLII)



and we have his fee policy, and patient billing with the fee for a chiropractic adjustment. This evidence suggests a level of financial success.

In the Written Submissions of Dr. Moore para 24, he submits that the hours spent by counsel for both parties “were comparable”. This is correct and the Panel concludes that this is an indication that the hours spent by the College were reasonable. Moreover, while Dr. Moore argued that the College’s costs are “unreasonably high” because of the hourly rate of counsel for the College, the Panel noted that at least part of the reason for the different hourly rates was the experience of counsel for the College. The primary counsel for the College have 25 and 27 years experience. Counsel for the Member have 6 and 7 years experience.

#### Access to Justice

Dr. Moore, at para 13 of his Written Submissions on Costs, points to the College of *Physicians and Surgeons v. Taliano*<sup>16</sup> decision at para 67 and quotes part of a sentence:

Health professionals “should not be prevented from defending themselves by the threat of a large cost award being made against them”

However, when the whole sentence is quoted it in fact provides that:

“We must balance the concern that the profession ought not to bear the entire cost of a discipline hearing against the concern that members

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<sup>16</sup> *College of Physicians and Surgeons of Ontario v. Taliano*, 2021 ONCPSD 17 (CanLII)

should not be prevented from defending themselves by the threat of a large cost award being made against them.”

The Panel agrees with this sentence when read in its entirety. The Panel has engaged in this balancing.

The final sentence in para 67 in *Taliano* also is useful to the Panel:

We note that the College has not sought all its costs. Although costs are not intended to penalize the member, it is to be expected that a costs order will have a negative impact.

It is relevant to this case in that the College here has also not sought all its costs. As set out above, the Panel grappled with the quantum of costs sought and the potential impact on the Member. Despite both parties and the Panel agreeing that a costs order is not a penalty, we agree with the conclusion in *Taliano* that costs orders can be expected to have a negative impact.

#### Offers to Settle.

The College submitted that a factor for the Panel to consider is that Dr. Moore did not accept offers to settle and that his counteroffers were not reasonable. Dr. Moore submitted that he made reasonable counteroffers. Ultimately no settlement was reached.

The Panel has a chart at page 5 of the Written Submissions on Costs of the College which sets out some of the content of three offers the College made:



June 30, 2022, August 19, 2023,<sup>17</sup> and December 11, 2023. Additionally, we have the full offers in the Affidavit of Naomi Carrera-McKail.

In Dr. Moore's reply to the advice of ILC on costs we have a counteroffer, which makes reference to the "offer to settle of yesterday's date", possibly referring to the August 19, 2023 offer of the College. However, the Member's offer is dated August 20, 2022 and there is also a "Renewed Offer to Settle" Dated December 7, 2022.

Despite the uncertainty of the sequence of the offers and counteroffers the Panel reviewed the five offers we were provided with. The dates of the various offers are helpful as the parties were aware of different factors at different points in time.

The first offer to settle from the College, June 30, 2022, would have had Dr. Moore admit seven of the eleven allegations in the Notice of Hearing and agree to an eight-month suspension with the possibility of two months being remitted. The other two offers we have from the College were later in the process; the August 2023 offer sought admission of all eleven allegations and a penalty of 12 months with the possibility of 2 month being remitted. The final offer that the Panel has was made after the Panel's decision on the merits and deals with penalty.

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<sup>17</sup> Shown as "August 9, 2023" in the table, page 5 of the written submissions of the College.

The offer to settle from Dr. Moore dated August 20, 2022, was to admit two of the eleven allegations in the Notice of Hearing and to agree to a two-month suspension, with the suspension being suspended in its entirety on the satisfaction of certain conditions, as well as a reprimand, a \$5,000 fine and the “provision of the Vax-D program to 4 Canadian Veterans”. The December 7, 2022 offer to settle includes admitting four of the eleven allegations and included a 4-week suspension. However, three of the proposed admissions were edited, with two edited in a way that significantly reduced the seriousness in favour of Dr. Moore.

The Panel found the first offer we have from the College, made before the start of the hearing, was reasonable and would have resulted in a significantly better outcome for Dr. Moore than what was proven and decided at the hearing on the merits and decision on penalty.

The Panel found the offers of Dr. Moore to be unreasonable. Dr. Moore could have saved considerable costs had he accepted the first offer of the College (or possibly if he had engaged in reasonable counteroffers).

### **FACTORS JUSTIFYING REDUCTION**

The Panel engaged in a careful review during its deliberation to identify any other factors that would justify a reduction in the costs being sought. None were found.



## CONCLUSION

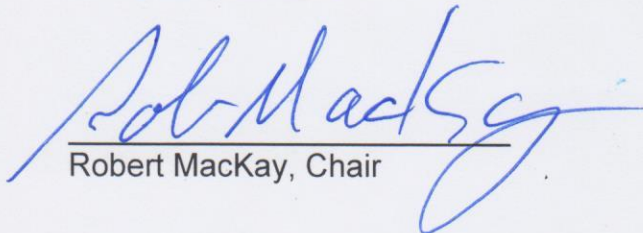
The Panel found that in all the circumstances the membership should not have to bear the burden of Dr. Moore's misguided and meritless defence of his professional misconduct.

The Panel considered and grappled with the significant amount sought by the College. Having carefully considered the submissions of the parties, the advice from our ILC, and the issues and factors above, we find the costs sought by the College in the amount of \$690,376.24 to be fair and reasonable and concluded that the following costs order is appropriate.

## COST ORDER

Dr. Brian Moore shall pay the costs and expenses of the College of Chiropractors of Ontario in the amount of \$690,376.24.

I, Robert MacKay, sign this decision on costs and reasons for the decision as Chair of this Discipline Panel and on behalf of the members of the Discipline Panel as listed below:

  
Robert MacKay, Chair

\_\_\_\_\_  
Date: May 2, 2024

Panel Members:

Dr. Kyle Grice  
Mr. Robert MacKay  
Mr. Shawn Southern  
Mr. Scott Stewart  
Dr. Murray Townsend

## Appendix "A"

College submissions on costs received Feb 12, 2024.

Member submissions due March 3<sup>rd</sup> (20 days after the Prosecution). That is a Sunday, so due Monday March 4, 2024.

ILC will provide advice to the Panel on costs by Friday March 8, 2024.

Both parties to provide comments on advice, if any, no later than 5pm Tuesday March 12, 2024.





The College of Naturopaths of Ontario

**Council Meeting Evaluation  
March 2024  
6 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.	1 @ 4 5 @ 5	<b>4.8</b>
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.	2 @ 4 4 @ 5	<b>4.6</b>
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.	2 @ 4 4 @ 5	<b>4.6</b>
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.	2 @ 4 4 @ 5	<b>4.6</b>
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.	2 @ 4 4 @ 5	<b>4.6</b>
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.	1 @ 3 3 @ 4 1 @ 5	<b>4.0</b>
Group Preparedness	Please rate how you feel the level of preparedness of your Council	1 @ 3 4 @ 4 2 @ 5	<b>3.3</b>

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	colleagues was for today's meeting using the following scale: 1 - Not at all adequately prepared to 5 - More than adequately prepared.		
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.	1 @ 3 3 @ 4 2 @ 5	<b>4.2</b>
What Worked Well	From the following list, please select the elements of today's meeting that worked well.		
	• Meeting agenda		<b>5/6</b>
	• Council member attendance		<b>6/6</b>
	• Council member participation		<b>5/6</b>
	• Facilitation (removal of barriers)		<b>5/6</b>
	• Ability to have meaningful discussions		<b>5/6</b>
	• Deliberations reflect the public interest		<b>5/6</b>
	• Decisions reflect the public interest		<b>5/6</b>
Areas of Improvement	From the following list, please select the elements of today's meeting that need improvement.		
	• Meeting agenda		<b>1/6</b>
	• Council member attendance		<b>0/6</b>
	• Council member participation		<b>1/6</b>
	• Facilitation (removal of barriers)		<b>1/6</b>
	• Ability to have meaningful discussions		<b>1/6</b>
	• Deliberations reflect the public interest		<b>1/6</b>
	• Decisions reflect the public interest		<b>1/6</b>
Things we should do	Having meaningful discussion about how to better implement policies and see if there are areas of regulation being missed.		
Final Feedback	I was admittedly not present during the November 2022 meeting where the topic of the vaccination statement was brought up. I did not intend to interrupt the flow of the meeting according to Roberts Rules of Order, but I was hoping for the opportunity to "abstain" from that vote (pending an attempt at some "conflict resolution" or tabling a motion that one more conversation could be had). I totally appreciated the materials in the Meeting Package and the preparedness of CoNO in providing resources for its risk-assessment decision.		
	The Chair does an outstanding job. And Shelly will be greatly missed on Council.		
	Thank you for everything! Everyone is great. I look forward to working with CONO on the committee level.		

## Comparison of Evaluations by Meeting 2023-2024

	2022/23 Overall	2023-2024						
Topic		May 2023	July 2023	Sept 2023	Nov 2023	Jan 2024	Mar 2024	Ave
Were issues discussed essential? 1 – Not at all essential to 5 – Very Essential.	<b>4.7</b>	<b>4.6</b>	<b>4.7</b>	<b>4.5</b>	<b>5.0</b>	<b>4.2</b>	<b>4.8</b>	<b>4.6</b>
Achieve Objectives? 1 - Not at all met to 5 - All objectives met.	<b>4.9</b>	<b>5.0</b>	<b>4.7</b>	<b>5.0</b>	<b>5.0</b>	<b>4.4</b>	<b>4.6</b>	<b>4.8</b>
Time Management 1 - Not at all managed to 5 - Very well managed.	<b>4.8</b>	<b>5.0</b>	<b>4.6</b>	<b>4.6</b>	<b>4.3</b>	<b>4.0</b>	<b>4.6</b>	<b>4.5</b>
Meeting Materials 1 - Not at all helpful to 5 - Very helpful.	<b>4.9</b>	<b>4.9</b>	<b>4.8</b>	<b>5.0</b>	<b>5.0</b>	<b>4.6</b>	<b>4.6</b>	<b>4.8</b>
Right People 1 - None of the right people to 5 - All of the right people.	<b>4.7</b>	<b>4.7</b>	<b>4.8</b>	<b>5.0</b>	<b>5.0</b>	<b>4.7</b>	<b>4.6</b>	<b>4.8</b>
Your Preparedness 1 - Not at all adequately prepared to 5 - More than adequately prepared.	<b>4.6</b>	<b>4.5</b>	<b>4.6</b>	<b>4.6</b>	<b>5.0</b>	<b>4.4</b>	<b>4.0</b>	<b>4.5</b>
Group Preparedness 1 - Not at all adequate 5 - More than adequate.	<b>4.5</b>	<b>4.7</b>	<b>4.2</b>	<b>5.0</b>	<b>4.8</b>	<b>4.3</b>	<b>3.3</b>	<b>4.3</b>
Interactions between Council members 1 - Not well managed to 5 - Very well managed.	<b>4.7</b>	<b>5.0</b>	<b>4.7</b>	<b>5.0</b>	<b>4.8</b>	<b>4.6</b>	<b>4.2</b>	<b>4.7</b>
Number of Evaluations	<b>7.7</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>9</b>	<b>6</b>	<b>7.3</b>

### Understanding the Public Interest

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

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

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

Serving the public interest means ensuring the following.

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

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

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

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

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

Considerations/Questions to ask oneself during deliberations include:

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

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

What the public interest is NOT!

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

## UNDERSTANDING THE RISK ANALYSIS TERMINOLOGY

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

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

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

### Risk Treatment or Mitigation Techniques

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

To Treat or Not to Treat	Techniques
Do Not Treat	If potential impact is low and likelihood of occurring is low, do not need to treat the risk. May also choose not to treat a risk that has low potential impact and high likelihood in some circumstances.
Treat the risk	Treat a risk that has a high potential impact and high likelihood of occurring. Also treat a risk that has a high potential impact and low likelihood. Treatment methods <ol style="list-style-type: none"><li data-bbox="596 412 772 440">1. Avoidance</li><li data-bbox="596 448 1024 475">2. Change the likelihood or impact</li><li data-bbox="596 483 1470 511">3. Finance risk – transfer (insurance or hedging for market risk) or retain</li></ol>



## UNDERSTANDING THE COLLEGE'S COMMITMENT TO TRANSPARENCY

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

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

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

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



## The College of Naturopaths of Ontario

### Conflict of Interest Summary of Council Members Declarations 2023-2024

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, 2023 to March 31, 2024.

#### **Elected or Appointed Positions**

<b>Council Member</b>	<b>Interest</b>	<b>Explanation</b>
Dr. Amy Dobbie, ND	City Councilor (Family Member)	Father is an elected city councilor for the City of Quinte West. Does not believe it is a conflict – made a note of it in case.

#### **Interests or Entities Owned**

<b>Council Member</b>	<b>Interest</b>	<b>Explanation</b>
	None	

**Interests from which they receive Financial Compensation**

<b>Council Member</b>	<b>Interest</b>	<b>Explanation</b>
<b>None</b>		

**Existing Relationships**

<b>Council Member</b>	<b>Interest</b>	<b>Explanation</b>
<b>None</b>		

**Council Members**

The following is a list of Council members for the 2023-25 year and the date they took office for this program year<sup>1</sup>, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

<b>Council Member</b>	<b>Date Assumed Office</b>	<b>Date Declaration Received</b>	<b>Any Declarations Made</b>
Dr. Jonathan Beatty, ND	May 31, 2023	May 29, 2023	None
Dr. Shelley Burns, ND	May 31, 2023	May 24, 2023	None
Dean Catherwood	May 31, 2023	May 26, 2023	None
Dr. Amy Dobbie, ND	May 31, 2023	May 25, 2023	Yes
Brook Dyson	May 31, 2023	May 30, 2023	None
Lisa Fenton	May 31, 2023	May 30, 2023	None
Dr. Anna Graczyk, ND	May 31, 2023	May 30, 2023	None
Tiffany Lloyd	May 31, 2023	June 9, 2023	None
Dr. Denis Marier	May 31, 2023	May 29, 2023	None
Sarah Griffiths-Savolaine	May 31, 2023	May 29, 2023	None
Paul Phillion	May 31, 2023	May 24, 2023	None
Dr. Jacob Scheer, ND	May 31, 2023	May 29, 2023	None
Dr. Jordan Sokoloski, ND	May 31, 2023	May 24, 2023	None

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

Updated: June 13, 2023

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<sup>1</sup> 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  
Period of March 1, 2024 to April 30, 2024**

This is the final Chair's Report of six for the current Council cycle and provides information for the period from March 1 to April 30, 2024.

I would like to welcome our new professional members to Council. There is a new Council member orientation session scheduled for later this month and I am looking forward to chatting with them more then and to working with them this year.

Andrew and I continue to correspond regularly and meet at least monthly via Zoom to discuss matters related to governance and strategy. Things continue to be busy and regular communication between us has been valuable.

There have been no system partner meetings lately but there is one scheduled for later this month with the senior leadership of the OAND.

Reminding you not to hesitate to reach out should you have any questions or wish to discuss anything related to our work.

Respectfully submitted,

Dr. Jordan Sokoloski, ND  
Council Chair  
16 May 2024



The College of Naturopaths of Ontario

## **REGULATORY OPERATIONS REPORT HIGHLIGHTS AT FISCAL YEAR END**

The following are the highlights of the Regulatory Operations Report presented for the period ending March 31, 2024. Please note that the report has been adjusted to align with the College's fiscal year. As a result, the data in this report now includes April 2023 and does not include any data for April 2024. April 2024 data is provided in a separate, more detailed report.

### **Registration**

At the end of the fiscal year, the College had 1687 registrants in the General class and 185 who held an Inactive class certificate of registration. There are also 28 Life Registrants.

### **Professional Corporations**

At the start of the 2023-24 fiscal year, the College had 113 professional corporations. Over the course of the year, 110 of these were renewed, two were revoked and one was dissolved by the registrant. A total of 17 new corporations were issued a certificate of authorization during the fiscal year, resulting in 127 corporations overall.

### **Entry-to-Practice**

In March 2024, there were nine new applications for registration received bringing the total for the fiscal year to 81. A total of 84 certificates were issued in this past fiscal year with 18 applications remaining in process heading into the new fiscal year.

In total, eight applications were referred to the Registration Committee over the year and all eight were granted certificates, one after completion of additional education and training.

### **Examinations**

In March 2024, the College conducted a sitting of the Biomedical Examination completing the full schedule for 2023-24. A total of 466 candidates sat the College's five separate examinations; however, there would be a great deal of overlap of individuals over the three entry-to-practice examinations.

A total of five appeals of the examinations were filed over the course of the year, representing a 1% appeal rate.

## Quality Assurance

In this reporting period, one Peer & Practice Assessment was completed, bringing the total for the year to 90. A total of 95 assessments were required after deferrals and QAC ordered assessments.

## Inspection Program

The College had 156 premises registered at the end of the fiscal year, 19 were newly registered this year while 11 were de-registered (ceased providing IVIT services). A total of 34 new premises inspections were completed (Parts I and II) and all new premises passed or passed the inspections with conditions. A total of 32 5-Year Anniversary inspections were required, and all premises passed or passed with conditions.

This program presently conducts inspections for two distinct purposes. The first purpose involves the inspections of new premises, which occur in two parts. Four Part I inspections and two Part II inspections were completed in this period.

Under this program, the College also receives occurrence reports when patients have adverse reactions to the administration of IVIT. A total of 19 Type 1 occurrence reports were received over the past year, all of which were reviewed by the Inspection Committee to ensure public safety. The second purpose, if necessary, the Inspection Committee could order an inspection of a premises reporting a Type 1 occurrence although no such inspections were ordered in this year.

## Complaints and Reports

Typically, each year the College will receive approximately 20 complaints and initiates another 20 of its own investigations. Over this past fiscal year, 16 new complaints were received by the College and five reports were initiated, two matters were returned by the Health Professions Appeal and Review Board. The ICRC completed its work on 21 files in the past year and 18 files remain active moving forward.

The top three issues raised in complaints and reports were ineffective treatments, advertising and unprofessional or unbecoming conduct.

Of the 21 files closed, only three were determined to need no further action and one was withdrawn. The remaining 18 files resulted in an outcome by the ICRC; however, no matters were referred to the Discipline or Fitness to Practice Committee.

## Regulatory Guidance and Education

During March 2024, 55 inquiries were received under the Regulatory Guidance Program bringing the number of inquiries for the full fiscal year to 604. The top five topics of inquiry were:

1. Fees and billing
2. Lab testing
3. Scope of practice
4. Tele-practice

5. Record keeping.

Under the Regulatory Education Program (REP), a sixth session for the 2023-24 fiscal year was completed which had 212 registrations and 128 attendees. In total, 470 individuals attended a REP session representing approximately 27% of the profession.

Respectfully submitted,

Andrew Parr, CAE  
Chief Executive Officer  
May 2024



The College of Naturopaths of Ontario

## Report on Regulatory Operations

Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD									
1.1 Regulatory Activity: Registration																	
Registrants (Total)		1859	-9	3				1900									
	General Class (Total)	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	1687
	<i>In Good Standing</i>	1633	-3	2	25	16	-1										1672
	<i>Suspended</i>	20	-3	0	3	-4	-1										15
	Inactive Class (Total)	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	185
	<i>In Good Standing</i>	170	0	1	-1	-2	9										177
	<i>Suspended</i>	12	-3	0	-1	0	0										8
	Emergency Class (Total)	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	0
	<i>In Good Standing</i>	0	0	0	0	0	0	0									0
	<i>Suspended</i>	0	0	0	0	0	0	0									0
	Life Registrants		24	0	0	1	1	2									

Changes in Registration Status Processed (Total)								103
	Suspensions	8	0	1	3	3	3	18
	Resignations	2	0	3	1	3	14	23
	Revocations	5	2	0	3	1	0	11
	Reinstatements	5	0	0	4	3	2	14
	Class Changes (Total)	→ → → → → → → → → → → → → → → →						37
	General Class to Inactive Class	5	1	2	1	2	14	25
	Inactive Class to General Class	1	1	1	2	1	2	8
	Any Class to Life Registrant Status	0	0	0	1	1	2	4
	Emergency Class to General Class	0	0	0	0	0	0	0



Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
<b>Professional Corporations (Total)</b>								<b>130</b>
Professional Corporations approved from prior periods		→	→	→	→	→	→	113
New applications approved		3	0	3	1	8	2	17
PC Renewals								
Renewed		24	19	13	24	20	10	110
Not Yet Renewed in this period		→	→	→	→	→	→	0
Revoked		0	0	1	0	1	0	2
Resigned/Dissolved		0	0	0	0	0	1	1

## 1.2 Regulatory Activity: Entry-to-Practise

<b>Total ETP Applications</b>								<b>18</b>
On-going applications from prior period(s)		→	→	→	→	→	→	21
New applications received		26	0	20	20	6	9	81
Certificates issued		36	3	2	27	16	0	84
<b>Applications Currently before the Registration Committee</b>								<b>0</b>
Referrals from prior period		→	→	→	→	→	→	0
New referrals		3	1	1	1	2	0	8
Decisions Issued		3	1	1	1	2	0	8
<b>Registration Committee Outcomes</b>								<b>8</b>
Approved		3	1	1	1	1	0	7
Approved – TCLs		0	0	0	0	0	0	0
Approved – Exams required		0	0	0	0	0	0	0
Approved – Education required		0	0	0	0	1	0	1
Denied		0	0	0	0	0	0	0

<b>Prior Learning and Recognition Program Activities in Process</b>								<b>0</b>
Applications from prior period		→	→	→	→	→	→	1
New applications received		0	0	0	0	0	0	0
Decisions rendered on applications		0	0	1	0	0	0	1

Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
<b>1.3 Regulatory Activity: Examinations</b>								
<b>Examinations Conducted</b>								
Ontario Clinical Sciences Examination								
	Exam sittings scheduled	0	1	0	0	1	0	2
	Exam sittings held	0	1	0	0	1	0	2
	Number of candidates sitting exam	0	77	0	0	35	0	112
Ontario Biomedical Examination								
	Exam sittings scheduled	0	0	1	0	0	1	2
	Exam sittings held	0	0	1	0	0	1	2
	Number of candidates sitting exam	0	0	78	0	0	34	112
Ontario Clinical Practical Examination								
	Exam sittings scheduled	0	1	1	0	1	0	3
	Exam sittings held	0	1	1	0	1	0	3
	Number of candidates sitting exam	0	53	43	0	11	0	107
Ontario Therapeutic Prescribing Examination								
	Exam sittings scheduled	1	0	1	0	0	0	2
	Exam sittings held	1	0	1	0	0	0	2
	Number of candidates sitting exam	45	0	46	0	0	0	91
Ontario Intravenous Infusion Examination								
	Exam sittings scheduled	1	0	0	1	0	0	2
	Exam sittings held	1	0	0	1	0	0	2
	Number of candidates sitting exam	22	0	0	22	0	0	44
<b>Examination Appeals</b>								
Ontario Clinical Sciences Examination Appeals (Total)								2
	Appeal Granted	1	0	0	1	0	0	2
	Appeal Denied	0	0	0	0	0	0	0
Ontario Biomedical Examination Appeals (Total)								3
	Appeal Granted	0	0	0	2	1	0	3
	Appeal Denied	0	0	0	0	0	0	0
Ontario Clinical Practical Examination Appeals (Total)								0
	Appeal Granted	0	0	0	0	0	0	0
	Appeal Denied	0	0	0	0	0	0	0

Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
Ontario Therapeutic Prescribing Examination								0
	Appeal Granted	0	0	0	0	0	0	0
	Appeal Denied	0	0	0	0	0	0	0
Ontario Intravenous Infusion Examination Appeals (Total)								0
	Appeal Granted	0	0	0	0	0	0	0
	Appeal Denied	0	0	0	0	0	0	0

<b>Exam Questions Developed (Total)</b>								<b>93</b>
CSE questions developed		0	0	0	0	0	0	0
BME questions developed		0	93	0	0	0	0	93

<b>1.4 Regulatory Activity: Patient Relations</b>								
<b>Funding applications</b>								
New applications Received								0
	Funding application approved	0	0	0	0	0	0	0
	Funding applilcation declined	0	0	0	0	0	0	0
<b>Number of Active Files</b>								
Funding Provided								1
		\$1,940	\$1,610	\$500	500	\$530	\$0	\$5,080

<b>1.5 Regulatory Activity: Quality Assurance</b>								
<b>Peer &amp; Practice Assessments (Remaining for Year)</b>								<b>5</b>
	Pool selected by QAC	→	→	→	→	→	→	→
	Deferred, moved to inactive or retired (removed from	0	-8	0	0	0	0	-8
	Assessments ordered by QAC, i.e. outside of random	1	2	0	0	0	0	3
Total Number of Assessment for the Year.		→	→	→	→	→	→	→
	Completed (Y-T-D)	0	14	47	25	3	1	90

<b>Quality Assurance Committee Reviews</b>								
Assessments reviewed by Committee								11
	Satisfactory Outcome	0	0	5	0	4	0	9
	Ordered Outcome (SCERP, TCL, etc.)	0	0	0	0	2	0	2

Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
CE Reporting								
	Number in group	0	0	464	0	0	0	464
	Number received	0	0	463	1	0	0	464
	Number of CE Reports with deficiencies	0	0	0	0	0	0	
QAC Referrals to ICRC		1	0	0	0	0	0	1
1.6 Regulatory Activity: Inspection Program								
Registered Premises (Total Current)								156
	Total Registered from prior year (as of May 1)	→	→	→	→	→	→	148
	Newly registered	4	2	3	5	3	2	19
	De-registered	4	0	0	4	3	0	11
Inspections of Premises								
	New Premises							
	Part I Completed	4	3	1	2	4	3	17
	Part II Completed	9	1	2	2	2	1	17
	5-year Anniversary Inspections							
	Premises requiring 5-year inspection	→	→	→	→	→	→	32
	Completed	8	4	10	5	3	2	32
Inspection Outcomes								
	New premises-outcomes (Parts I & II)							
	Passed	8	8	4	5	3	5	33
	Pass with conditions	5	4	0	1	0	2	12
	Failed	0	0	0	0	0	0	0
	5-year Anniversary Inspection Outcomes							
	Passed	12	5	5	8	5	3	38
	Pass with conditions	7	4	1	4	2	1	19
	Failed	0	0	0	0	0	0	0

Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
<b>Type 1 Occurrence Reports (Total Reported)</b>								<b>19</b>
Patient referred to emergency		2	1	3	3	4	2	15
Patient died		0	0	0	1	0	0	1
Emergency drug administered		2	0	1	0	0	0	3

<b>1.7 Regulatory Activity: Complaints and Reports</b>								
<b>Complaints and Reports (Total On-going)</b>								<b>18</b>
Complaints carried forward from prior period(s)		→	→	→	→	→	→	10
Reports carried forward from prior period(s)		→	→	→	→	→	→	6
New Complaints		4	2	2	0	7	1	16
New Reports		0	3	1	1	0	0	5
Matters returned by HPARB		2	0	0	0	0	0	2
Complaints and Reports completed		5	2	3	4	3	4	21
<b>ICRC Outcomes (files may have multiple outcomes)</b>								
Letter of Counsel		0	1	1	2	0	2	6
SCERP		0	0	0	0	0	1	1
Oral Caution		0	1	1	0	0	0	2
SCERP & Caution		3	0	1	2	3	0	9
No action needed/Withdrawn		3	0	0	0	0	1	4
Referred to DC		0	0	0	0	0	0	0
<b>Summary of concerns (files may have multiple concerns)</b>								
Advertising		0	2	2	1	0	0	5
Failure to comply		0	0	0	0	0	0	0
Ineffective treatment		3	1	2	0	2	0	8
Out of scope		0	0	0	1	0	0	1
Record keeping		0	0	0	1	0	0	1
Fees & billing		2	1	1	0	0	0	4
Lab testing		0	0	1	0	0	0	1
Delegation		0	0	0	0	0	0	0
Harassment		0	0	0	0	0	0	0

Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
	QA Program comply	0	1	0	0	0	0	1
	C&D compliance	0	0	0	0	0	0	0
	Failure to cooperate	0	0	0	0	0	0	0
	Boundary issues	0	0	0	0	2	0	2
	Practising while suspend.	0	1	0	0	0	0	1
	Unprofessional, unbecoming conduct	0	0	0	0	3	1	4
	Other	0	0	0	0	0	0	0

### 1.8 Regulatory Activity: Unauthorized Practitioners

#### Cease and Desist Letters

	Letters Issued	2	1	1	1	1	0	6
	Letters signed back by practitioner	1	0	0	1	1	0	3

#### Injunctions from Court

	Sought	0	1	0	0	0	0	1
	Approved	0	0	0	0	0	0	0

### 1.9 Regulatory Activity: Hearings

#### Matters Referred by ICRC

	Referrals to the Discipline Committee (Total)							3
	Referrals from prior period	→	→	→	→	→	→	→
	New referrals	0	0	0	0	0	0	0
	Referrals to the Fitness to Practise Committee (Total)							0
	Referrals from prior period	→	→	→	→	→	→	→
	New referrals	0	0	0	0	0	0	0

#### Disciplinary Matters

##### Pre-hearing conferences

	Scheduled	1	1	0	0	0	0	2
	Completed	1	2	0	0	0	0	3

##### Discipline hearings

	Contested	0	0	0	1	1	1	3
	Uncontested	0	1	0	0	0	0	1

Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
Outcomes of Contested Matters								
	Findings made	0	0	0	0	0		0
	No findings made	0	0	0	0	0		0
FTP Hearings								
	Finding of incapacitated	0	0	0	0	0	0	0
	No finding made	0	0	0	0	0	0	0

<b>1.10 Regulatory Activity: Regulatory Guidance &amp; Education</b>								
<b>Regulatory Guidance</b>								
<b>Inquiries Received (Total)</b>								<b>604</b>
	E-mail	96	49	57	53	65	31	351
	Telephone	54	24	55	46	50	24	253
<b>Most Common Topics of Inquiries</b>								
	Scope of practice	9	5	7	6	12	0	39
	Conflict of interest	4	3	0	0	0	2	9
	Tele-practice	11	9	5	9	0	4	38
	Inspection program	0	4	5	4	11	3	27
	Patient visits	7	0	6	5	7	4	29
	Advertising	0	0	0	3	0	0	3
	Lab testing	6	9	6	11	6	5	43
	Notifying patients when moving	0	0	0	0	6	5	11
	Fees & billing	0	4	15	9	9	7	44
	Record keeping	9	4	8	9	6	0	36
	Consent and Privacy	5	0	0	4	8	3	20
	Grads Practising with Registrant	0	0	7	0	0	0	7
	Injections	7	0	0	3	0	0	10
	Mandatory Reporting	3	0	0	0	0	2	5
	Registration & CPR	0	0	0	0	4	4	8
	Prescribing	4	4	0	0	0	0	8
	Delegation and Referrals	6	3	6	0	0	0	15
	Endorsements	0	3	0	0	0	0	3

Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
<b>Regulatory Education</b>								
Live Sessions								
Session Delivered		0	2	2	1	0	1	6
Registrations		0	192	299	66	0	212	769
Attendees		0	133	161	48	0	128	470
Recorded Sessions								
Registrations		0	25	93	23	52	9	202

### 1.11 Regulatory Activity: HPARB Appeals

<b>Registration Committee Decisions before HPARB</b>								<b>0</b>
Appeals carried forward from prior period		→	→	→	→	→	→	
New appeals filed with HPARB		0	0	0	0	0	0	0
Files where HPARB rendered decision		0	0	0	0	0	0	0
HPARB Decisions on RC Matters								
Upheld		0	0	0	0	0	0	0
Returned		0	0	0	0	0	0	0
Overturned		0	0	0	0	0	0	0
ICRC Decisions before HPARB (Total current)								
Appeals carried forward from prior period		→	→	→	→	→	→	2
New appeals filed with HPARB		0	1	1	0	2	0	4
Files where HPARB rendered decision		2	0	0	0	1	0	3
HPARB Decisions on ICRC Matters								
Upheld		0	0	0	0	1	0	1
Returned		2	0	0	0	0	0	2
Overturned		0	0	0	0	0	0	0



Regulatory Activity		Apr-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar.	YTD
<b>1.12 Regulatory Activity: HRTO Matters</b>								
<b>Matters filed against the College</b>								
	Matters in progress from prior period(s)	1	0	0	0	0	0	1
	New matters	0	0	0	0	0	0	0
	Matters where HRTO rendered a decision	0	0	0	0	0	0	0
	HRTO Decisions on Matters							
	In favour of applicant	0	0	0	0	0	0	0
	In favour of College	0	0	0	0	0	0	0



The College of Naturopaths of Ontario

## REGULATORY OPERATIONS REPORT HIGHLIGHTS

This is the second of two summaries of the Regulatory Operations Report. This report covers the period of April 2024 and reflects changes to our approach to ensure that more detailed oversight information can be provided to the Council. Please note that not every section of the full report is discussed below but only those areas which are believed to be of importance to highlight for the Council.

### 1.1 Registration

#### Registrants

As of April 30, 2024, the College had 1709 registrants in good standing who held a General class certificate of registration and 198 who held an Inactive class certificate of registration. There are also 28 Life Registrants. Although these numbers reflect the post-renewal period which began on February 14, 2024 and concluded on March 31, 2024, it will not reflect any suspensions issued due to lack of payment of fees or providing the information return. Those will occur in May 2024.

It is noted that there were 21 suspensions in April 2024, primarily due to failure to maintain professional liability insurance and of these, 19 were subsequently reinstated and one individual has resigned.

#### Professional Corporations

In April 2024, one new application for a certificate of authorization for a professional corporation was received and 7 of the 126 existing corporations renewed. Renewals occur on the anniversary date of the issuance of the initial certificate of authorization.

### 1.2 Entry-to-Practice

#### Applications for Registration

There were 11 applications in process at the end of the prior year and 15 new applications were received in April 2024. A total of 8 certificates of registration were issued leaving 18 applications currently in process.

#### Referrals to the Registration Committee

In April 2024 there were no referrals of applications to the Registration Committee and no referrals were on-going from the prior year.

### 1.6 Inspection Program

#### Premises

In April 2024, five new premises were registered under the Inspection Program, however, four existing premises were de-registered. Four new premises, Part I inspections were delivered, and one premises completed Part II of the inspection.

In the fiscal year April 1, 2024, to March 31, 2025, a total of 17 existing premises are scheduled to have their 5-Year Anniversary inspection. Three of those 17 had their inspections completed.

#### Occurrence Reports

No Type 1 Occurrence reports were received in April and 109 of the 168 premises filed their annual Type 2 Occurrence Reports. The deadline for filing is May 1, 2024.

### **1.7 Complaints and Reports**

#### Complaint and Reports Data

Data in this section has been broken down further to provide clarifying information for the Council. For example, there were 13 complaints and five Registrar Reports ongoing from the prior periods, and two new complaints were received in April and no new reports initiated. In total, four files were closed, of which three were complaints and one was a report. Of those four closed files, three resulted in Specified Continuing Education and Remediation Programs (SCERPs) and one file was resolved through the Alternate Dispute Resolution Program, the first for the College.

There were no referrals to either the Discipline or Fitness to Practice Committees and there are presently 19 ongoing matters before the ICRC.

#### Interim Orders

The ICRC did not impose any interim orders in April 2024; however, two such orders remain in place from the prior years.

### **1.9 Hearings**

There are presently two ongoing matters before panels of the Discipline Committee, both are contested hearings that began in the prior fiscal year.

### **1.10 Regulatory Guidance and Education**

#### Regulatory Guidance

During this period, 49 inquiries were received under the Regulatory Guidance Program, a number that is consistent with prior reporting periods. The areas of inquiry illustrate a high degree of diversity in the nature of the inquiries.

#### Regulatory Education

One Regulatory Education Program session was held in April. The topic was delegation. A total of 252 registrations were received and 164 individuals attended representing a 65% attendance rate. This rate of attendees compared to registrations has been consistent over the duration of the program and this number now represents the benchmark. A copy of the Evaluation form for the April REP session, as well as the March session (not included in the data for this report as it was in the prior fiscal year) have been included in the Consent Agenda materials.

A total of 16 registrations for the recorded sessions were received in April 2024.

Respectfully submitted,

Andrew Parr, CAE  
Chief Executive Officer  
May 2024



The College of Naturopaths of Ontario

## Report on Regulatory Operations

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>1.1 Regulatory Activity: Registration</b>														
<b>Registrants (Total)</b>														<b>1930</b>
General Class (Total)														<b>1709</b>
	<i>In Good Standing</i>	8												1695
	<i>Suspended</i>	-1												14
Inactive Class (Total)														<b>193</b>
	<i>In Good Standing</i>	-1												184
	<i>Suspended</i>	1												9
Emergency Class (Total)														<b>0</b>
	<i>In Good Standing</i>	0												0
	<i>Suspended</i>	0												0
Life Registrants														<b>28</b>
	<i>In Good Standing</i>	0												28
	<i>Suspended</i>	0												0
<b>Changes in Registration Status Processed (Total)</b>														<b>41</b>
	Suspensions	21												21
	Resignations	1												1
	Revocations													0
	Reinstatements	19												19
Class Changes (Total)														<b>0</b>
	General Class to Inactive Class	0												0
	Inactive Class to General Class	0												0
	Any Class to Life Registrant Status	0												0
	Emergency Class to General Class	0												0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>Professional Corporations (Total)</b>														<b>127</b>
	New applications approved	1												1
	Resigned/Desolved	0												0
	Revoked	0												0
	PC Renewals in 2024-25													
	Not Yet Renewed in this period													119
	Renewed	7												7
	Revoked	0												0
	Resigned/Dissolved	0												0

<b>1.2 Regulatory Activity: Entry-to-Practise</b>														
<b>Total ETP Applications On-Going</b>														<b>18</b>
	New applications received	15												15
	Certificates issued	8												8
<b>Applications Currently before the Registration Committee</b>														<b>0</b>
	New referrals	0												0
	Decisions Issued	0												0
<b>Registration Committee Outcomes</b>														<b>0</b>
	Approved	0												0
	Approved – TCLs	0												0
	Approved – Exams required	0												0
	Approved – Education required	0												0
	Denied	0												0
<b>Prior Learning and Recognition Program Activities in Process</b>														<b>1</b>
	New applications received	0												0
	Decisions rendered on applications	0												0



Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>1.3 Regulatory Activity: Examinations</b>														
<b>Examinations Conducted</b>														
<b>Ontario Clinical Sciences Examination</b>														
	Exam sittings scheduled	0												0
	Exam sittings held	0												0
	Number of candidates sitting exam	0												0
<b>Ontario Biomedical Examination</b>														
	Exam sittings scheduled	0												0
	Exam sittings held	0												0
	Number of candidates sitting exam	0												0
<b>Ontario Clinical Practical Examination</b>														
	Exam sittings scheduled	0												0
	Exam sittings held	0												0
	Number of candidates sitting exam	0												0
<b>Ontario Therapeutic Prescribing Examination</b>														
	Exam sittings scheduled	1												1
	Exam sittings held	1												1
	Number of candidates sitting exam	47												47
<b>Ontario Intravenous Infusion Examination</b>														
	Exam sittings scheduled	0												0
	Exam sittings held	0												0
	Number of candidates sitting exam	0												0
<b>Examination Appeals</b>														
<b>Ontario Clinical Sciences Examination Appeals (Total)</b>														0
	Appeals Filed	0												0
	Appeals Granted	0												0
	Appeals Denied	0												0
<b>Ontario Biomedical Examination Appeals (Total)</b>														1
	Appeals Filed	1												1
	Appeals Granted	0												0
	Appeals Denied	0												0
<b>Ontario Clinical Practical Examination Appeals (Total)</b>														0
	Appeals Filed	0												0
	Appeals Granted	0												0
	Appeals Denied	0												0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Ontario Therapeutic Prescribing Examination														0
	Appeals Filed	0												0
	Appeals Granted	0												0
	Appeals Denied	0												0
Ontario Intravenous Infusion Examination Appeals (Total)														0
	Appeals Filed	0												0
	Appeals Granted	0												0
	Appeals Denied	0												0

<b>Exam Questions Developed (Total)</b>														<b>0</b>
CSE questions developed		0												0
BME questions developed		0												0

<b>1.4 Regulatory Activity: Patient Relations</b>														
<b>Funding applications</b>														
New applications Received														0
	Funding application approved	0												0
	Funding applilcation declined	0												0
<b>Number of Active Files</b>														
Funding Provided		\$0												\$0

<b>1.5 Regulatory Activity: Quality Assurance</b>														
<b>Peer &amp; Practice Assessments (Remaining for Year)</b>														150
	Pool selected by QAC													150
	Deferred, moved to inactive or retired (removed from	0												0
	Assessments ordered by QAC, i.e. outside of random	1												1
<b>Total Number of Assessment for the Year.</b>														151
	Completed (Y-T-D)	1												1

<b>Quality Assurance Committee Reviews</b>														
Assessments reviewed by Committee		0												0
	Satisfactory Outcome	0												0
	Ordered Outcome (SCERP, TCL, etc.)	0												0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>CE Reporting</b>														
	Number in group	0												0
	Number received	0												0
	Number of CE Reports with deficiencies	0												
<b>QAC Referrals to ICRC</b>														
		0												0
<b>1.6 Regulatory Activity: Inspection Program</b>														
<b>Registered Premises (Total Current)</b>														<b>159</b>
	Total Registered from prior year (as of May 1)													158
	Newly registered	5												5
	De-registered	4												4
<b>Inspections of Premises</b>														
	New Premises													
	Part I Completed	4												4
	Part II Completed	1												1
	5-year Anniversary Inspections													
	Premises requiring 5-year inspection													17
	Completed													0
<b>Inspection Outcomes</b>														
	New premises-outcomes (Parts I & II)													
	Passed	3												3
	Pass with conditions	4												4
	Failed	0												0
	5-year Anniversary Inspection Outcomes													
	Passed	2												2
	Pass with conditions	1												1
	Failed	0												0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>Type 1 Occurrence Reports (Total Reported)</b>														<b>0</b>
Patient referred to emergency		0												0
Patient died		0												0
Emergency drug administered		0												0
<b>Type 2 Occurrence Reports (Outstanding)</b>														<b>59</b>
Total Reports Required to be filed.		0												168
Reports Received		109												109
<b>1.7 Regulatory Activity: Complaints and Reports</b>														
<b>Complaints and Reports (Total On-going)</b>														<b>19</b>
Complaints carried forward from prior period(s)														13
Reports carried forward from prior period(s)														5
New Complaints		2												2
New Reports		0												0
Matters returned by HPARB		0												0
Complaints completed		3												3
Reports completed		1												1
<b>Files in Alternate Dispute Resolution (In process)</b>														<b>0</b>
ADR Files from Prior Period														1
New files referred to ADR		0												0
Files resolved at ADR		1												1
<b>ICRC Outcomes (files may have multiple outcomes)</b>														
Take no further action		0												0
Letter of Counsel		0												0
Oral Caution		0												0
Specified Continuing Education and Remediation		3												3
Letter of Counsel & SCERP		0												0
Oral Caution & SCERP		0												0
Acknowledgement & Undertaking		0												0
Referral to Fitness to Practise Committee		0												0
Referral to Discipline Committee		0												0
Frivolous & Vexatious		0												0
Resolved through ADR		1												1
Withdrawn by Complainant		0												0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>Interim Orders (Currently In Place)</b>														<b>2</b>
	Orders issued in prior period													2
	New Interim Orders - TCLs Applied	0												0
	New Interim Orders - Suspended	0												0
	Interim Orders Removed	0												0
<b>Summary of concerns (files may have multiple concerns)</b>														
	Advertising/Social Media	0												0
	Billing and Fees	1												1
	Communication	0												0
	Competence/Patient Care	2												2
	Fraud	0												0
	Professional Conduct & behaviour	0												0
	Record Keeping	0												0
	Sexual Abuse/Harassment/Professional Boundaries	0												0
	Delegation	0												0
	Unauthorized Practice/Scope of Practice	0												0
	Failure to comply with an Order	0												0
	Inappropriate/ineffective treatment	0												0
	Conflict of Interest	0												0
	Lab Testing	0												0
	QA Program Compliance	0												0
	Cease & Desist Compliance	0												0
	Failure to Cooperate	0												0
	Practising while Suspended	0												0
	Unprofessional/Unbecoming Conduct	0												0
	Other	0												0
<b>1.8 Regulatory Activity: Unauthorized Practitioners</b>														
<b>Cease and Desist Letters (Unsigned/Outstanding)</b>														<b>4</b>
	Letters Outstanding from Prior Period													3
	Letters Issued	2												2
	Letters signed back by practitioner	1												1

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>Injunctions from Court</b>														
	Injunctions in place from prior year													2
	Applications Outstanding from prior year													1
	New Applications Filed													0
	Applications approved by the Court	1												1
	Applications denied by the Court	0												0
<b>1.9 Regulatory Activity: Hearings</b>														
<b>Matters Referred by ICRC</b>														
	Referrals to the Discipline Committee (Total)													2
	Referrals from prior period													2
	New referrals	0												0
	Matters concluded	0												0
	Referrals to the Fitness to Practise Committee (Total)													0
	Referrals from prior period													0
	New referrals	0												0
	Matters concluded	0												0
<b>Disciplinary Matters</b>														
<b>Pre-hearing conferences</b>														
	Outstanding from prior year													0
	Scheduled	0												0
	Completed	0												0
<b>Discipline hearings</b>														
	Ongoing from Prior Year													2
	Contested hearing completed	0												0
	Uncontested hearings completed	0												0
<b>Outcomes of Contested Matters</b>														
	Findings made	0												0
	No findings made	0												0
<b>FTP Hearings</b>														
	Finding of incapacitated	0												0
	No finding made	0												0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>1.10 Regulatory Activity: Regulatory Guidance &amp; Education</b>														
<b>Regulatory Guidance</b>														
<b>Inquiries Received (Total)</b>														<b>49</b>
E-mail	33													33
Telephone	16													16
<b>Most Common Topics of Inquiries</b>														
Telepractice	3													3
Record Keeping	1													1
Scope of Practice	4													4
Injections	1													1
Patient Visits	0													0
Delegations and Referrals	5													5
Laboratory Testing	4													4
Consent and Privacy	5													5
Conflict of Interest	1													1
Prescribing	1													1
Fees and Billing	1													1
Inspection Program	4													4
Endorsements	0													0
Graduates working for NDs	3													3
Continuing Education	1													1
Advertising	1													1
Notifying Patients when Moving	3													3
Completing Forms and Letters for Patients	1													1
Registration and CPR	0													0

<b>Regulatory Education Program</b>														
<b>Live Sessions</b>														
Session Delivered	1													1
Registrations	252													252
Attendees	164													164
<b>Recorded Sessions</b>														
Registrations	16													16



Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>1.11 Regulatory Activity: HPARB Appeals</b>														
<b>Registration Committee Decisions before HPARB</b>														<b>0</b>
	Appeals carried forward from prior period													0
	New appeals filed with HPARB	0												0
	Files where HPARB rendered decision	0												0
<b>HPARB Decisions on RC Matters</b>														
	Upheld	0												0
	Returned	0												0
	Overtured	0												0
<b>ICRC Decisions before HPARB (Total current)</b>														
	Appeals carried forward from prior period													3
	New appeals filed with HPARB	2												2
	Files where HPARB rendered decision	0												0
<b>HPARB Decisions on ICRC Matters</b>														
	Upheld	0												0
	Returned	0												0
	Overtured	0												0

Regulatory Activity		April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
<b>1.12 Regulatory Activity: HRT0 Matters</b>														
<b>Matters filed against the College</b>														
	Matters in progress from prior period(s)													1
	New matters	0												0
	Matters where HRT0 rendered a decision	0												0
<b>HRT0 Decisions on Matters</b>														
	In favour of applicant	0												0
	In favour of College	0												0



The College of Naturopaths of Ontario

**MEMORANDUM**


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**DATE:** May 22, 2024

**TO:** Council members  
College of Naturopaths of Ontario

**FROM:** Agnes Kupny  
Director of Operations

**RE:** Variance Report – Q4 Unaudited Financial Statements

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I am pleased to provide this Variance Report and the Unaudited Financial Statements of the College of Naturopaths of Ontario as of March 31, 2024 which represents the fourth quarter (Q4) and our fiscal year 2023-2024.

**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 March 31, 2024.

At the end of the fiscal year there is an increased balance to the College's chequing account from the payment of annual registration fees which are due on March 31, 2024.

The total accounts receivables are broken into 3 components: accounts receivable which is largely comprised on registrants in the pre-authorized payment plan, ordered disciple costs which are fees that have been awarded to the College as an outcome of a hearing and an allowance for doubtful accounts where the College estimates a percentage of the total accounts receivable that may not be collectable.

At the end of our fiscal year, there is a notable spike in the College's accounts receivable, which is at \$1,513,327 due to the number of registrants participating in the pre-authorized payment plan of the new renewal cycle. For the 2024-2025 registration renewal fees we have an enrollment of 707 registrants, this is an increase of 35 registrants from the previous year.

Under Other Current Assets, the prepaid expenses account has almost doubled from the previous reporting period. The College has \$41,261 in security deposits for our old and new office locations. The security deposit for our old office was anticipated to be returned by the end of Q4, upon completion of their year-end audit. The landlord has advised us that their audit has not yet been completed and they are anticipating releasing the security deposit of \$26,548 to be released by end of Q2 in our new fiscal year. The remaining fees are made up of membership fees including CANRA, insurance, exam maintenance contracts and software subscriptions including Adobe. With the exception of one-time security deposits, all other fees are billed annually and then are pro-rated month over month.

Under liabilities the Accounts Payable account has a balance of \$154,595.45. Payments that have not yet cleared include for legal and investigation, exam and credit card processing costs.

At the end of the fiscal year an adjustment is made to Accrued Liabilities which now carries a balance of \$187,388. This account is comprised of \$130,148 in salary adjustments. There were two pay periods in March in which were paid in April 2024, and \$40,600 in staff vacation entitlements. Staff are eligible to carryover one week of vacation (35 hours) from one fiscal year to the following. The remainder of the balance has been accrued for audit fees.

Under Other Current Liabilities- there are two new line items that get noted at the end of the year and that is deferred revenue. Deferred revenue refers to payments made in advance for services, for example exam fees may be collected in February 2024 (fiscal year 2023-2024) for an exam scheduled in May 2024 (fiscal year 2024-2025). For the College deferred revenue is commonly comprised of registration and examination fees.

Also noted under Other Current Liabilities is the HST account in the amount of \$338,824. This balance is comprised of \$173,000 that was paid in April for March remittance that has not yet cleared and the remaining balance of HST, which is \$165,000 will be paid in smaller increments monthly when the College receives payment from the pre-authorized plan between April 2024-January 2025.

All line items in Equity with the exception of Current Earnings are stable throughout the year and are adjusted at the College's year end dependent on whether the College will complete its fiscal year with a positive or negative balance.

Retained earnings remain at (\$332,160), this is the amount in which the College started its fiscal year and will be adjusted by our Auditors at the end of this fiscal year. The retained earnings is currently in the negative because at the end of the last fiscal year the College did not end the year in a surplus and therefore was unable to transfer any funds to the reserves.

## 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 Q4 only.
- **Green-** is a calculation of how much was spent in Q4 versus the Q4 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, Q2, Q3 and Q4.
- **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 \$3,709,535. This compares to the Year-to-Date budget of \$3,741,666 resulting in a small shortfall of (\$32,131). At the end of the fiscal year with the unfavourable variance, the College met its revenue targets at 100% against budget.

This quarter revenue items that did not meet its annual budgeted targets include Examination Fees, Ordered Costs Recovered, and Inspection Fees. The line items that did not meet annual budgeted targets and line items that are either under or over 10% materiality are noted below.

Line Item	Current 2023-2024 Fiscal Year			Prior 2022-2023 Fiscal Year		
	Year to Date Actual Revenue at Q4	Year to Date Budget at Q4	Q4 actual % of Budget at Q4	Actual Revenue at Q4	Budget at Q4	Q4 actual % of Budget at Q4
Examination Fees	\$37,175	\$51,875	91% of budget	\$20,700	\$59,800	93% of budget
Ordered Costs Recovered	-	\$45,000	3% of budget	\$1,700	\$45,000	18% of budget
Inspection Fees	\$14,700	\$42,500	65% of budget	\$23,600	\$42,500	71% of budget
Incorporation Fees	\$13,284	\$7,600	130% of budget	\$8,700	\$4,650	116% of budget
Interest	\$2,094	\$600	833% of budget	\$1,570	\$600	265% of budget
Investment Income	\$18,256	\$3,500	384% of budget	\$14,860	\$900	467% of budget
Miscellaneous Income	\$35	\$100	6518% of budget	\$1,188	-	37% of budget

**Examination Fees (91% of YTD Budget)**– This quarter there were 16 Jurisprudence examinations completed, 48 candidates attended the Ontario Therapeutic Prescribing exam and 18 candidates attended the Ontario IVIT examination. Revenues for this line item did not meet budget this quarter due to lower attendance for the Ontario IVIT exam than anticipated.

**DC Ordered Costs (3% of YTD Budget)**- No monies for DC ordered costs were collected this quarter. The monies that were budgeted for this fiscal year were based on the assumption that two contested hearings initiated this year would have been concluded and ordered costs awarded to the College.

**Inspection Fees (65% of YTD Budget)**- This quarter the College completed one 5-year premise inspection and five new premise inspections; the shortfall for this line item was due to the budget being overstated regarding the number of 5- year inspections that would be completed.

**Incorporation Fees (130% of YTD Budget)**– This quarter there were twenty-nine certificates of authorization for professional corporations which were renewed and 11 new applications. The fees for Incorporations are billed based on the anniversary date on when the corporations were first incorporated. This line item exceeded budget due to the number of new applications totaling 127 professional corporations at the end of the fiscal year.

**Interest (833% of YTD Budget)**- The College has two operating accounts, a chequing which is non-interest bearing and a savings account which does generate interest. The College has been able to retain a larger amount of funds in its savings account for longer periods enabling a higher interest rate of return.

**Investment Income- (384% of YTD Budget)-** The College's investment portfolio includes a GIC and Mutual funds. Due to Bank of Canada interest rate increased, the College has benefited with an increased return on its investments.

**Miscellaneous Income- (6518% of YTD Budget)-** This quarter the College generated a small amount of miscellaneous income from bank charges. At the end of the year this line item exceeded budgeted due to the return of a retainer of \$26,000 from a vendor the College no longer uses.

### Expenses

Total Year-to-Date expenses were \$3,665,995 versus the Year-to-Date budget of \$4,065,650, which is 90% of the year-to-date budgeted expenses at the end of the fiscal year. This has resulted in a favorable variance of \$399,655.

This quarter all expense line items that did not meet annual budgeted targets and line items that are either under or over 10% materiality are noted below, with the exception of salaries and benefits, rent and utilities, equipment maintenance, insurance, audit and printing and postage.

One variance that occurred in Q4 that does not have a year-end discrepancy of 10% materiality is salaries and benefits. At the end of Q4 this line item exceeded budget due to the split of a payroll period that fell between March and April, in which the budget was fully allocated for April. This includes salary, benefits, payroll taxes and the accrual of unused vacation time for staff.

Line Item	2023-2024				2022-2023	
	Year to Date Actual Expenses at Q4	Year to Date Budget at Q4	Q4 actual as % of Budget at Q4	Actual Expenses at Q4	Budget at Q4	Q4 actual % of Budget at Q4
Office and General	\$64,566	\$53,928	68% of budget	\$59,854	\$53,169	24% of budget
Consulting Fees-General	\$12,436	\$41,350	39% of budget	\$61,190	\$37,400	33% of budget
Consulting Fees Inquires and Complaints	\$22,773	\$32,250	49% of budget	\$47,945	\$32,250	20% of budget
Consulting Fees-Assessors/ Inspectors	\$7,900	\$18,500	66% of budget	\$10,689	\$17,400	26% of budget
Exam Fees and Expenses	\$89,863	\$69,899	79% of budget	\$61,262	\$58,747	7% of budget
Legal Fees-General	\$5,586	\$14,400	71% of budget	\$3,373	\$11,358	65% of budget
Legal Fees-Complaints	\$18,469	\$19,000	49% of budget	\$23,934	\$16,700	27% of budget

Legal Fees-Discipline	\$114,092	\$80,000	89% of budget	\$27,928	\$75,000	26% of budget
Council Fees and Expenses	\$13,661	\$27,620	75% of budget	\$15,176	\$61,377	33% of budget
Hearings	\$8,950	\$19,115	81% of budget	\$6,075	\$10,950	2% of budget
Public Education	\$29,427	\$14,870	84% of budget	\$14,250	\$58,213	24% of budget
Education and Training	\$1,434	\$500	75% of budget	\$3,453	\$500	54% of budget

**Office and General (68% of YTD Budget)-** At the end of Q4, with the College continuing to work on a hybrid model, less fees are being incurred for office supplies, copies/printing and janitorial services.

**Consulting Fees- General (39% of YTD Budget)-** This line item represents consulting fees for each program area with the exception of Inquiries and Complaints and Inspectors/Assessors. The cost savings experienced in this program area was due to the postponement of developmental work to our database to include “Emergency Class” and “Risk Indicator” programming.

**Consulting Fees- Inquiries and Complaints (49% of YTD Budget)-** This line represents the costs of external investigators retained by the College on behalf of the ICRC. Each year the College receives approximately 20 complaints and initiates another 20 of its own Registrar (CEO) investigations. This year the College received 16 new complaints and initiated five reports. Two matters were returned by the Health Professions Appeal and Review Board

**Consulting Fees- Assessors and Inspectors (66% of YTD Budget)-** This quarter there was one peer and practice assessment completed and 5 new premises and one 5-year inspection. The fees for assessors and inspectors was lower than budgeted due to number of inspections conducted.

**Exam Fees and Expenses (79% of YTD Budget)-** This program experienced cost savings in several line items including examiner per diems, examiner meal allowances, legal fees and supplies due to smaller exam sittings including the Ontario IVIT exam.

**Legal Fees-General (71% of YTD Budget)-** This quarter the costs of legal fees throughout the various departments have been low or have not been incurred by certain programs including: Quality Assurance, Inspections and Risk.

**Legal Fees- Complaints (49% of YTD Budget)-** This quarter the College opened eight new complaints and closed three complaints. There were no new Registrar (CEO) Investigations initiated this reporting period and one Registrar (CEO) Investigation was closed. Cost savings in this line item is due to the number of complaints that were resolved internally by College staff.

**Legal Fees-Discipline (89% of YTD Budget)-** In this quarter a total of two contested hearings remain ongoing and will be rolling into the next fiscal year. At the end of the fiscal year, the cost savings in this line item were due to the availability of all parties and scheduling of hearing dates.

**Council Fees and Expenses (75% of YTD Budget)**- The budgets for Council and each Committee are budgeted based on the number of members with the assumption that each member attends each meeting. This year cost savings were experienced due to the number of per diems claimed and due to no meetings being held for the Executive Committee and the Risk Committee.

**Hearings (81% of YTD Budget)**- There were two contested hearings held in Q4 that will be continuing to the next fiscal year. A total of six days of hearings were held. Due to the contested hearings rolling into next fiscal year, costs allocated to the translation of Decisions and Reasons for each are postponed until each hearing is completed.

**Public Education (84% of YTD Budget)** – This quarter the program area had some website work performed by our new vendor. Cost savings in this program were primarily due to translations.

**Education and Training (75% of YTD Budget)** – This quarter the remaining balance of the CCDI invoice was paid for staff training with the Canadian Centre for Diversity and Inclusion (CCDI) and the payment of a course for a staff member. This line item was not fully used due to some staff either attending complimentary education sessions or staff opting not to participate in any paid training and development courses this year.

### Capital Expenditures

This quarter there was one purchase made for office furniture for storage as a result of opting not to proceed with any construction to build fixed cabinetry for storage. At the end of the fiscal year, there were no monies used for leasehold improvements due to costs and additional monies that were not budgeted for office furniture were used as a substitute. Our IT budget is used annually to replace end-of-life equipment and new equipment in accordance with the Human Resources plan.

### Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q4 are 99% of the budget, whereas expenses against budget ended the year at 90%. At the end of the year the College ended with a small surplus of \$24,198.

Total Revenue	\$3,709,535
Total Capital Expenses	(\$19,342)
Total Expenses	<u>(\$3,665,995)</u>
Year End Total	\$24,198

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 March 31, 2024****100% of Fiscal Year****ASSETS**

Chequing / Savings		
Bank - Operating Funds	\$	1,632,842.63
Bank - Savings	\$	209,828.27
Petty Cash	\$	500.00
Refund Clearing	\$	-
<i>Total Chequing / Savings</i>		<u>\$ 1,843,170.90</u>
Accounts Receivable		
Accounts Receivable	\$	1,513,327.33
Allowance for Doubtful Accounts	\$	(43,015.68)
Ordered DC Costs	\$	100,728.04
<i>Total Accounts Receivable</i>		<u>\$ 1,571,039.69</u>
Other Current Assets		
Prepaid Expenses	\$	112,979.26
Investment in Mutual funds	\$	1,669,050.25
Accrued Interest	\$	8,233.51
Investment in GIC	\$	515,388.75
<i>Total Other Current Assets</i>		<u>\$ 2,305,651.77</u>
Fixed Assets		
Construction	\$	-
Computer Equipment	\$	101,245.75
Furniture and Fixtures	\$	157,256.73
Accumulated Amortn - Computers	\$	(77,084.94)
Accumulated Amortn - Furniture	\$	(133,328.33)
<i>Total Fixed Assets</i>		<u>\$ 48,089.21</u>

**TOTAL ASSETS****\$ 5,767,951.57****LIABILITIES AND EQUITY**

Accounts Payable		
Accounts Payable	\$	154,595.45
Credit cards	\$	(894.30)
<i>Total Account Payable</i>		<u>\$ 153,701.15</u>
Other Current Liabilities		
Accrued Liabilities	\$	187,388.32
Accrued Liabilities-Discipline	\$	21,445.00
Deferred Income	\$	3,112,714.99
Deferred Income-Exam	\$	35,200.00
HST Payable	\$	338,824.21
<i>Total Current Liabilities</i>		<u>\$ 3,695,572.52</u>
Equity		
Retained Earnings	\$	(332,159.76)
Patient Relations Fund	\$	85,575.13
Business Continuity Fund	\$	1,083,877.00
Investigations and Hearing Fund	\$	1,004,246.00
Succession Planning Fund	\$	50,000.00
Current Earnings	\$	27,139.53
<i>Total Equity</i>		<u>\$ 1,918,677.90</u>

**TOTAL LIABILITIES AND EQUITY****\$ 5,767,951.57**



The College of Naturopaths of Ontario

Analysis of Statement of Operations for Q4 commencing January 01, 2024 to March 31, 2024

	Q4						12 MONTH ENDING MARCH 31, 2024				ANNUAL BUDGET	% OF BUDGET REC'D AND/OR SPENT
	Jan-Mar'24 Budget	Jan-Mar'24 Actual	BUDGET FAV (UNFAV) VARIANCE		Jan-Mar'23 Actual	Jan-Mar'23 FAV (UNFAV) VARIANCE	YTD Budget	YTD Actual	BUDGET FAV (UNFAV) VARIANCE			
	\$'s	\$'s			\$'s		\$'s	\$'s				
Revenue			\$	%		\$			\$	%	\$	%
Registration and Member Renewals	15,549	10,167	(5,382)	65%	236,640	225,730	3,049,041	3,134,941	85,900	103%	3,049,041	103%
Examination Fees	51,875	37,175	(14,700)	72%	20,700	(39,100)	337,625	306,625	(31,000)	91%	337,625	91%
Deferred Capital Funding	-	-	-	0%	-	-	-	-	-	0%	-	0%
Incorporation Fees	7,600	13,284	5,684	175%	8,700	4,050	29,000	37,839	8,839	130%	29,000	130%
Ordered Costs Recovered	45,000	-	(45,000)	0%	1,700	(43,300)	135,000	4,338	(130,662)	3%	135,000	3%
Inspection Fees	42,500	14,700	(27,800)	35%	23,600	(18,900)	170,000	109,800	(60,200)	65%	170,000	65%
Interest	600	2,094	1,494	349%	1,570	970	2,400	20,000	17,600	833%	2,400	833%
Investment Income	3,500	18,256	14,756	522%	14,860	13,960	18,200	69,922	51,722	384%	18,200	384%
Miscellaneous Income	100	35	(65)	35%	1,188	1,188	400	26,070	25,670	6518%	400	6518%
Total Revenue	166,724	95,711	(71,013)	57%	308,958	144,598	3,741,666	3,709,535	(32,131)	99%	3,741,666	99%
Expenses												
Salaries and Benefits	473,790	670,083	(196,293)	141%	515,612	(63,290)	2,112,864	2,186,626	(73,762)	103%	2,112,864	103%
Rent and Utilities	51,600	45,605	5,995	88%	65,841	5,903	191,300	180,090	11,210	94%	191,300	94%
Office and General	53,928	64,566	(10,638)	120%	59,854	(6,685)	258,173	176,181	81,992	68%	258,173	68%
Consulting Fees-General	41,350	12,436	28,914	30%	61,190	(23,790)	57,750	22,492	35,258	39%	57,750	39%
Consulting Fees-Complaints and Inquires	32,250	22,773	9,477	71%	47,945	(15,695)	132,000	64,766	67,234	49%	132,000	49%
Consulting Fees-Assessors/Inspectors	18,500	7,900	10,600	43%	10,689	6,711	65,000	42,928	22,072	66%	65,000	66%
Exam Fees and Expenses	69,899	89,863	(19,964)	129%	61,262	(2,515)	319,283	253,665	65,618	79%	319,283	79%
Legal Fees-General	14,400	5,586	8,814	39%	3,373	7,985	28,400	20,075	8,325	71%	28,400	71%
Legal Fees-Complaints	19,000	18,469	531	97%	23,934	(7,234)	104,000	51,299	52,701	49%	104,000	49%
Legal Fees-Discipline	80,000	114,092	(34,092)	143%	27,928	47,072	300,000	267,579	32,421	89%	300,000	89%
Council Fees and Expenses	27,620	13,661	13,958	49%	15,176	46,201	193,694	145,861	47,833	75%	193,694	75%
Hearings (Discipline, Fitness to Practice)	19,115	8,950	10,165	47%	6,075	4,875	42,945	34,946	7,999	81%	42,945	81%
Amortization/Depreciation	28,425	11,759	-	41%	21,425	3,284	28,425	11,759	-	41%	28,425	41%
Insurance	-	-	-	0%	-	-	36,000	33,448	2,552	93%	36,000	93%
Equipment Maintenace	12,690	13,039	(349)	103%	11,671	1,031	50,960	50,530	430	99%	50,960	99%
Audit Fees	-	17,000	(17,000)	100%	16,400	(16,400)	17,000	17,000	-	100%	17,000	100%
Public Education	14,870	29,427	(14,557)	198%	14,250	43,963	112,555	95,055	17,500	84%	112,555	84%
Education and Training	500	1,434	(934)	287%	3,453	(2,953)	13,975	10,450	3,525	75%	13,975	75%
Printing and Postage	326	294	33	90%	751	(503)	1,327	1,246	81	94%	1,327	94%
Total Expenses	958,262	1,146,937	(188,675)	120%	966,831	28,113	4,065,650	3,665,995	399,655	90%	4,065,650	90%
Total Revenue over Expenses	(791,538)	(1,051,225)	117,662	133%	(657,873)	116,485	(323,984)	43,540	(431,786)	-13%	(323,984)	



## The College of Naturopaths of Ontario

## Statement of Operations

	2023-2024			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Mar'24 Budget
<b>REVENUES</b>				
Registration and member renewal fees	\$ 3,049,041	\$ 3,134,941	103%	\$ 3,049,041
Examination fees	\$ 337,625	\$ 306,625	91%	\$ 337,625
Deffered capital funding	\$ -	\$ -	0%	\$ -
Incorporation fees	\$ 29,000	\$ 37,839	130%	\$ 29,000
Ordered costs recovered	\$ 135,000	\$ 4,338	3%	\$ 135,000
Inspection fees	\$ 170,000	\$ 109,800	65%	\$ 170,000
Interest	\$ 2,400	\$ 20,000	833%	\$ 2,400
Investment Income	\$ 18,200	\$ 69,922	384%	\$ 18,200
Miscellenous	\$ 400	\$ 26,070	6518%	\$ 400
<b>TOTAL REVENUES</b>	\$ 3,741,666	\$ 3,709,535		\$ 3,741,666
<b>EXPENSES</b>				
Salaries and benefits	\$ 2,112,864	\$ 2,186,626	103%	\$ 2,112,864
Rent and utilities	\$ 191,300	\$ 180,090	94%	\$ 191,300
Office and general	\$ 258,173	\$ 176,181	68%	\$ 258,173
Consulting fees				
Consultants - general	\$ 57,750	\$ 22,492	39%	\$ 57,750
Consultants - complaints and inquiries	\$ 132,000	\$ 64,766	49%	\$ 132,000
Consultants - assessors/inspectors	\$ 65,000	\$ 42,928	66%	\$ 65,000
Exam fees and expenses	\$ 319,283	\$ 253,665	79%	\$ 319,283
Legal fees				
Legal fees - general	\$ 28,400	\$ 20,075	71%	\$ 28,400
Legal fees - complaints	\$ 104,000	\$ 51,299	49%	\$ 104,000
Legal fees - discipline	\$ 300,000	\$ 267,579	89%	\$ 300,000
Council fees and expenses	\$ 193,694	\$ 145,861	75%	\$ 193,694
Hearings (Discipline, Fitness to Practise)	\$ 42,945	\$ 34,946	81%	\$ 42,945
Amortization/Depreciation	\$ 28,425	\$ 11,759	41%	\$ 28,425
Insurance	\$ 36,000	\$ 33,448	93%	\$ 36,000
Equipment maintenance	\$ 50,960	\$ 50,530	99%	\$ 50,960
Audit fees	\$ 17,000	\$ 17,000	100%	\$ 17,000
Public education	\$ 112,555	\$ 95,055	84%	\$ 112,555
Education and training	\$ 13,975	\$ 10,450	75%	\$ 13,975
Postage & Courier	\$ 1,327	\$ 1,246	94%	\$ 1,327
<b>TOTAL EXPENSES</b>	\$ 4,065,650	\$ 3,665,995		\$ 4,065,650
<b>EXCESS OF REVENUES OVER EXPENSES</b>	\$ (323,984)	\$ 43,540		\$ (323,984)



2023-24 Capital Statement

Line Item	Total Budget (April 2023-March 2024)	April	May	June	July	August	September	October	November	December	January	February	March	YTD Actual	Balance
Computer Equipment	\$14,000.00		\$4,939.92			\$2,367.21					\$1,518.98		\$3,309.30	\$12,135.41	\$1,864.59
Furniture & Fixtures	\$3,000.00										\$3,603.33		\$3,603.32	\$7,206.65	-\$4,206.65
Leasehold Improvement	\$30,000.00													\$0.00	\$30,000.00
Total	\$47,000.00													\$19,342.06	\$27,657.94



The College of Naturopaths of Ontario

# MEMORANDUM

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**DATE:** May 22, 2024

**TO:** Council members

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

**RE:** Committee Terms of Reference and GP13-19 Inclusive

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The Governance Policy Review Committee (GPRC) has been undertaking a review of the Committee Terms of Reference for all committees established under GP06-Committee Principles. The Committee has also been following its regular schedule of review of all governance policies and has just completed a review of policies GP13-19 inclusive. I am pleased to report to the Council on both matters today.

## Committee Terms of Reference

Council members will recall that the GPRC brought forward some important questions to the Council about its preferred approach to matters relating to the Committee Terms of Reference at its January 2024 meeting. The Council decisions made at that meeting were subsequently incorporated into the Committee terms of reference and draft amendments provided to each committee for feedback.

At the GPRC meeting on May 7, 2024, the Committee received the feedback from the Committees and reviewed that feedback in the context of the Council's feedback from January and the general language standards set by the College. As a result of this work, we are pleased to present today a package that includes proposed changes to each Committee Terms of Reference associated with GP06 – Committee Principles, with the exception of the Risk Committee which I will address momentarily.

In general terms, the changes that are being proposed include the following:

- All statutory committees have consistently been given the authority to administer the programs for which they are responsible. This means that program policies surrounding programs such as registration, examinations, patient relations and quality assurance will no longer be brought to the Council for approval. Any changes will, however, be provided as part of the Council's consent agenda to enable transparency with and oversight by the Council.
- The level of detail that has been included in the Committee responsibilities has been reduced to ensure clarity and refrain from micromanagement. Any activity relating to the administration (but not operation) of the programs is assumed to be part of the Committee responsibilities.
- Where a Committee also works in panels, the role of the Committee has been distinguished from that of the panels in the responsibilities section. This allows closer

alignment of composition and quorum requirements with the Code and expeditious handling of matters pertaining to the Registrants.

- As directed by the Council, quorum requirements for the Committees will continue to require the participation of a Public member or Public Representative, unless a matter is urgent in which case the Chair has the discretion to allow the committee to move forward.
- Consistent approaches have been incorporated elsewhere. For example, wording around the Vice-Chair, if one is appointed, assuming the role of Chair of a meeting if the Chair is not available has been included throughout. Similarly, the language and spelling of certain words has been made consistent with the by-laws (though not always appreciated by the Committees).

I would take this opportunity to thank the Committees for their feedback. We recognize that we added a bit to their workload, however, the feedback was highly beneficial as items that might have been missed were caught during that review.

A copy of each amended term of reference is attached with track changes provided along with a clean copy of the changes assuming they are accepted. This makes the proposed final version easier to read.

<b>Committee</b>	<b>Redlined version page</b>	<b>Clean version page</b>
CC01.06 – Audit	5-6	7-8
CC03.08 – Examination Appeals	9-10	11-12
CC04.07 – Governance	13-15	16-18
CC05.07 – Inspection	19-21	22-23
CC06.06 – Governance Policy Review	24-25	26-27
CC07.03 – Standards	28-29	30-31
CC08.04 – Equity, Diversity, Inclusion & Belonging	32-33	34-35
SC01.08 – Discipline	36-38	39-40
SC02.05 – Executive	41-42	43-44
SC03.08 – Fitness to Practice	45-47	48-49
SC04.08 – Inquiries, Complaints and Reports	50-52	53-55
SC05.08 – Quality Assurance	56-58	59-60
SC06.08 – Patient Relations	61-63	64-65
SC07.08 – Registration	66-68	69-71

With respect to the Risk Committee, the GPRC was reluctant to bring forward changes that had been proposed by staff alone because the Committee has not met. The GPRC was of the view that the Council should benefit from future committee member participation in a review of the terms of reference along with the knowledge and experience of staff. The GPRC has enquired and has been assured that this committee will be fully operationalized in the current planning year.

#### Recommendation #1

The GPRC is recommending that the Council approve the proposed changes to the Committee Terms of Reference attached to GP06-Committee Principles as presented.

## **GP13-19 Inclusive**

Although the Council has its Annual Schedule for reviewing the various governance policies, the GPRC has adopted a more extended process to allow it to review the policies less frequently but in great depth and detail. While the Committee is continuing to support the Council in its review of policies, it will also be providing to each Council meeting any proposed changes the Committee has identified during its review.

At its May meeting, the GPRC reviewed Governance Process Policies (GP) 13-19 inclusive. Our review has identified a number of changes to these policies as follows.

### GP13.03 - Intellectual Property

Two relative minor changes are proposed. The first is correction of a typographical error in the introduction and the second is adding “on behalf of the College” to the end of paragraph 3 to ensure clarity about to whom any patent or copyright would belong. A redlined version is found at page 72 of this package.

### GP14.03 – Council Business Meetings

Once again, minor changes are proposed by the GPRC to add clarity to this policy. In paragraph 1, item (d) would be deleted as it is subsumed in item (b). In paragraph 2(b), reference to the Executive Committee is changed to Officers to be consistent with the by-laws and election of officers who together form the Executive Committee. Paragraph 4 has been clarified to ensure that the reference to “regulations” referred to the Regulations made under the Act. A redlined version is found at page 73 of this package.

### GP15.04 – Linkage with Public and Registrants

Minor changes to the introduction in the policy are being proposed to bring added clarity. A redlined version is found at page 75 of this package.

### GP16.04 – Governance Evaluation

At its January 2024 meeting, the Council received a joint recommendation from the CEO and the external consultancy about changes to the governance evaluation program. The Council accepted the proposed changes. This required that changes be made to the policy itself to reflect that the evaluation program now occurs over a two year cycle, one year for Council alone and the second year solely for Committees. A redlined version is found at page 76 of this package.

### GP17.03 – CEO Replacement

Once minor change to the second paragraph of the policy is proposed to ensure alignment between the first and second paragraphs. A redlined version is found at page 78 of this package.

### GP18.07 – Per Diems and Expenses

Extensive changes have been proposed by the GPRC, in concert with the CEO, in an effort to enhance the clarity of the policy. Several new definitions are added, including some which align with another item on the Council May agenda (proposed by-law changes). Apart from simplifying some of the language and removing examples as being extraneous to the policy, the largest change relates to the amount of time anticipated in a full-day, the inclusion of travel time within that time allotment and when and how claims can be made for an extended workday.



Another important change to this policy is the institution of an absolute 60-day deadline for submission of payment and expenses. The policy, if approved, mandates that any and all submissions after 60-days will be declined by the College and this cannot be reviewed by the Governance Committee. This change arises out of an increasing problem reported by staff where at the end of a fiscal year, volunteers are submitting claims for the full prior 12-month period.

A redlined version is found at page 79 of this package.

#### GP19.05 - CEO Performance Review

The GPRC notes for the Council that the CEO supports the GPRC and that while we rely on his guidance for much of what we do, a conflict of interest was declared by the CEO in respect of this policy. While he did not leave the meeting, he did refrain from providing any feedback on this policy and did note that the CEO Review Panel has consistently sought any feedback on the process from his directly.

Two minor changes are proposed by the GPRC, one to clarify that information and support is provided to new Council members as opposed to training (paragraph 3) and the second change removing the word annually due to it being redundant (paragraph 9). A redlined version is found at page 85 of this package.

#### Recommendation #2

The GPRC is recommending that the Council approved the proposed changes to GP13-19 inclusive as presented.

I will be happy to answer any questions.

Respectfully submitted,

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Audit Committee (CC01.065)	1
		Create Date November 5, 2013

Authority and Accountability	The Audit Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.		
Limitations	The Audit Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.		
Responsibilities	<p>The Audit Committee shall review and make recommendations to the Council for approval with respect to:</p> <ul style="list-style-type: none"><li>• The annual <u>draft</u> financial statements, having discussed them with the Auditors;</li><li>• The Auditor's Report on the annual <u>draft</u> financial statements, and related issues including accounting practices and financial controls;</li><li>• The appointment of the auditors and their fees;</li><li>• Any areas of disagreement between management and the Auditors;</li><li>• The adequacy of the systems of internal control;</li><li>• The financial Executive Limitations policies to ensure compliance;</li><li>• <del>Such other matters that are within the scope of the Audit Committee in accordance with legislation; and</del></li><li>• <del>Review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments:</del><ul style="list-style-type: none"><li>○ <del>Annually, all relevant program policies and related procedures; and</del></li><li>○ <del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li></ul></li></ul>		
Appointment and composition	<p>The Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"><li>• <u>Up to but no more than one Council member,</u></li><li>• <u>One or moreAny number of rRegistrants who are not Council members,- and</u></li><li>• Any number of Public Representatives as defined in the by-laws.</li></ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>		
Term of Office	<p>The Audit Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del></p>		
DATE APPROVED		DATE OF UPDATE	RESPONSIBLE
January 16, 2014		July 27, 2022	Council

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# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Audit Committee (CC01.065)	2
		Create Date November 5, 2013

Meetings	<p>The Audit Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the <u>Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair</u> may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Audit Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide <del>to the Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted <u>on a schedule determined by</u> <del>to the Chief Executive Officer</del> <del>no later than June 1<sup>st</sup> annually for delivery to the Council.</del></p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Audit Committee (CC01.06)	1
		Create Date November 5, 2013

Authority and Accountability	The Audit Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.	
Limitations	The Audit Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.	
Responsibilities	<p>The Audit Committee shall review and make recommendations to the Council for approval with respect to:</p> <ul style="list-style-type: none"> <li>• The annual draft financial statements, having discussed them with the Auditors;</li> <li>• The Auditor's Report on the annual draft financial statements, and related issues including accounting practices and financial controls;</li> <li>• The appointment of the auditors and their fees;</li> <li>• Any areas of disagreement between management and the Auditors;</li> <li>• The adequacy of the systems of internal control;</li> <li>• The financial Executive Limitations policies to ensure compliance;</li> <li>• Such other matters that are within the scope of the Audit Committee in accordance with legislation.</li> </ul>	
Appointment and composition	<p>The Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• Up to but no more than one Council member,</li> <li>• Any number of registrants who are not Council members, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>	
Term of Office	The Audit Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.	
Meetings	<p>The Audit Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>	
DATE APPROVED		DATE OF UPDATE
January 16, 2014		July 27, 2022
		RESPONSIBLE
		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Audit Committee (CC01.06)	2
		Create Date November 5, 2013

Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Audit Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	July 27, 2022	Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.078)	1
		Create Date November 5, 2013

Authority and Accountability	The Examination Appeals Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the bylaws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Examination Appeals Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Examination Appeals Committee shall:</p> <ul style="list-style-type: none"> <li>Advise on and recommend to the Council policies and procedures governing the examination appeals process, <u>such that all recommendations ensure the policies are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment to equity, diversity, inclusion and belonging</u>;</li> <li>Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments;</li> <li>Receive, review and dispose of appeals filed by candidates of all examinations set and approved by the Council, including but not necessarily limited to the following examinations: <ul style="list-style-type: none"> <li>Clinical Sciences,</li> <li>Biomedical,</li> <li>Clinical (Practical),</li> <li>Intravenous Infusion Therapy, and</li> <li>Therapeutic Prescribing; and</li> </ul> </li> </ul> <p><del>Review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments:</del></p> <ul style="list-style-type: none"> <li><del>Annually, all relevant program policies and related procedures; and</del></li> <li><del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li> </ul>
Appointment and composition	<p>The Examination Appeals Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li><u>Up to but no more than one Council member,</u></li> <li><u>Any number of One or more Registrants, and</u></li> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.078)	2 Create Date November 5, 2013

	A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.
Term of Office	The Examination Appeals Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del>
Meetings	The Examination Appeals Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.  In the event that the Committee Chair is unable to preside at a duly called meeting, <del>the Vice-Chair, if one is appointed, shall preside. Otherwise,</del> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Examination Appeals Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.  In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the <del>Chief Executive Officer, Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1 <sup>st</sup> of the previous year to March 31 <sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i> . The Annual Report shall be submitted <del>on a schedule determined by the</del> the Chief Executive Officer <del>no later than June 1<sup>st</sup> annually for delivery to the Council.</del>  The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	July 27, 2022	Council



COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.08)	1
		Create Date November 5, 2013

Authority and Accountability	The Examination Appeals Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the bylaws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Examination Appeals Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Examination Appeals Committee shall:</p> <ul style="list-style-type: none"> <li>• Advise on and recommend to the Council policies and procedures governing the examination appeals process, such that all recommendations ensure the policies are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment to equity, diversity, inclusion and belonging;</li> <li>• Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments;</li> <li>• Receive, review and dispose of appeals filed by candidates of all examinations set and approved by the Council, including but not necessarily limited to the following examinations: <ul style="list-style-type: none"> <li>○ Clinical Sciences,</li> <li>○ Biomedical,</li> <li>○ Clinical (Practical),</li> <li>○ Intravenous Infusion Therapy, and</li> <li>○ Therapeutic Prescribing; and</li> <li>○</li> </ul> </li> </ul>
Appointment and composition	<p>The Examination Appeals Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• Up to but no more than one Council member,</li> <li>• Any number of registrants, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>
Term of Office	The Examination Appeals Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.08)	2
		Create Date November 5, 2013

Meetings	<p>The Examination Appeals Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Examination Appeals Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer, an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.067)	1
		Create Date November 5, 2013

Authority and Accountability	The Governance Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Governance Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Governance Committee shall:</p> <ul style="list-style-type: none"> <li>• Review and make a final ruling on any disputes regarding a Registrant's eligibility to vote in an election (s.10.07 of the bylaws);</li> <li>• Review and make a determination on the acceptability of the biography and personal statement submitted by a candidate for election (s. 10.13 of the bylaws);</li> <li>• Upon the request of the CEO, assist the CEO in the supervision and administration of elections of candidates for the Council (s. 10.16 of the by-laws);</li> <li>• Upon a referral from the Council, hold an inquiry into the validity of the election of a Council member and make a report and recommendations to the Council;</li> <li>• Working with the CEO, develop and maintain a comprehensive volunteer program for Council and Committee members that is acceptable to Council and that <u>provides for</u>: <ul style="list-style-type: none"> <li>○ <del>Provides for a</del> process of recruitment and application for elections and/or appointments to Council and its Committees.</li> <li>○ <del>Provides for a</del> competency-based framework for election and/or appointment to Council and its Committees.</li> <li>○ <del>Provides for an</del> induction program for the assessment of candidates for Council and Council Committees.</li> <li>○ <del>Provides for e</del>Orientation and training of new Council and Committee members appointed by Council.</li> <li>○ <del>Provides for a</del> evaluation process for Council and Committee members.</li> <li>○ <del>Provides for a</del> feedback process for all volunteers.</li> <li>○ <del>Provides for a</del> volunteer recognition program for serving Council and Committee members; <del>and</del></li> </ul> </li> <li>• <u>Review and make a final ruling on any disputes and/or any requests for special consideration for a volunteer's per diem and/or expense (GP18 – Per Diems and Expenses); and</u></li> <li>○ <del>Ensures that all policies and procedures are</del></li> <li>• <del>Review the following to ensure that they are</del> transparent, objective, impartial, <u>and fair</u>, <del>and</del> free of discrimination and bias and <u>support</u></li> </ul>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.067)	2
		Create Date November 5, 2013

	<p><del>the Council's commitment to equity, diversity, inclusion and belonging to make any recommendations to the Council for amendments:</del></p> <ul style="list-style-type: none"> <li><del>Annually, all relevant program policies and related procedures; and</del></li> <li><del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li> </ul>
Appointment and composition	<p>The Governance Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li><del>Up to but no more than one Council member whose district is not open for election in the year on which they sit on the Committee.</del></li> <li>One or more Registrants who are not seeking election to the Council in the year on which they sit on the Committee.</li> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>
Panels	<p>The Governance Committee may meet in panels. Any panel of the Committee shall be appointed by the Committee Chair <del>in accordance with any requirements set out in the Code. When appointing a panel, and shall be comprised of three Committee members at least one of whom shall be a Public member or Public Representative.</del> The Committee Chair shall designate one panel member as the Chair of the Panel.</p>
Term of Office	<p>The Governance Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion. <del>such that no committee member may serve more than nine consecutive years.</del></p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.</p>
Meetings	<p>The Governance Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, <del>the Vice-Chair, if one is appointed, shall preside. Otherwise,</del> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.067)	3
		Create Date November 5, 2013

Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Governance Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for panels	<p>Quorum for a panel of the Governance Committee shall be <u>any two Committee members appointed to the panel in accordance with any requirements set out in the Code.</u></p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the <u>Chief Executive Officer Council</u> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted <u>on a schedule determined by</u> <del>to</del> the Chief Executive Officer <del>no later than June 1<sup>st</sup> annually for delivery to the Council.</del></p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.07)	1
		Create Date November 5, 2013

Authority and Accountability	The Governance Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Governance Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Governance Committee shall:</p> <ul style="list-style-type: none"> <li>• Review and make a final ruling on any disputes regarding a Registrant's eligibility to vote in an election (s.10.07 of the bylaws);</li> <li>• Review and make a determination on the acceptability of the biography and personal statement submitted by a candidate for election (s. 10.13 of the bylaws);</li> <li>• Upon the request of the CEO, assist the CEO in the supervision and administration of elections of candidates for the Council (s. 10.16 of the by-laws);</li> <li>• Upon a referral from the Council, hold an inquiry into the validity of the election of a Council member and make a report and recommendations to the Council;</li> <li>• Working with the CEO, develop and maintain a comprehensive volunteer program for Council and Committee members that is acceptable to Council and that provides for: <ul style="list-style-type: none"> <li>○ A process of recruitment and application for elections and/or appointments to Council and its Committees.</li> <li>○ A competency-based framework for election and/or appointment to Council and its Committees.</li> <li>○ An induction program for the assessment of candidates for Council and Council Committees.</li> <li>○ Orientation and training of new Council and Committee members appointed by Council.</li> <li>○ An evaluation process for Council and Committee members.</li> <li>○ A feedback process for all volunteers.</li> <li>○ A volunteer recognition program for serving Council and Committee members;</li> </ul> </li> <li>• Review and make a final ruling on any disputes and/or any requests for special consideration for a volunteer's per diem and/or expense (GP18 – Per Diems and Expenses); and <ul style="list-style-type: none"> <li>○ Ensures that all policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's commitment to equity, diversity, inclusion and belonging.</li> </ul> </li> </ul>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.07)	2
		Create Date November 5, 2013

Appointment and composition	<p>The Governance Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• Up to but no more than one Council member whose district is not open for election in the year on which they sit on the Committee,</li> <li>• One or more registrants who are not seeking election to the Council in the year on which they sit on the Committee.</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>
Panels	<p>The Governance Committee may meet in panels. Any panel of the Committee shall be appointed by the Committee Chair and shall be comprised of three Committee members at least one of whom shall be a Public member or Public Representative. The Committee Chair shall designate one panel member as the Chair of the Panel.</p>
Term of Office	<p>The Governance Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.</p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.</p>
Meetings	<p>The Governance Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Governance Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for panels	<p>Quorum for a panel of the Governance Committee shall be any two Committee members appointed to the panel.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 31, 2023	Council



COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.07)	3
		Create Date November 5, 2013

Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 16, 2014	May 31, 2023	Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inspection Committee (CC05.076)	1
		Create Date January 15, 2016

Authority and Accountability	The Inspection Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Inspection Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Inspection Committee shall:</p> <ul style="list-style-type: none"> <li>Advise on and recommend to the Council the requirements for, and policies and procedures relating to, the Inspection Program of the College, <u>ensuring that the policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's commitment to equity, diversity, inclusion and belonging;</u></li> <li>Appoint and ensure the <u>appointment and training of appropriate individuals as inspectors are undertaken by the Chief Executive Officer;</u></li> <li>Ensure that adequate inspections are undertaken and completed in a timely way using appropriate tools and mechanisms;</li> <li>Determine, after reviewing inspection reports and other material referred to in Part IV of the General Regulation: <ul style="list-style-type: none"> <li>Whether the premises pass, pass with conditions, or fail;</li> <li>Specify the conditions that shall be attached to each "pass with conditions";</li> <li>Deliver written reports as required;</li> <li>Direct the Registrar to refer a Registrant to the Quality Assurance Committee, if the result of an inspection report made by the Committee finds that a member's knowledge, skill or judgment is unsatisfactory; and</li> <li>Direct the Registrar to refer a Registrant to the Inquiries, Complaints and Reports Committee, if the result of an inspection report made by the College finds that a member may have committed an act of professional misconduct or may be incompetent or incapacitated; and</li> </ul> </li> <li><u>Bi-annually Review Part IV of the General Regulation made under the Naturopathy Act, 2007 and make recommendations to the Council on any necessary amendments, the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments:</u></li> <li><u>Annually, all relevant program policies and related procedures; and</u></li> <li><u>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</u></li> </ul>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 27, 2016	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inspection Committee (CC05.076)	2
		Create Date January 15, 2016

Appointment and composition	<p>The Inspection Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• <del>Up to but no more than one or more</del> Council members.</li> <li>• One or more <del>r</del>Registrants who are not Council <del>m</del>Members and who have met the Standard of Practice on Prescribing and the Standard of Practice on Intravenous Infusion Therapy established in the General Regulation.</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>
Term of Office	<p>The Inspection Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del></p>
Meetings	<p>The Inspection Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, <del>the Vice-Chair, if one is appointed, shall preside. Otherwise,</del> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Inspection Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the <del>Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted <del>on a schedule determined by the</del> Chief Executive Officer <del>no later than June 1<sup>st</sup> annually for delivery to the Council.</del></p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 27, 2016	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inspection Committee (CC05.076)	3
		Create Date January 15, 2016

	The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 27, 2016	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inspection Committee (CC05.07)	1
		Create Date January 15, 2016

Authority and Accountability	The Inspection Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Inspection Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Inspection Committee shall:</p> <ul style="list-style-type: none"> <li>• Advise on and recommend to the Council the requirements for, and policies and procedures relating to, the Inspection Program of the College, ensuring that the policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's commitment to equity, diversity, inclusion and belonging;</li> <li>• Ensure the appointment and training of individuals as inspectors are undertaken by the Chief Executive Officer;</li> <li>• Ensure that adequate inspections are undertaken and completed in a timely way using appropriate tools and mechanisms;</li> <li>• Determine, after reviewing inspection reports and other material referred to in Part IV of the General Regulation: <ul style="list-style-type: none"> <li>○ Whether the premises pass, pass with conditions, or fail;</li> <li>○ Specify the conditions that shall be attached to each "pass with conditions";</li> <li>○ Deliver written reports as required;</li> <li>○ Direct the Registrar to refer a Registrant to the Quality Assurance Committee, if the result of an inspection report made by the Committee finds that a member's knowledge, skill or judgment is unsatisfactory; and</li> <li>○ Direct the Registrar to refer a Registrant to the Inquiries, Complaints and Reports Committee, if the result of an inspection report made by the College finds that a member may have committed an act of professional misconduct or may be incompetent or incapacitated; and</li> </ul> </li> <li>• Bi-annually review Part IV of the General Regulation made under the <i>Naturopathy Act, 2007</i> and make recommendations to the Council on any necessary amendments.</li> </ul>
Appointment and composition	<p>The Inspection Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• Up to but no more than one Council member.</li> <li>• One or more registrants who are not Council members and who have met the Standard of Practice on Prescribing and the Standard</li> </ul>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 27, 2016	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inspection Committee (CC05.07)	2
		Create Date January 15, 2016

	<p>of Practice on Intravenous Infusion Therapy established in the General Regulation.</p> <ul style="list-style-type: none"> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>
Term of Office	The Inspection Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.
Meetings	<p>The Inspection Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Inspection Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 27, 2016	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Policy Review Committee (CC06.056)	1
		Create Date August 18, 2020

Authority and Accountability	The Governance Policy Review Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Governance Policy Review Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Governance Policy Review Committee shall be responsible for the development, maintenance, and regular review of the Council's governance policies. As such, it shall:</p> <ul style="list-style-type: none"> <li>Establish and maintain a process for the identification of non-substantive changes to policies and present proposed amendments to Council based on these;</li> <li>Solicit comments from Council members in advance of each Council meeting on the set of policies that will be the subject of a detailed review;</li> <li>Review all comments received and, where appropriate, lead the discussion at the Council meeting relating to all policies including but not necessarily limited to those that are the subject of a detailed review;</li> <li>Propose any amendments to any of the Council's governance policies and lead the development of any new policies, either as requested by the Council, Council Chair or as recommended by the Chief Executive Officer (CEO); and</li> <li><del>Ensure that all policies Review the following to ensure that they</del> are transparent, objective, impartial, <u>and</u> fair, <del>and</del> free of discrimination and bias and <u>support the Council's commitment to equity, diversity, inclusion and belonging to make any recommendations to the Council for amendments:</u> <ul style="list-style-type: none"> <li><del>Annually, all relevant program policies and related procedures;</del> and</li> <li><del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li> </ul> </li> </ul>
Appointment and composition	<p>The Governance Policy Review Committee shall be appointed by the Council and shall be comprised of no fewer than two but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li><u>Up to but no more than one Council member,</u></li> <li>Any number of <del>R</del>registrants, <u>and</u></li> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
September 9, 2020	May 31, 2023	Council



COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Policy Review Committee (CC06.056)	2
		Create Date August 18, 2020

	A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.
Term of Office	The Governance Policy Review Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del>
Meetings	The Governance Policy Review Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.  In the event that the Committee Chair is unable to preside at a duly called meeting, <del>the Vice-Chair, if one is appointed, shall preside. Otherwise,</del> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Governance Policy Review Committee shall be two members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.  In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the <del>Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1 <sup>st</sup> of the previous year to March 31 <sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i> . The Annual Report shall be submitted <del>on a schedule determined by</del> <u>to the Chief Executive Officer</u> <del>no later than June 1<sup>st</sup> annually for delivery to the Council.</del>  The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
September 9, 2020	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Policy Review Committee (CC06.06)	1
		Create Date August 18, 2020

Authority and Accountability	The Governance Policy Review Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Governance Policy Review Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Governance Policy Review Committee shall be responsible for the development, maintenance, and regular review of the Council's governance policies. As such, it shall:</p> <ul style="list-style-type: none"> <li>• Establish and maintain a process for the identification of non-substantive changes to policies and present proposed amendments to Council based on these;</li> <li>• Solicit comments from Council members in advance of each Council meeting on the set of policies that will be the subject of a detailed review;</li> <li>• Review all comments received and, where appropriate, lead the discussion at the Council meeting relating to all policies including but not necessarily limited to those that are the subject of a detailed review;</li> <li>• Propose any amendments to any of the Council's governance policies and lead the development of any new policies, either as requested by the Council, Council Chair or as recommended by the Chief Executive Officer (CEO); and <ul style="list-style-type: none"> <li>○ Ensure that all policies are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's commitment to equity, diversity, inclusion and belonging.</li> </ul> </li> </ul>
Appointment and composition	<p>The Governance Policy Review Committee shall be appointed by the Council and shall be comprised of no fewer than two but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• Up to but no more than one Council member,</li> <li>• Any number of registrants, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
September 9, 2020	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Policy Review Committee (CC06.06)	2
		Create Date August 18, 2020

Term of Office	The Governance Policy Review Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.
Meetings	<p>The Governance Policy Review Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Governance Policy Review Committee shall be two members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
September 9, 2020	May 31, 2023	Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Standards Committee (CC07.032)	1 Create Date October 14, 2020

Authority and Accountability	The Standards Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.						
Limitations	The Standards Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.						
Responsibilities	<p>The Standards Committee shall:</p> <ul style="list-style-type: none"><li>• Develop, undertake consultations on, and approve the Standards of Practice of the profession.</li><li>• Develop, undertake consultations on, and approve Guidelines governing the practice of the profession.</li><li>• Develop, undertake consultations on, and approve policies governing the practice of the profession.</li><li>• Review and respond, as appropriate, to requests from other regulatory authorities for comments on draft standards and guidelines under consultation.</li><li>• <del>Ensure that all standards, guidelines and policies</del> <u>Review the following to ensure that they</u> are transparent, objective, impartial, <u>and fair,</u> and free of discrimination and bias and <u>support the Council's commitment to equity, diversity, inclusion and belonging</u> <del>to make any recommendations to the Council for amendments:</del></li><li>• <del>Annually, all relevant program policies and related procedures; and</del></li><li>• <del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li></ul>						
Appointment and composition	<p>The Standards Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"><li>• <u>Up to but no more than one Council member,</u></li><li>• <del>One or more</del>Any number of <del>Registrants,</del> <u>at least one of whom has,</u></li><li>• <del>One or more Registrants who have</del> met the Standard of Practice on Prescribing and the Standard of Practice on Intravenous Infusion Therapy established in the General Regulation, <u>and</u></li><li>• Any number of Public Representatives as defined in the by-laws.</li></ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>						
Exclusions	<p>Any person who is appointed to the following Committees shall not be eligible for appointment to the Standards Committee:</p> <ol style="list-style-type: none"><li>1. Discipline Committee.</li></ol>						
<table><tr><th>DATE APPROVED</th><th>DATE OF UPDATE</th><th>RESPONSIBLE</th></tr><tr><td>January 27, 2021</td><td>July 27, 2022</td><td>Council</td></tr></table>		DATE APPROVED	DATE OF UPDATE	RESPONSIBLE	January 27, 2021	July 27, 2022	Council
DATE APPROVED	DATE OF UPDATE	RESPONSIBLE					
January 27, 2021	July 27, 2022	Council					

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Standards Committee (CC07.032)	2 Create Date October 14, 2020

	2. Inquiries, Complaints and Reports Committee.
Term of Office	The Standards Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del>
Meetings	The Standards Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.  In the event that the Committee Chair is unable to preside at a duly called meeting, <del>the Vice-Chair, if one is appointed, shall preside. Otherwise,</del> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Standards Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.  In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the <del>Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1 <sup>st</sup> of the previous year to March 31 <sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i> . The Annual Report shall be submitted <del>on a schedule determined by the</del> Chief Executive Officer <del>no later than June 1<sup>st</sup> annually for delivery to the Council.</del>  The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 27, 2021	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Standards Committee (CC07.03)	1
		Create Date October 14, 2020

Authority and Accountability	The Standards Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Standards Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Standards Committee shall: <ul style="list-style-type: none"> <li>• Develop, undertake consultations on, and approve the Standards of Practice of the profession.</li> <li>• Develop, undertake consultations on, and approve Guidelines governing the practice of the profession.</li> <li>• Develop, undertake consultations on, and approve policies governing the practice of the profession.</li> <li>• Review and respond, as appropriate, to requests from other regulatory authorities for comments on draft standards and guidelines under consultation.</li> <li>• Ensure that all standards, guidelines and policies are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's commitment to equity, diversity, inclusion and belonging.</li> </ul>
Appointment and composition	The Standards Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: <ul style="list-style-type: none"> <li>• Up to but no more than one Council member,</li> <li>• Any number of registrants, at least one of whom has met the Standard of Practice on Prescribing and the Standard of Practice on Intravenous Infusion Therapy established in the General Regulation, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.
Exclusions	Any person who is appointed to the following Committees shall not be eligible for appointment to the Standards Committee: <ol style="list-style-type: none"> <li>1. Discipline Committee.</li> <li>2. Inquiries, Complaints and Reports Committee.</li> </ol>
Term of Office	The Standards Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 27, 2021	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Standards Committee (CC07.03)	2
		Create Date October 14, 2020

Meetings	<p>The Standards Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Standards Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
January 27, 2021	July 27, 2022	Council



# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Equity, Diversity, <del>Inclusion</del> and <del>Belonging</del> <del>Inclusion</del> Committee (CC08.043)	1 Create Date May 26, 2021

Authority and Accountability	The Equity, Diversity, <del>and</del> <del>Inclusion</del> <del>and</del> <del>Belonging</del> Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Equity, Diversity, <del>and</del> <del>Inclusion</del> <del>and</del> <del>Belonging</del> Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	Working closely with the CEO and senior staff, the Equity, Diversity, <del>and</del> <del>Inclusion</del> <del>and</del> <del>Belonging</del> Committee shall <del>support the development and maintenance</del> in a program of equity, diversity, <del>and</del> <del>inclusion</del> <del>and</del> <del>belonging, including that ensures that:</del> <ul style="list-style-type: none"> <li>• <del>Appropriate p</del>Policies <del>that</del> are developed <del>and</del>, approved by the Council <del>and implemented that are transparent, objective, impartial and fair, free of bias, discrimination and racism and</del> reflect the values of the Council and its commitment to equity, diversity, inclusion <del>and belonging and an environment that is free of bias, discrimination and racism;</del></li> <li>• All <del>efforts to recruit recruitment of</del> volunteers to work with the College <del>is one that is based on are</del> equitable, <del>and support</del> diversity and <del>inclusive of includes</del> every individual who is qualified to participate;</li> <li>• <del>The College's efforts in T</del>training for all volunteers includes <del>s</del> addressing critical issues surrounding equity and inclusion, in particular but not limited to anti-discrimination and anti-bias training; <del>and</del></li> <li>• <del>The Committee's efforts to review The College's the</del> regulatory framework and processes <del>are reviewed to ensure that they are</del> equitable to all individuals within society; <del>and</del></li> <li>• <del>The following are reviewed to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments:</del> <ul style="list-style-type: none"> <li>○ <del>Annually, all relevant program policies and related procedures;</del></li> <li><del>and</del></li> <li>○ <del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li> </ul> </li> </ul>
Appointment and composition	The Equity, Diversity, <del>and</del> <del>Inclusion</del> <del>and</del> <del>Belonging</del> Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: <ul style="list-style-type: none"> <li>• <del>Up to but no more than one Council member,</del></li> <li>• <del>Any number of One or more r</del>Registrants <del>who are not Council members, and</del></li> </ul>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
May 26, 2021	May 31, 2023	Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Equity, Diversity, <del>Inclusion</del> and <del>Belonging Inclusion</del> Committee (CC08.043)	2 Create Date May 26, 2021

	<ul style="list-style-type: none"> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>
Term of Office	The Equity, Diversity, <del>and Inclusion</del> and <del>Belonging</del> Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del>
Meetings	<p>The Equity, Diversity, <del>and Inclusion</del> and <del>Belonging</del> Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, <del>the Vice-Chair, if one is appointed, shall preside. Otherwise,</del> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Equity, Diversity, <del>and Inclusion</del> and <del>Belonging</del> Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the <del>Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted <del>on a schedule determined by the</del> Chief Executive Officer <del>no later than June 1<sup>st</sup> annually for delivery to the Council.</del></p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
May 26, 2021	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Equity, Diversity, Inclusion and Belonging Committee (CC08.04)	1
		Create Date May 26, 2021

Authority and Accountability	The Equity, Diversity, Inclusion and Belonging Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Equity, Diversity, Inclusion and Belonging Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	Working closely with the CEO and senior staff, the Equity, Diversity, Inclusion and Belonging Committee shall support the development and maintenance a program of equity, diversity, inclusion and belonging, including: <ul style="list-style-type: none"> <li>• Policies that are developed and approved by the Council are transparent, objective, impartial and fair, free of bias, discrimination and racism and reflect the values of the Council and its commitment to equity, diversity, inclusion and belonging;</li> <li>• All efforts to recruit volunteers to work with the College are equitable, support diversity and inclusive of every individual who is qualified to participate;</li> <li>• The College's efforts in training for all volunteers include addressing critical issues surrounding equity and inclusion, in particular but not limited to anti-discrimination and anti-bias training; and</li> <li>• The Committee's efforts to review the regulatory framework and processes are equitable to all individuals within society.</li> </ul>
Appointment and composition	The Equity, Diversity, Inclusion and Belonging Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: <ul style="list-style-type: none"> <li>• Up to but no more than one Council member,</li> <li>• Any number of registrants who are not Council members, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.
Term of Office	The Equity, Diversity, Inclusion and Belonging Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.
Meetings	The Equity, Diversity, Inclusion and Belonging Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
May 26, 2021	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Equity, Diversity, Inclusion and Belonging Committee (CC08.04)	2
		Create Date May 26, 2021

	<p>of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Equity, Diversity, Inclusion and Belonging Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
May 26, 2021	May 31, 2023	Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.078)	1 Create Date July 30, 2013

Authority and Accountability	The Discipline Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.		
Limitations	The Discipline Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,		
Responsibilities	<p>The Discipline Committee shall:</p> <ul style="list-style-type: none"><li>• Develop and maintain policies and procedures governing the <del>disciplinary</del> process <u>for adjudicating disciplinary matters referred to it by of the Inquiries, Complaints and Reports CommitteeCollege of Naturopaths of Ontario;</u></li><li>• <u>BiA</u> annually review the Discipline Rules of Procedure;</li><li>• <u>By way of Establish</u> panels <u>appointed by the Committee Chair, and</u> conduct hearings into allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee <del>;</del> <u>and</u></li><li>• <del>Ensure that the policies and procedures Review the following to ensure that they are transparent, objective, impartial, and fair, and free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belongingto make any recommendations to the Council for amendments:</del></li><li>• <del>Annually, all relevant program policies and related procedures; and</del></li><li>• <del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li></ul>		
Appointment and composition	<p>The Discipline Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"><li>• At least one Council member who is a <del>r</del>Registrant and any number of additional <del>r</del>Registrants who are Council members.</li><li>• Two or more <del>Public</del> Council members <u>who are Public members;</u></li><li>• Two or more <del>r</del>Registrants who are not Council members <del>;</del> <u>and</u></li><li>• Any number of Public Representatives as defined in the by-laws.</li></ul> <p><u>The Council shall appoint Aa</u> Committee Chair, and where deemed necessary, <u>by the Council</u> a Committee Vice Chair, <del>shall also be appointed by the Council.</del></p>		
Panels	The Discipline Committee may meet in panels. Any panel of the Discipline Committee shall be appointed by the Committee Chair <u>and shall include a</u>		
DATE APPROVED		DATE OF UPDATE	RESPONSIBLE
July 30, 2013		May 31, 2023	Council

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.078)	2 Create Date July 30, 2013

	<del>minimum of three but no more than five members of the Committee, at least two of whom shall be Public members and one of whom shall be a registrant who is a Council member, in accordance with any requirements set out in the Code.</del> When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.
Term of Office	The Discipline Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del>  The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.
Meetings	The Discipline Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.  In the event that the Committee Chair is unable to preside at a duly called meeting, <del>the Vice-Chair, if one is appointed, shall preside. Otherwise,</del> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Discipline Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.  In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Quorum for panels	Quorum for a panel of the Discipline Committee shall be <del>in accordance with section 38(5) of the Code of</del> three members on the panel, at least one of whom shall be a Public member <del>(s38(5) of the Code).</del>
Reports	The Committee Chair, on behalf of the Committee, shall provide <del>to the Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1 <sup>st</sup> of the previous year to March 31 <sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i> . The Annual Report shall be submitted <del>on a schedule determined by to the Chief Executive Officer no later than June 1<sup>st</sup> annually for delivery to the Council.</del>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	<del>May 31, 2023</del>	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.078)	3
		Create Date July 30, 2013

	The Committee Chair <del>shall</del> <u>may</u> also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	<del>May 31, 2023</del>	Council



COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.08)	1
		Create Date July 30, 2013

Authority and Accountability	The Discipline Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Discipline Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Discipline Committee shall:</p> <ul style="list-style-type: none"> <li>• Develop and maintain policies and procedures governing the process for adjudicating disciplinary matters referred to it by the Inquiries, Complaints and Reports Committee;</li> <li>• Bi-annually review the Discipline Rules of Procedure;</li> <li>• By way of panels appointed by the Committee Chair, conduct hearings into allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee.</li> <li>• Ensure that the policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging.</li> </ul>
Appointment and composition	<p>The Discipline Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• At least one Council member who is a registrant and any number of additional registrants who are Council members,</li> <li>• Two or more Council members who are Public members,</li> <li>• Two or more registrants who are not Council members, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>The Council shall appoint a Committee Chair, and where deemed necessary, a Committee Vice Chair.</p>
Panels	The Discipline Committee may meet in panels. Any panel of the Discipline Committee shall be appointed by the Committee Chair and shall include a minimum of three but no more than five members of the Committee, at least two of whom shall be Public members and one of whom shall be a registrant who is a Council member. When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.08)	2
		Create Date July 30, 2013

Term of Office	<p>The Discipline Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.</p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.</p>
Meetings	<p>The Discipline Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Discipline Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for panels	<p>Quorum for a panel of the Discipline Committee shall be three members on the panel, at least one of whom shall be a Public member (s38(5) of the Code).</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair may also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013		Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Executive Committee (SC02.054)	1 Create Date July 30, 2013

Authority and Accountability	The Executive Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	Notwithstanding section 12(1) of the Code which authorizes the Executive Committee, between meetings of the Council, to have all of the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law, it is the explicit desire of the Council that the Executive Committee only exercise its authority on matters that are deemed urgent matters by the Council Chair.
Responsibilities	<p>The Executive Committee shall,</p> <ul style="list-style-type: none"> <li>• Exercise the authority of the Council on urgent matters as determined by the Chair of the Committee, subject to the limitations set out in the Code and in these terms of reference; and</li> <li>• <del>Review the following to ensure that they are transparent, objective, impartial, fair and free of discrimination and bias and to make any recommendations to the Council for amendments:</del> <ul style="list-style-type: none"> <li>○ <del>Annually, all relevant program policies and related procedures; and</del></li> <li>○ <del>Bi-annually, all relevant regulations made under the <i>Naturopathy Act, 2007</i>.</del></li> </ul> </li> </ul>
Appointment and composition	<p>Pursuant to sections 13.01 and 13.08 of the By-laws of the College of Naturopaths, the Executive Committee shall be comprised of the Council Chair, Council Vice-Chair, and three Officers-at-Large as elected by Council from among the Council members. Of the five elected Committee members, three shall be Registrants and two members shall be Public Members.</p> <p>The Council Chair shall serve as the Chair of the Executive Committee.</p>
Term of Office	The Executive Committee shall be elected annually from among the Council members.
Meetings	<del>The Committee will meet at the call of the Chair, shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</del>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Executive Committee (SC02.054)	2
		Create Date July 30, 2013

	<u>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</u>
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Executive Committee shall be three members of the Committee, at least one of which shall be a Public member of the Council.
Notice of Meeting	When the Council Chair determines that a matter is urgent and calls a meeting of the Executive Committee, the Council Chair shall serve notice to the Council members of the date and time of the meeting <del>and the matter to be addressed by the Executive Committee. Notice shall be provided not less than 48 hours before the meeting.</del>
Disclosure	<p>The Council Chair shall ensure that the notice, along with any materials to be considered by the Executive Committee are posted to the College's website in advance of the meeting and as soon as it is practicable to do so, subject to materials being withheld pursuant to section 7(2) of the Code.</p> <p>Minutes of Executive Committee meetings, except any portion of the meeting minutes where matters set out in section 7(2) of the Code are addressed, shall also be posted to the College's website as soon as practicable after they are approved by the Executive Committee. Where the Executive Committee cites section 7(2), an explanation of the rationale shall be provided within the minutes of that meeting.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide <del>to the Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted <u>on a schedule determined by</u> <del>to the Chief Executive Officer no later than June 1<sup>st</sup> annually for delivery to the Council.</del></p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Executive Committee (SC02.05)	1
		Create Date July 30, 2013

Authority and Accountability	The Executive Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	Notwithstanding section 12(1) of the Code which authorizes the Executive Committee, between meetings of the Council, to have all of the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law, it is the explicit desire of the Council that the Executive Committee only exercise its authority on matters that are deemed urgent matters by the Council Chair.
Responsibilities	The Executive Committee shall, exercise the authority of the Council on urgent matters as determined by the Chair of the Committee, subject to the limitations set out in the Code and in these terms of reference; and
Appointment and composition	Pursuant to sections 13.01 and 13.08 of the By-laws of the College of Naturopaths, the Executive Committee shall be comprised of the Council Chair, Council Vice-Chair, and three Officers-at-Large as elected by Council from among the Council members. Of the five elected Committee members, three shall be registrants and two members shall be Public Members.  The Council Chair shall serve as the Chair of the Executive Committee.
Term of Office	The Executive Committee shall be elected annually from among the Council members.
Meetings	The Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.  In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Executive Committee shall be three members of the Committee, at least one of which shall be a Public member of the Council.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Executive Committee (SC02.05)	2
		Create Date July 30, 2013

Notice of Meeting	When the Council Chair determines that a matter is urgent and calls a meeting of the Executive Committee, the Council Chair shall serve notice to the Council members of the date and time of the meeting.
Disclosure	<p>The Council Chair shall ensure that the notice, along with any materials to be considered by the Executive Committee are posted to the College's website in advance of the meeting and as soon as it is practicable to do so, subject to materials being withheld pursuant to section 7(2) of the Code.</p> <p>Minutes of Executive Committee meetings, except any portion of the meeting minutes where matters set out in section 7(2) of the Code are addressed, shall also be posted to the College's website as soon as practicable after they are approved by the Executive Committee. Where the Executive Committee cites section 7(2), an explanation of the rationale shall be provided within the minutes of that meeting.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Fitness to Practise Committee (SC03.087)	1
		Create Date July 30, 2013

Authority and Accountability	The Fitness to Practise Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Fitness to Practise Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Fitness to Practise Committee shall:</p> <ul style="list-style-type: none"> <li>Develop and maintain policies and procedures governing <u>the process for adjudicating the fitness to practise matters referred to it by process of the College of Naturopaths of Ontario Inquiries, Complaints and Reports Committee of the College;</u></li> <li><u>ABi</u>-annually, in conjunction with the Discipline Committee, review the Discipline Rules of Procedure;</li> <li><u>By way of Establish</u> panels <u>appointed by the Committee Chair, and</u> conduct hearings into allegations of incapacity referred to it by the Inquiries, Complaints and Reports Committee as required under Schedule 2 of the Code; <u>and;</u></li> <li><u>Ensure that the program policies and procedures Review the following to ensure that they are transparent, objective, impartial, and fair, and free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging to make any recommendations to the Council for amendments:</u></li> <li><u>Annually, all relevant program policies and related procedures; and</u></li> <li><u>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</u></li> </ul>
Appointment and composition	<p>The Fitness to Practise Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>At least one Council member who is a Public member and any number of additional Council members;</li> <li>Two or more <u>R</u>egistrants who are not Council members; <u>and</u></li> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul> <p><u>The Council shall appoint a A-Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair; shall also be appointed by the Council.</u></p>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	May 31, 2023	Council



COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Fitness to Practise Committee (SC03.087)	2
		Create Date July 30, 2013

Panels	The Fitness to Practise Committee may meet in panels. Any panel of the Committee shall be appointed by the Committee Chair <del>and shall include at least three members of the Committee, one of whom is a Public member in accordance with any requirements set out in the Code.</del> When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.
Term of Office	The Fitness to Practise Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del>  The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.
Meetings	The Fitness to Practise Committee will meet at the call of the Chair.  <del>Meetings of a Panel shall be at the call of the Chair of the Panel.</del>  In the event that the Committee Chair is unable to preside at a duly called meeting, <del>the Vice-Chair, if one is appointed, shall preside. Otherwise,</del> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Fitness to Practise Committee shall be three members of the Committee, at least one of which shall be a Public member of the Council.  In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Quorum for panels	Quorum of a Panel of the Fitness to Practise Committee shall be three members of the panel, at least one of whom shall be a Public member <del>(s64(2) of the Code).</del>
Reports	The Committee Chair, on behalf of the Committee, shall provide <del>to the Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1 <sup>st</sup> of the previous year to March 31 <sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i> . The Annual Report shall be submitted <del>on a schedule determined by to the Chief Executive Officer no later than June 1<sup>st</sup> annually for delivery to the Council.</del>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Fitness to Practise Committee (SC03.087)	3
		Create Date July 30, 2013

	The Committee Chair <del>shall</del> <u>may</u> also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	<del>May 31, 2023</del>	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Fitness to Practise Committee (SC03.08)	1
		Create Date July 30, 2013

Authority and Accountability	The Fitness to Practise Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the “RHPA”), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Fitness to Practise Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Fitness to Practise Committee shall:</p> <ul style="list-style-type: none"> <li>• Develop and maintain policies and procedures governing the process for adjudicating fitness to practise matters referred to it by the Inquiries, Complaints and Reports Committee of the College;</li> <li>• Bi-annually, in conjunction with the Discipline Committee, review the Discipline Rules of Procedure;</li> <li>• By way of panels appointed by the Committee Chair, conduct hearings into allegations of incapacity referred to it by the Inquiries, Complaints and Reports Committee as required under Schedule 2 of the Code;</li> <li>• Ensure that the program policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council’s overall commitment with respect to equity, diversity, inclusion and belonging.</li> </ul>
Appointment and composition	<p>The Fitness to Practise Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• At least one Council member who is a Public member and any number of additional Council members,</li> <li>• Two or more registrants who are not Council members, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>The Council shall appoint a Committee Chair, and where deemed necessary a Committee Vice-Chair.</p>
Panels	The Fitness to Practise Committee may meet in panels. Any panel of the Committee shall be appointed by the Committee Chair and shall include at least three members of the Committee, one of whom is a Public member. When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Fitness to Practise Committee (SC03.08)	2
		Create Date July 30, 2013

Term of Office	<p>The Fitness to Practise Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.</p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.</p>
Meetings	<p>The Fitness to Practise Committee will meet at the call of the Chair.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Fitness to Practise Committee shall be three members of the Committee, at least one of which shall be a Public member of the Council.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for panels	<p>Quorum of a Panel of the Fitness to Practise Committee shall be three members of the panel, at least one of whom shall be a Public member (s64(2) of the Code).</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair may also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013		Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.087)	1 Create Date July 30, 2013

Authority and Accountability	The Inquiries, Complaints and Reports Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Inquiries, Complaints and Reports Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Inquiries, Complaints and Reports Committee shall:</p> <ul style="list-style-type: none"> <li>• <del>Administer the Complaints and Reports Program and, as such, develop and maintain</del> Advise on and make recommendations to the Council with respect to policies and procedures governing the inquiries, complaints and reports processes program of the College of Naturopaths of Ontario;</li> <li>• <del>Establish By way of panels, as necessary from time to time appointed by the ICRC Chair to investigate complaints, consider reports into the conduct and/or capacity of Registrants in accordance with the Health Professions Procedural Code.;</del> <ul style="list-style-type: none"> <li>○ Investigate complaints filed with the CEO, review the submissions from the Registrant(s), make reasonable efforts to review all relevant records and documents and take appropriate action in accordance with section 26 of the Code;</li> <li>○ Consider Reports received from the CEO, review the submissions from the Registrant(s), make reasonable efforts to review all relevant records and documents and take appropriate action in accordance with section 26 of the Code; and</li> <li>○ Consider allegations of professional misconduct, incompetence or incapacity referred to it by the Quality Assurance Committee in accordance with paragraph 4 of section 80.2(1) of the Code; and</li> <li>○ Inquire into whether a Registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code; and</li> </ul> </li> <li>• <del>Ensure that the program policies and procedures Review the following to ensure that they are transparent, objective, impartial, and fair, and free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging. to make any recommendations to the Council for amendments:</del></li> <li>○ <del>Annually, all relevant program policies and related procedures; and</del></li> </ul>

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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.087)	2 Create Date July 30, 2013

	<del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del>
Appointment and composition	<p>The Inquiries, Complaints and Reports Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>At least one Council member who is a Public member and any number of additional Council members.</li> <li>One or more Registrants who are not Council members, and</li> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul> <p><del>The Council shall appoint a Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council, and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.</del></p>
Panels	<p>The Inquiries, Complaints and Reports Committee may meet in panels. Any panel of the Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three members of the Committee, one of whom shall be a Public member of the Council.</p> <p>When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.</p>
Term of Office	<p>The Inquiries, Complaints and Reports Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del></p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of. A Panel member may not continue with a matter after that Panel member's term has ended. If a Panel has not concluded a matter before a Panel member's term ends, the remaining Panel members may continue to deal with the matter if quorum exists or the Chair of the Committee may appoint a new Panel.</p>
Meetings	The Inquiries, Complaints and Reports Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.087)	3 Create Date July 30, 2013

	In the event that the Committee Chair is unable to preside at a duly called meeting, the <del>Vice-Chair shall preside at the meeting. If neither the Chair nor the Vice-Chair can preside, the Chair</del> may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from <del>among</del> the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Inquiries, Complaints and Reports Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.  In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.
Quorum for panels	Quorum for a panel of the Committee shall be <del>three members of the panel (s 25(3) of the Code).</del> <u>three members of the panel (s 25(3) of the Code).</u> <del>in accordance with any requirements set out in the Code.</del>
Reports	The Committee Chair, on behalf of the Committee, shall provide <del>to the Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1 <sup>st</sup> of the previous year to March 31 <sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i> . The Annual Report shall be submitted <del>on a schedule determined by to the Chief Executive Officer no later than June 1<sup>st</sup> annually for delivery to the Council.</del>  The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council



COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.08)	1
		Create Date July 30, 2013

Authority and Accountability	The Inquiries, Complaints and Reports Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Inquiries, Complaints and Reports Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Inquiries, Complaints and Reports Committee shall:</p> <ul style="list-style-type: none"> <li>• Administer the Complaints and Reports Program and, as such, develop and maintain policies and procedures governing the program.</li> <li>• Establish panels, as necessary from time to time to investigate complaints, consider reports into the conduct and/or capacity of Registrants in accordance with the Health Professions Procedural Code.</li> <li>• Ensure that the program policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging.</li> </ul>
Appointment and composition	<p>The Inquiries, Complaints and Reports Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• At least one Council member who is a Public member and any number of additional Council members,</li> <li>• One or more registrants who are not Council members, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>The Council shall appoint a Committee Chair, and where deemed necessary a Vice-Chair.</p>
Panels	<p>The Inquiries, Complaints and Reports Committee may meet in panels. Any panel of the Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three members of the Committee, one of whom shall be a Public member of the Council.</p> <p>When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.08)	2
		Create Date July 30, 2013

Term of Office	<p>The Inquiries, Complaints and Reports Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.</p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of. A Panel member may not continue with a matter after that Panel member's term has ended. If a Panel has not concluded a matter before a Panel member's term ends, the remaining Panel members may continue to deal with the matter if quorum exists or the Chair of the Committee may appoint a new Panel.</p>
Meetings	<p>The Inquiries, Complaints and Reports Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair shall preside at the meeting. If neither the Chair nor the Vice-Chair can preside, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Inquiries, Complaints and Reports Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for panels	<p>Quorum for a panel of the Committee shall be three members of the panel (s 25(3) of the Code).</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.08)	3
		Create Date
		July 30, 2013

	necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Quality Assurance Committee (SC05.087)	1 Create Date July 30, 2013

Authority and Accountability	The Quality Assurance Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Quality Assurance Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Quality Assurance Committee shall:</p> <ul style="list-style-type: none"> <li>• <del>Administer the Quality Assurance Program and, as such, shall develop and maintain</del> Advise on and recommend to the Council policies and procedures governing the Quality Assurance Program of the College; that includes but is not necessarily limited to: <ul style="list-style-type: none"> <li>◦ <del>Continuing education or professional development intended to</del></li> <li>• <del>promote continuing competence, and continuing quality improvement among members;</del></li> <li>• <del>address changes in practice environments and</del></li> <li>• <del>incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues as determined by the Council.</del></li> <li>◦ <del>Self, peer and practice assessments.</del></li> <li>◦ <del>A mechanism for the College to monitor Registrants' participation in, and compliance with, the Quality Assurance Program (Code, s. 80.1);</del></li> <li>• <del>Appoint and ensure the training of assessors for the purposes of the peer and practice assessments component of the Quality Assurance Program;</del></li> <li>• <del>Establish panels, as necessary from time to time, to</del> Receive and review reports from assessors with respect to Registrants that have been assessed and take such action as is, in the opinion of the <del>Committee</del> Panel, permitted under section 80.2 of the Code to ensure the continued competence of the Registrant; and; and</li> <li>• <del>Ensure that the program policies and procedures</del> Review the following to ensure that they are transparent, objective, impartial, and fair, and free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging to make any recommendations to the Council for amendments: <ul style="list-style-type: none"> <li>◦ <del>Annually, all relevant program policies and related procedures; and</del></li> <li>◦ <del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li> </ul> </li> </ul> </li> </ul>
Appointment and composition	The Quality Assurance Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	May 31, 2023	Council

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Quality Assurance Committee (SC05.087)	2 Create Date July 30, 2013

	<ul style="list-style-type: none"> <li>At least one Council member who is a Public member and any number of additional Council members.</li> <li>One or more Registrants who are not Council members. <u>and</u></li> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul> <p><u>The Council shall appoint a A Committee Chair, and where deemed necessary, by the Council a Committee a Vice-Chair, shall also be appointed by the Council and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.</u></p>
Term of Office	The Quality Assurance Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <u>such that no committee member may serve more than nine consecutive years.</u>
Meetings	<p>The Quality Assurance Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, <u>the Vice-chair, if one is appointed, shall preside. Otherwise,</u> the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
<u>Panels</u>	<p><u>The Quality Assurance Committee may meet in panels. Any panel of the Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three members of the Committee, one of whom shall be a Public member of the Council.</u></p> <p><u>When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.</u></p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Quality Assurance Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
<u>Quorum for Panels</u>	<u>Two members of a panel of the Committee constitute quorum as long as at least one of the members is a Public member and one of the members is a registrant of the College (Ontario Regulation 33/13, section 3(2)).</u>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Quality Assurance Committee (SC05.087)	3
	Create Date	July 30, 2013

Reports	<p>The Committee Chair, on behalf of the Committee, shall provide <del>to the Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted <u>on a schedule determined by</u> <del>to the Chief Executive Officer</del> <del>no later than June 1<sup>st</sup> annually for delivery to the Council</del>.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	May 31, 2023	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Quality Assurance Committee (SC05.08)	1 Create Date July 30, 2013

Authority and Accountability	The Quality Assurance Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Quality Assurance Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	The Quality Assurance Committee shall: <ul style="list-style-type: none"> <li>• Administer the Quality Assurance Program and, as such, shall develop and maintain policies and procedures governing the Quality Assurance Program of the College;</li> <li>• Establish panels, as necessary from time to time, to receive and review reports from assessors with respect to registrants that have been assessed and take such action as is, in the opinion of the Panel, permitted under section 80.2 of the Code to ensure the continued competence of the registrant; and</li> <li>• Ensure that the program policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging.</li> </ul>
Appointment and composition	The Quality Assurance Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: <ul style="list-style-type: none"> <li>• At least one Council member who is a Public member and any number of additional Council members,</li> <li>• One or more registrants who are not Council members, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>The Council shall appoint a Committee Chair, and where deemed necessary, a Vice-Chair.</p>
Term of Office	The Quality Assurance Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.
Meetings	The Quality Assurance Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.
	In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-chair, if one is appointed, shall preside. Otherwise, the

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	May 31, 2023	Council



COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Quality Assurance Committee (SC05.08)	2
		Create Date July 30, 2013

	Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Panels	<p>The Quality Assurance Committee may meet in panels. Any panel of the Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three members of the Committee, one of whom shall be a Public member of the Council.</p> <p>When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Quality Assurance Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for Panels	Two members of a panel of the Committee constitute quorum as long as at least one of the members is a Public member and one of the members is a registrant of the College (Ontario Regulation 33/13, section 3(2)).
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	May 31, 2023	Council

# COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.078)	1 Create Date July 30, 2013

Authority and Accountability	The Patient Relations Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Patient Relations Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Patient Relations Committee shall:</p> <ul style="list-style-type: none"> <li>• <del>Administer</del> <u>Advise on and recommend to the Council policies and procedures governing the Patient Relations Program of the College, and as such, develop and maintain policies and procedures relating to the program</u> <del>a program</del> to enhance relations between <del>Registrants</del> and patients (Code, s. 1(1) and s. 85);</li> <li>• Develop and <del>implement</del> <u>recommend to Council</u> measures for preventing and dealing with sexual abuse of patients, <del>including but not necessarily limited to:</del> <ul style="list-style-type: none"> <li>◦ <del>Educational requirements for Registrants;</del></li> <li>◦ <del>Guidelines for the conduct of members with their patients;</del></li> <li>◦ <del>Training for the College's staff; and</del></li> <li>◦ <del>The provision of information to the public (Code, s. 84(3));</del></li> </ul> </li> <li>• <del>Administer on behalf of the Council</del> the Funding for Therapy and Counselling Program of the College, <del>including:</del> <ul style="list-style-type: none"> <li>◦ <del>Developing policies and procedures governing the administration of requests for funding;</del></li> <li>◦ <del>Developing appropriate forms for patients to seek funding for counselling or therapy under this program;</del></li> <li>◦ <del>Processing any requests for funding in a timely manner;</del></li> <li>◦ <del>Overseeing the payment of funds by the CEO to the therapist or counselor chosen by the person and as approved by the Committee; and</del></li> <li>◦ <del>Overseeing any proceedings initiated by the College against a member in a court of competent jurisdiction to recover any funds paid by the College where there was a finding by a panel of the Discipline Committee that the member sexually abused a patient (Code, s. 85.7(12)); and</del></li> </ul> </li> <li>• <u>Ensure that the program policies and procedures Review the following to ensure that they are transparent, objective, impartial, and fair, and free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging to make any recommendations to the Council for amendments:</u> <ul style="list-style-type: none"> <li>◦ <u>Annually, all relevant program policies and related procedures; and</u></li> </ul> </li> </ul>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.078)	2 Create Date July 30, 2013

	<ul style="list-style-type: none"> <li>o <del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li> </ul>
Appointment and composition	<p>The Patient Relations Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• <del>Up to but no more than one Council member,</del></li> <li>• One or more <del>r</del>Registrants who are not Council members, <del>and-</del></li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall <del>also</del> be appointed by the Council <del>and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.</del></p>
Term of Office	<p>The Patient Relations Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del></p>
Meetings	<p>The Patient Relations Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the <del>Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair</del> may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Patient Relations Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide <del>to the Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted <del>on a schedule determined by to the Chief Executive Officer no later than June 1<sup>st</sup> annually for delivery to the Council.</del></p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.078)	3
		Create Date July 30, 2013

	The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.08)	1
		Create Date July 30, 2013

Authority and Accountability	The Patient Relations Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Patient Relations Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	The Patient Relations Committee shall: <ul style="list-style-type: none"> <li>• Administer the Patient Relations Program, and as such, develop and maintain policies and procedures relating to the program to enhance relations between registrants and patients (Code, s. 1(1) and s. 85);</li> <li>• Develop and implement measures for preventing and dealing with sexual abuse of patients.</li> <li>• Administer the Funding for Therapy and Counselling Program of the College; and <ul style="list-style-type: none"> <li>○ Ensure that the program policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging.</li> </ul> </li> </ul>
Appointment and composition	The Patient Relations Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: <ul style="list-style-type: none"> <li>• Up to but no more than one Council member,</li> <li>• One or more registrants who are not Council members, and</li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall be appointed by the Council.
Term of Office	The Patient Relations Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.
Meetings	The Patient Relations Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.  In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.08)	2
		Create Date July 30, 2013

Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Patient Relations Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

## COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Registration Committee (SC07.087)	1
		Create Date July 30, 2013

Authority and Accountability	The Registration Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Registration Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Registration Committee shall:</p> <ul style="list-style-type: none"> <li>• <u>Administer the Registration Program and, as such, shall develop and maintain</u> <del>Advise on and recommend to the Council</del> policies and procedures governing: <ul style="list-style-type: none"> <li>○ The registration program and annual renewal of <del>r</del>Registrants;</li> <li>○ The <u>entry-to-practise examinations</u> program of the College, <del>including entry-to-practise examinations and post-registration examinations relating to Standards of Practise;</del></li> <li>○ The Prior Learning Assessment and Recognition program <del>to assess the competencies of individuals trained in programs other than CNME accredited educational programs;</del></li> </ul> </li> <li>• <u>Administer the Examinations Program and, as such, shall develop and maintain policies and procedures governing</u> <del>Advise on and recommend to the Council the required content for the College's examinations, including</del> the: <ul style="list-style-type: none"> <li>○ Jurisprudence examination;</li> <li>○ Written Clinical Sciences and Biomedical examinations;</li> <li>○ Ontario Clinical Examinations;</li> <li>○ Therapeutic Prescribing examination; and</li> <li>○ IVIT Examination;</li> </ul> </li> <li>• <u>Establish panels, as necessary from time to time to C</u><del>o</del>nsider: <ul style="list-style-type: none"> <li>○ Applications for initial registration referred to it by the CEO;</li> <li>○ Applications from Registrants who have held an inactive certificate of registration for more than two years and who wish to be issued a general class certificate of registration as set out under paragraph 6 of subsection 10.(1) of the Registration Regulation;</li> <li>○ Applications to remove or modify a term, condition or limitation that was imposed as a result of a Registration proceeding (Code, s. 19);</li> <li>○ Applications and applicants' submissions and make orders with respect to the disposition of the applications in accordance with the Code (s.18(2) and s. 19(6)); and</li> </ul> </li> </ul>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

## COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Registration Committee (SC07.087)	2
		Create Date July 30, 2013

	<ul style="list-style-type: none"> <li>• <del>Ensure that the program policies and procedures</del> Review the following <del>to ensure that they</del> are transparent, objective, impartial, <u>and fair</u>, <del>and</del> free of discrimination and bias and <u>support the Council's overall commitment with respect to equity, diversity, inclusion and belonging</u> <del>to make any recommendations to the Council for amendments:</del> <ul style="list-style-type: none"> <li>○ <del>Annually, all relevant program policies and related procedures;</del> and</li> <li>○ <del>Bi-annually, all relevant regulations made under the Naturopathy Act, 2007.</del></li> </ul> </li> </ul>
Appointment and composition	<p>The Registration Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> <li>• At least one Council member who is a Public member and any number of additional Council members.</li> <li>• One or more <u>Registrants</u> who are not Council members, <u>and</u></li> <li>• Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council, <u>and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.</u></p>
Panels	<p>Panels of the Registration Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three members, one of whom shall be a Public Member of the Council.</p> <p>The Chair of the Registration Committee shall, at the time of appointing a Panel, designate one member of the panel as the Chair of the Panel.</p>
Term of Office	<p>The Registration Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion, <del>such that no committee member may serve more than nine consecutive years.</del></p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.</p>
Meetings	<p>The Registration Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, <u>the Vice-Chair, if one is appointed shall preside. Otherwise,</u> the Chair may designate an acting Chair from among the Committee members,</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council



COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Registration Committee (SC07.087)	3
		Create Date July 30, 2013

	or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Registration Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for Panels	Quorum for Panels shall be three members of the Panel, one of whom is a Public member of the Council (Code, s.17(3)).
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the <del>Chief Executive Officer Council</del> an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted <del>on a schedule set by the</del> Chief Executive Officer <del>no later than June 1<sup>st</sup> annually for delivery to the Council.</del></p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Registration Committee (SC07.08)	1
		Create Date July 30, 2013

Authority and Accountability	The Registration Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Registration Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	<p>The Registration Committee shall:</p> <ul style="list-style-type: none"> <li>• Administer the Registration Program and, as such, shall develop and maintain policies and procedures governing: <ul style="list-style-type: none"> <li>○ The registration program and annual renewal of registrants;</li> <li>○ The entry-to-practise program of the College;</li> <li>○ The Prior Learning Assessment and Recognition program .</li> </ul> </li> <li>• Administer the Examinations Program and, as such, shall develop and maintain policies and procedures governing the: <ul style="list-style-type: none"> <li>○ Jurisprudence examination;</li> <li>○ Written Clinical Sciences and Biomedical examinations;</li> <li>○ Ontario Clinical Examinations;</li> <li>○ Therapeutic Prescribing examination; and</li> <li>○ IVIT Examination;</li> </ul> </li> <li>• Establish panels, as necessary from time to time to consider: <ul style="list-style-type: none"> <li>○ Applications for initial registration referred to it by the CEO;</li> <li>○ Applications from Registrants who have held an inactive certificate of registration for more than two years and who wish to be issued a general class certificate of registration as set out under paragraph 6 of subsection 10.(1) of the Registration Regulation;</li> <li>○ Applications to remove or modify a term, condition or limitation that was imposed as a result of a Registration proceeding (Code, s. 19);</li> <li>○ Applications and applicants' submissions and make orders with respect to the disposition of the applications in accordance with the Code (s.18(2) and s. 19(6)); and</li> <li>○ Ensure that the program policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging.</li> </ul> </li> </ul>
Appointment and composition	The Registration Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include:

DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Registration Committee (SC07.08)	2
		Create Date July 30, 2013

	<ul style="list-style-type: none"> <li>At least one Council member who is a Public member and any number of additional Council members,</li> <li>One or more registrants who are not Council members, and</li> <li>Any number of Public Representatives as defined in the by-laws.</li> </ul> <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>
Panels	<p>Panels of the Registration Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three members, one of whom shall be a Public Member of the Council.</p> <p>The Chair of the Registration Committee shall, at the time of appointing a Panel, designate one member of the panel as the Chair of the Panel.</p>
Term of Office	<p>The Registration Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.</p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.</p>
Meetings	<p>The Registration Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Registration Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for Panels	<p>Quorum for Panels shall be three members of the Panel, one of whom is a Public member of the Council (Code, s.17(3)).</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1<sup>st</sup> of the</p>


DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Registration Committee (SC07.08)	3
		Create Date July 30, 2013

	<p>previous year to March 31<sup>st</sup> of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule set by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>
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DATE APPROVED	DATE OF UPDATE	RESPONSIBLE
July 30, 2013	July 27, 2022	Council

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP13.032
	Intellectual Property	Page No. 1


*The College, its Council and Council Committees rely heavily on the efforts of its professional members, ~~Public~~ ~~Representatives~~ and those individuals appointed by the Lieutenant Governor in Council in order to undertake the tasks assigned to the College. These individuals will create work products and innovations by their involvement in the College.*

Accordingly, all members of the Council and its Committees,

- 1 Acknowledge that all work, discoveries, improvements and inventions conceived of or made by any Council or Committee members in connection with the work, products, equipment or other activities of the College during their involvement belong to the College, unless a written agreement between the individual and the College CEO, signed in advance, provides otherwise.
- 2 Assign and release all interest in any such work, discoveries, improvements or inventions to the College.
- 3 Undertake to execute all documents required to apply for and obtain patent or copyright in Canada or any other country on behalf of the College.
- 4 Shall review and sign the "Acknowledgment and Undertaking regarding Fiduciary Duties" prior to assuming their responsibilities and duties on behalf of the College.

<sup>1</sup>As defined within the College by-laws.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 25, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS		
	Title	Policy No.	GP14.023
	Council Business Meetings	Page No.	1

*The Council is responsible for conducting its business meetings in an organized, fair, transparent and collegial manner that is consistent with the values of the profession and the College.*


Accordingly,

- 1 Council meeting agendas will be established by the Council Chair with the advice of the Chief Executive Officer (CEO).
  - a) Agendas will be based on the Annual Planning Cycle established in GP08.
  - b) It ~~may be~~ expected that materials from Committees will come forward at each meeting.
  - c) There will be policy making, modifying and monitoring on each agenda.
  - d) ~~Committees should be aware when in-depth program reporting will be required.~~
  - d) Meetings will include a brief report from the Council Chair and a Report on
  - e) Regulatory Operations from the CEO.
- 2 Elections shall be undertaken as per the *Regulated Health Professions Act, 1991*, ~~and~~ the College by-laws.
  - a) Election of Council members shall take place in accordance with the *Health Professions Procedural Code*, the *Naturopathy Act, 2007* and in accordance with the requirements established by the College by-laws under the supervision of the CEO and the Governance Committee.
  - b) Election of the ~~Executive Committee Officers~~ shall be conducted at the first meeting of the new Council annually under the supervision of the CEO.
  - c) Committee Chairs and Committee members will be appointed annually by the Council.
- 3 Council meetings shall be accessible to the public as per the RHPA but Council will exclude the public from meetings with respect to personnel matters, matters restricted by legislation regarding protection of privacy, or matters in which public discussion could prejudice Council's legal position.
- 4 Any alteration to existing regulations or additions or deletion of regulations must be approved by a majority of Council, and in the case of substantive alterations only after consultation with members of the College. Committees may present recommendations to Council with respect to ~~R~~regulations ~~made under the Act~~ but have no power for ~~College~~ decision-making.
- 5 All issues/proposals raised will first be discussed in relation to existing policies in order to ascertain:
  - a) ~~(a)~~ whether it is a question for Council or the CEO to determine.
  - b) ~~(b)~~ the extent to which the policy/proposal is satisfactorily covered by existing policy, and
  - c) whether existing policy needs to be modified.

The discipline of making policies at the broadest level first and relating to present policies with new issues/proposals preserves the principle of efficient policy making through encompassment and modification rather than creating new policy with each new proposal.

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DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 25, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP14.0 <del>23</del>
	Council Business Meetings	Page No. 2

- 6 Preparation and planning for meetings ~~is~~are critical as policy decisions often require appropriate information. Since proposals usually come from Committees or the CEO it is appropriate that briefing material be prepared and circulated in advance of a meeting of the Council and, in the event that the Council does not believe it has sufficient or all of the necessary information for decision-making, it may direct the CEO or Committees to bring additional information and therefore defer a matter from one meeting to a future meeting.
- 7 The process for the conducting of business will follow that which is outlined in Schedule 2 of the by-laws.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 25, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS		
	Title	Policy No.	GP15.034
	Linkage with the Public and Registrants	Page No.	1

*Council recognizes the importance of accountability, transparency, fairness and openness in governance of the College; ~~in~~-making decisions that reflect the public interest; and ~~that~~-demonstratinge that it exists to provide service to the public. As such, strong and effective linkages with the community are essential.*


Accordingly, the Council will ensure that:

1. It receives as many diverse opinions as possible on issues upon which it deliberates and from as wide a variety of sources as possible, and where this may be lacking, that it specifically requests augmented information prior to making final decisions.
2. A mechanism is made available for public and community access to the Council to foster openness and dialogue as an expression of a genuine interest in the perspectives that may be brought forward.
3. Information is provided to the public and the community regarding the decisions that it has taken and the basis for those decisions.
4. Information is provided to the public and the community about the important role that the College plays in ensuring access to safe, competent and ethical naturopathic care and the processes in which the College engages to accomplish this goal.

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DATE APPROVED	DATE LAST REVISED
July 30, 2013	March 29, 2023




 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP16.034
	Governance Evaluation	Page No. 1

*Reflecting the Council's commitment to excellence in governance and the importance of good governance to the principles of public protection, the Council will evaluate the effectiveness of Council as a whole, Council Committees and the individual contributions of Council and Committee members.*

Accordingly,


- 1 Each year, ~~starting in May and concluding in July, Council and Committees will evaluate their own performance as a whole and the individual contributions that members make in relation to the responsibilities highlighted in a performance evaluation of the Council or its Committees will be undertaken such that the Council or Committees will evaluate their own performance as a whole and the individual contributions that members make in relation to the responsibilities highlighted in~~ our Governance Process Policies and Council-CEO Linkage policies.
- 2 The evaluation process will be overseen by an independent third-party consultancy that specializes in governance evaluation process.
- 3 The Governance Evaluation Framework will include the following three components.
  - a) A general performance assessment for the Council ~~and-or~~ each of its committees in alternate years.
  - b) An individual self-assessment conducted by each Council ~~and-or each~~ Committee member in alternate years.
  - c) A peer assessment conducted by each Council ~~and-or each~~ Committee member in alternate years, on each of their peers on Council ~~and-or on~~ each Committee as the case may be.
4. In order to ensure confidentiality and a fair process, individuals self-assessments ~~and~~ peer assessments of each Council or Committee member will be provided only to the consultant and shall not be provided to the College nor held among the records of the College.
- 5 At the conclusion of the evaluation process in July or as soon as practical thereafter, the consultant will do the following.
  - a) Present the evaluation of Council ~~and-or~~ each committee to Council and each committee respectively.
  - b) Meet with each Council ~~and-or~~ Committee member to review their own self-assessment comparatively with the peer assessment received for them. Each meeting will cover all of efforts of the individual with Council and their various Committees to which they have been appointed. The intent of the meeting is to provide coaching and guidance on how they may individually be able to improve their own performance.
  - c) Provide an action plan for Council ~~and-or each~~ Committee members ~~to all~~ for targeted development.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	March 29, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP16.034
	Governance Evaluation	Page No. 2

6. As soon as ~~is~~ practical after the Council ~~and or~~ Committees have received their evaluations, the College will publish on its website a summary of findings for the evaluation of Council and each Committee as well as an action plan as to how any deficiencies will be addressed. Individual Action Plans for Council and Committee members will not be published.
7. Individual Action Plans will be confidential between the external consultant and the individual Council and Committee members; however,
  - a) The external consultant will be asked to provide non-identifiable summary information about any education or training that might have been recommended to volunteers to allow the Governance Committee and CEO to evaluate whether such education may be provided through a structured program; and
  - b) ~~b)~~ The Governance Committee will follow up with Council and Committee members that have requested assistance during the year to offer assistance or support on their individual action plans ~~that have requested assistance~~.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	March 29, 2023


 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
	Appointing an Interim CEO	GP17.032
		Page No.
		1

*When it is anticipated that the Chief Executive Officer (CEO) will be absent for a period of more than 3 months and will be returning to work, it is the responsibility of the Council to appoint an individual to perform that role on an interim basis, for the duration of the period of absence.*

Accordingly,

1. Direct control of and responsibility for the day-to-day operations of the College shall be the responsibility of the staff person designated under EL02 until such time as an Interim CEO is appointed by the Council or Executive Committee on behalf of the Council.
2. The Council or Executive Committee shall appoint an individual to act as Interim CEO for the time the incumbent CEO is absent. It may do so by any means it deems appropriate, including the process set out in GP26 Hiring a CEO with any modifications.


DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 27, 2021

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS		
	Title	Policy No.	GP18.076
	Per Diems & Expenses	Page No.	1

*In order to fulfill its regulatory, governance and fiduciary responsibilities, the Council will rely on the support of ~~Registrant~~ volunteers who will provide their time in preparation ~~for~~ and delivery of the duties and responsibilities of the Council and its Committees.*

<u>Definitions</u>	<u>Chair</u>	<u>Means the Council Chair as elected by the Council or a Committee Chair appointed by the Council to lead a Committee or a Panel Chair appointed by the Chair of the Discipline, Fitness to Practice or Inquiries, Complaints and Reports Committee.</u>
<u>Definitions</u>	<u>Committee</u>	<u>Means any Committee of the College of Naturopaths of Ontario as established pursuant to GP06, including Standing Committees of Council, Statutory Committees, Ad Hoc Committees and Working Groups.</u>
	<u>Committee member</u>	<u>Means a person who has been appointed by the Council of the College to sit on a Committee.</u>
	<u>Council member</u>	<u>Means a person who has been elected to the Council by registrants of the College or who has been appointed to the Council by Order-in-Council for the term of office for which they are elected or appointed.</u>
	<u>Council member elect</u>	<u>Means a person who has been declared by the CEO, pursuant to sections 10.15 or 10.16 of these by-laws, to have been elected to the Council but whose term of office has not yet begun. This definition shall not be interpreted to permit Council members elect to have any authority to vote or any other privileges of a Council member until their term commences at the first meeting of the Annual Council Cycle.</u>
	<u>Dependent</u>	<u>Means a person who resides with the Council or Committee member on a full-time basis and relies on them for care (e.g., parent or child).</u>
	<u>Per Diem</u>	<u>Means a <del>partial re-imbursement of the professional income that could be earned during the period</del> daily allowance paid to a volunteer to offset loss of income earned or that might have been earned during that same period.</u>
	<u>Meeting / activity</u>	<u>Means a meeting of the Council, a Committee (as defined in GP06), or a panel of a Committee, a hearing or an event at which a Council or Committee member is required by the College to be present.</u>
	<u>Full day</u>	<u>Means a meeting or activity <u>in duration</u> of more than three (3) hours.</u>
	<u>Half day</u>	<u>Means a meeting or activity <del>that is less than and up to three (3) hours or less in duration, including 3 hours.</del></u>
	<u>Normal <del>w</del> Work day</u>	<u>Means a <u>regular</u> day comprised of <u>up to</u> 7 hours for a meeting/activity.</u>
	<u>Work day – extended</u>	<u>Means an irregular day comprised of more than 7 hours for a meeting/activity.</u>

DATE APPROVED	DATE LAST REVISED
July 30, 2013	May 31, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP18.076
	Per Diems & Expenses	Page No. 2

Public <del>m</del> Member	Means a person appointed to the Council by the Lieutenant Government <u>as defined in the by-laws.</u>
Public Representative	Means a person who is not a Public <del>m</del> Member but who is appointed by the Council to a Committee to bring the public perspective to the deliberations.
<u>Travel time</u>	<u>Means the time taken by any volunteer to travel to a meeting or activity.</u>
<u>Vice Chair</u>	<u>Means the Council Vice Chair as elected by the Council or a Committee Vice Chair appointed by the Council to provide additional leadership to a Committee or a Panel Vice Chair appointed by the Chair of the Discipline, Fitness to Practice or Inquiries, Complaints and Reports Committee.</u>
Registrant Volunteer	Means <u>any individual who is a Council member, a Council member elect or a Committee member appointed of the College as defined in subsection 1(1) of the Code and who has been appointed to a Committee</u> by the Council.


Accordingly,

- All ~~elected and non-elected (appointed)~~ Council members, Council members elect and Committee members (herein referred to as volunteers) are entitled to a per diem and reimbursement of authorized expenses as outlined in this policy. This policy does not apply to Public ~~m~~Members appointed by the Lieutenant Governor in Council but is consistent with the Remuneration Framework governing such appointees.
- The per diem for meeting or activity attendance shall be paid ~~for Statutory and Standing Committees as defined in GP06~~ according to the following schedule,
 

Timeframe	<del>Chair of Council or a Committee or Panel</del>	<del>Vice Chair of Council or a Committee or panel</del>	<del>Council &amp; member, Committee members</del>
Full day	\$250	\$175	\$150
½ day	\$125	\$87.50	\$ 75

~~The per diem for meeting attendance for Ad hoc Committees and Working Groups as defined in GP06 shall be paid at the "Council member, Committee member" rate noted above, regardless of the role of the member.~~
- The per diem for meeting/activity time paid shall be for the actual time devoted to the meeting or activity, or the time allocated to the meeting, whichever is greater, provided the ~~member-volunteer~~ arrives on time and does not leave the meeting early. ~~For example a member receives a full day per diem for a meeting greater than 3 hours even if the meeting was scheduled for only 2 hours.~~

DATE APPROVED	DATE LAST REVISED
July 30, 2013	May 31, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
	Per Diems & Expenses	GP18.076
		Page No.
		3

4 The per diem for meeting/activity time shall be paid for any meeting/activity that is cancelled with less than 72 hours' notice at the rate appropriate for the time allocated for the meeting/activity. Where a meeting or activity is cancelled with 72 hour-s' notice or more, no per diem shall be due.

5 ~~The A~~ per diem for preparation time shall be available for Statutory Committee meetings (not including ICRC) as defined in GP06, shall be paid for the actual time devoted by the ~~member-volunteer~~ to prepare for the meeting or activity at the "Council & Member, Committee mMember" rate in section 2, regardless of the per diem rate payable for attendance, but shall not exceed the scheduled time allocated. ~~For example, a member shall be entitled to up to one day of preparation time for a full day meeting but not more.~~

The per diem for preparation time for ICRC meetings is based on the number of matters/files considered as follows:

<u>Inquiries, Complaints and Reports considered per meeting</u>	<u>Remuneration Rate</u>
25 or less	Up to 1 per diem <del>(\$150)</del>
26 to 35	Up to 2 per diems
36 to 50	Up to 3 per diems
Greater than 50	Up to 4 per diems


The per diem is not permitted for preparation for meetings of Standing Committees of Council, Ad-hoc Committees or Working Groups as defined in GP06.

6 Committees are ~~encouraged-required~~ to conduct meetings ~~wherever possible and practicable~~ by video or teleconference call ~~unless an in-person meeting is authorized by the Chief Executive Officer of the College~~. Where the Committee Chair calls for a meeting to be held by conference call, Committee members will receive the appropriate attendance and preparation per diem for the meeting.

7 Where a Committee is required to draft regulatory reports or decisions and reasons, the Committee member(s) involved in the preparation, reviewing and drafting shall be paid up to a maximum of one per diem (\$150) per matter for the actual time devoted to creating and finalizing the document regardless of the per diem rate payable for attendance.

8 Travel time is assumed to be included within the normal workday of a meeting or activity, i.e., 7 hours in duration. Where a meeting or activity exceeds 7 hours, or where the meeting/activity plus travel time combined exceeds 7 hours, the volunteer is deemed to be working an extended workday.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	May 31, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP18.076
	Per Diems & Expenses	Page No. 4

~~When working an extended work day, the volunteer The per diem for travel time beyond that undertaken as part of a normal day's work may be entitled to additional remuneration based on their at an average hourly rate for a regular day with the not to exceed a total additional remuneration payment for an extended day not to exceed of 60% of the approved per diem rate. (\$20.69 per hour up to a maximum of \$90).~~

~~As such, the following rates would apply during an extended workday (at and beyond the 7 hour mark):~~

Position	Hourly rate	Maximum
Chair	\$35.71	\$150
Vice Chair	\$25.00	\$105
Member	\$21.43	\$90

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~~No remuneration for travel time is payable on the day prior or the day after the meeting day.~~

~~For example, where a Council or Committee member is scheduled for a full day meeting, which takes 7.25 hours, and spends 2 hours travelling to and from the meeting location, the member may be remunerated up to a total of one per diem (\$150) for attendance plus two additional hours of travel time (\$20.69 per hour). However if the member is scheduled for a full day meeting, which concludes after five hours, and the member spends two hours travelling to and from the meeting location, the member may be remunerated for one per diem, but is not eligible for remuneration of travel time.~~

~~Where travel to and from the College meeting necessitates travel on the day before or after the meeting, related travel expenses such as meals and accommodations may be claimed but the Council or Committee membervolunteer is not eligible for remuneration of travel time. This does not include volunteers Registrants in Districts 1, 7 or 8 where the normal per diem rates would apply.~~


~~Given that travel time is based on time rather than distance, it is important that members keep a careful log of their time to ensure accuracy is maintained for claims submitted.~~

- 9 All claims for per diems shall be recorded on forms established by the CEO and must be submitted within 630 days of the meeting/activity date. Claims filed on the 61<sup>st</sup> day or later after the meeting/activity date will, without exception, or the claim will be forfeiteddenied by the College.

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- 10 Any disputes about a claim for a per diem and any request for special consideration shall be determined by the Governance Committee; however, the Governance Committee shall not be authorized to overrule the provision set out in paragraph 9 above.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	May 31, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No. GP18.076
	Per Diems & Expenses	Page No. 5

11 The per diem shall be paid by direct deposit to the bank account of choice of the ~~member-volunteer~~ and, in accordance with Canada Revenue Agency (CRA) rules, shall be subject to personal income tax and Employment Insurance (EI) taxes deductions but shall not be subject to Canada Pension Plan. The CEO in accordance with CRA rules shall issue a T4 to all ~~Council and Committee members~~ volunteers who receive a per diems under this policy.

12 ~~Council or Committee members~~ Volunteers may be reimbursed for anticipated meal costs incurred while engaged on College business. Reimbursement for meals when in Canada is an additional allowance and is for restaurant/prepared food only and receipts are not required. Reimbursement for meal costs when travelling outside of Canada are considered expenses and receipts are required.

Reimbursement for groceries is not permitted.

Criteria for reimbursement are as follows:

- Breakfast expenses may be claimed if the ~~Council or Committee member~~ volunteer is required to depart his/her residence two (2) hours prior to the start time of the scheduled meeting.
- Lunch may be claimed only if required ~~the to~~ attend the College for a full -day.
- Dinner expenses may be claimed if the formal meeting time extends beyond 4:00 p.m. and when the return trip from a meeting exceeds two (2) hours.

Reimbursements for a meal allowance (in Canada travel) or meal expenses incurred (travel outside of Canada) is subject to the maximum rates set out in the chart below. These rates include taxes and gratuities. Alcohol cannot be claimed and will not be reimbursed as part of a travel or meal expense.


	In Canada	In USA	International
Breakfast	\$10.00	\$10.00 USD	\$10.00 USD/Local
Lunch	\$12.50	\$12.50 USD	\$12.50 USD/Local
Dinner	\$22.50	\$22.50 USD	\$22.50 USD/Local

13 Air and train travel expenses will be reimbursed at the actual fare costs provided all travel is done at the economy class rate and Council and Committee members take advantage of advance booking rates, excursion fares and other discounts offered. Public transit will be reimbursed at the transit system's posted rates. When a personal vehicle is used, mileage will be reimbursed at \$0.40 per kilometer (\$0.41 for travel from Northern Ontario) subject to the limitation that only one claim may be made per vehicle.

14 Reimbursement for hotel accommodations is available only if:

DATE APPROVED	DATE LAST REVISED
July 30, 2013	May 31, 2023



 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
	Per Diems & Expenses	GP18.076
		Page No.
		6

- a) the ~~Council or Committee member~~volunteer is staying overnight more than 40 km from their residence; or
- b) either the ~~Council or Committee member~~volunteer has meetings/activities on two consecutive days (for the night between the meetings) or, with prior approval of the CEO or his/her delegate, the time necessary to travel to or from the meeting makes it impractical for the Council or Committee member to travel on the day of the meeting.

15 Notwithstanding section 14 of this policy, hotel accommodations must be at the lowest corporate rate possible and do not include incidental personal charges such as personal telephone calls, movies, laundry, purchases etc.

- 16 A ~~Council or Committee member~~volunteer may be reimbursed for costs incurred for care of dependents to enable attendance at a meeting/activity provided that:
- a) a written request is provided to, and approved by, the CEO prior to the date of the meeting;
  - b) travel is occasional or unexpected;
  - c) the incurred expenses are above and beyond the ~~member's~~ volunteer's usual costs for dependent care as a result of travel.


Reimbursements will be for actual costs up to a daily maximum, as follows:

- \$75/day, if a caregiver's receipt is provided;
- \$35/day, if a written explanation is provided.

17 All expense claims must be accompanied with receipts. In the absence of a receipt, the member will record the amount on the claim form and shall be reimbursed, unless in the opinion of the ~~Executive Governance~~ Committee upon the advice of the CEO, the absence of a receipt is deemed to be habitual.

18 The CEO is authorized by the Council to update, with no further approval required by Council, the monetary amounts set out in paragraphs 2, ~~8~~, 12 and 13 of this policy to ensure that it remains aligned to the rates set out in the Health Board's Secretariat document "Summary of Allowable Expenses for Public Appointees to the Health Professions Regulatory Bodies (Colleges) established under the *Regulated Health Professions Act, 1991*". The CEO must circulate an updated copy of the policy to the Council within 30 days of making any changes.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	May 31, 2023


 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS		
	Title	Policy No.	GP19.045
	CEO Annual Performance & Compensation Review	Page No.	1

*As part of its responsibilities, the Council undertakes an annual review of the performance of the Chief Executive Officer (CEO). The responsibility to organize, compile and prepare a report of the findings of the review for presentation to and approval of the Council is delegated to the CEO Performance Review Panel (the Review Panel) appointed by the Council.*

Accordingly,

1. Annually, and no later than its November meeting, the Council will appoint a *CEO Performance Review Panel* (the Review Panel) with a minimum of three members and up to a maximum of four members, that is comprised of the:
  - a) Council Chair and Council Vice-Chair; and
  - b) One or two Council members, who have the competencies necessary for the role.
2. The Review Panel will facilitate the completion of the performance review using the following documents, attached to and forming a part of this policy:
  - Form 1 – Annual Objectives and Priority Projects
  - Form 2 – Management and Compliance
  - Form 3 – Determining and Calculating Bonus
  - Form 4 – CEO Development Plan
  - Form 5 – Executive Summary, Acknowledgement and Signatures.
3. The Review Panel shall ensure that new Council members are provided ~~annual information training~~ and support to ensure an understanding of this process and that all Council members receive information to reemphasize the importance of the process.
4. The Council will provide the CEO with an incentive bonus annually, in a range of 0% (where an insufficient number of performance measures have been met) up to 10% (where most performance measures have been met) of their base salary. The calculation of the bonus will be based on the formula set out in Form 3 – Determining and Calculating Bonus.
5. Prior to the start of the next Program/Fiscal year, the Review Panel and the CEO shall ensure that draft copies of Form 1, setting out the annual objectives and priority projects and Form 4, setting out the CEO's Professional Development Plan, for the following year (April 1<sup>st</sup> to March 31<sup>st</sup>), are presented to the Council by its March meeting.
6. ~~At~~ the conclusion of the current Program/Fiscal year, the Review Panel and the CEO shall work together to complete the performance review following a process that is based on the following components and timeframes. Timeframes may be adjusted by the Review Panel with the consent of the CEO to reflect the timing in any specific year.
  - a) Data necessary to support the review will be identified no later than March 1<sup>st</sup> annually.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	May 31, 2023

 The College of Naturopaths of Ontario	Policy Type	COUNCIL POLICIES	
	GOVERNANCE PROCESS		
	Title	Policy No.	GP19.045
	CEO Annual Performance & Compensation Review	Page No.	2

- b) The self-assessment components of Forms 1, 2 and 4 shall be completed by the CEO and provided to the Review Panel no later than April 15<sup>th</sup> annually.
  - c) The Review Panel shall seek the input from the staff of the College on the Management and Compliance component of the review (Form 2) by way of a survey no later than May 15<sup>th</sup> annually.
  - d) The Review Panel shall review the self-assessments and survey results and shall develop drafts of the Council assessment components of Forms 1, 2, 4, and 5, and shall use Form 3 to calculate any bonus eligibility by June 10<sup>th</sup> annually and shall subsequently review these drafts with the CEO for feedback.
  - e) The Review Panel shall finalize all documents (within a draft CEO Performance Review Report), Forms 1, 2, 4, and 5, and present these to the Council in an in-camera session in July annually at which time Council shall approve the Report, either as presented or with appropriate amendments.
  - f) The Review Panel shall present the final CEO Performance Review Report to the CEO not later than August 15<sup>th</sup> annually and the CEO shall be required to sign Form 5 as an acknowledgment of receipt of the Report, directed to implement the Report and to file the Report on the CEO's personnel file.
  - g) The CEO shall be entitled to add any comments to the Report, which shall be provided to the Council by the Review Panel and shall also be filed in the CEO's personnel file.
7. The CEO and the Review Panel shall ensure that there is adequate time set aside at the July Council meeting for a full discussion of the draft CEO Performance Review Report as this is the only opportunity for the Council to provide its input to the Report.
  8. The Council may retain an objective third-party to manage the process for the Review Panel and to be a resource through the process to evaluators and employees.
  9. Separate and apart from any incentive bonus awarded to the CEO as set out in paragraph 4, the Council shall annually index the CEO's base salary against the Consumer Price Index (November Ontario-All items) ~~annually~~ with any changes taking effect April 1<sup>st</sup> of the following year, subject to acceptance of the budget by Council.

Council shall approve the annual salary adjustment as part of an in-camera session by March annually.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	May 31, 2023



The College of Naturopaths of Ontario

## BRIEFING NOTE CDHO Governance Report

**PURPOSE:** To provide the Council with information about the implications for CoNO from the CDHO Governance Report.

**OUTCOME** Decision

**NATURE OF DECISION** ☐ Strategic ☐ Regulatory Processes & Actions ☒ Other

### PROCESS:

<b>Activity:</b>	The Governance Policy Review Committee and CEO will present an overview of the review.		
<b>Results:</b>	Council is asked to determine whether any further action is required.		
<b>Overall Timing:</b>	15 minutes		
<b>Steps/Timing:</b>	1.	Review of findings	5 minutes
	2.	Q & A from Council members	5 minutes
	3.	Motion and vote	5 minutes

### BACKGROUND:

In February 2024, the College of Dental Hygienists of Ontario (CDHO) received a report and recommendations regarding the governance of the College from external consultants retained for this purpose. The report was authored by Harry Cayton, formerly of the Professional Standards Authority in the United Kingdom and Deanna Williams of the Dundee Consulting Group. A copy of the report is attached to this briefing.

The topic of this report was also the subject of a Grey Areas Newsletter published by Steinecke Maciura LeBlanc in April 2024. A copy of this newsletter is also attached to this briefing.

This report is important to the Council of the College of Naturopaths of Ontario because, like the CDHO, CoNO uses a Policy Governance Model in its governance. The report is highly critical of this model and as such, it is important that the Council give consideration to the approach of the CDHO and the findings/recommendations of this report.

With the agreement of the Council Chair, these materials were provided to the Governance Policy Review Committee (GPRC) for review and to provide any recommendations to the Council.

### DISCUSSION POINTS:

Policy Governance is a concept that was created by and is presently copyrighted to John Carver. Mr. Carver has published several books and guides that develop the principles of the model. The primary tenets of the model include a separation between the role of the Board and

the role of the CEO, a complete delegation of all operational activities from the Board to the CEO and an approach to governing the CEO that is based on limitations rather than permission.

The Council of the College of Naturopaths of Ontario has adopted the tenets of Policy Governance, albeit with some modifications. This briefing will not set out all of the tenets of Policy Governance nor specifically the approach taken by the Council as it is the subject of education undertaken regularly by the Council.

#### Recommendations in the CDHO Report

The GPRC has reviewed the CDHO Report, including the recommendations set out in the report, and has made the following conclusions.

Several of the recommendations contained in the report do not apply to this College and Council because they have already been incorporated into our approach. These include:

- Recommendation 1: that a less rigid approach be adopted to develop a collaborative approach.
- Recommendation 3: that the Council should take responsibility for the oversight of the strategic plan.
- Recommendation 5: that the Council should have periodic sight of the enterprise risk register.
- Recommendation 6: that the Council should use its competency profile to evaluate Council's performance both individually and collectively.
- Recommendation 7: that the Council should revise its eligibility for election criteria in the by-law to include competency-based recruitment and screening of potential candidates before they run for election.

The remaining recommendations as considered by the GPRC do not apply to this College. These include:

- Recommendation 2: This recommendation is already addressed in the practises of this College. The Council of CoNO focuses a great deal of its time ensuring that the public interest and patient safety are part of the agenda. These matters are set out in the briefing materials and consistently become a part of the Council discussions.
- Recommendation 4: This recommendation does not apply to CoNO as it has not been a problem to-date and is addressed elsewhere. The matter of term limits is set out in the Health Professions Procedural Code and there has never been a challenge to those limits. In the experience of this College, a person who leaves Council has yet to indicate an interest in returning to the Council later.
- Recommendation 8: This does not apply to CoNO as this Council does not have an Ownership Linkage Committee.
- Recommendation 9: This recommendation does not apply as it is redundant to other practices adopted by the College. This recommendation suggests that the minutes of Council meeting should clearly and transparently reflect the factors Council used in making decisions. This information is clearly and succinctly set out in briefing materials given to Council and published for public consumption on the College's website. Including such information in the minutes is unnecessarily redundant.

#### Standards of Good Governance

The CDHO Report assesses the Council against the "Standards of Good Governance". These standards may be found in Appendix 2 of the CDHO Report. As noted in the appendix, the "standards of Good Governance were developed by the Professional Standards Authority in consultation with regulatory boards in the UK, Canada and Australia".

The GPRC had considerable discussion about these standards noting concerns that none of the regulatory boards who have adopted these standards are identified. Preliminary research on

this topic will find that there are a number of varying standards set out by a variety of agencies and educational institutions. There is no one, single, authoritative set of good governance standards that have been developed that can be used as the penultimate standard of practice.

### Next Steps

With respect to the recommendation set out in the CDHO Report, the GPRC does not believe that any further actions are required on the part of the CoNO Council.

With respect to the Standards of Good Governance, there may be some value to the Council if the College were to seek out an authoritative sets of standards that have been developed and maintained (updated) over time; however, it is not clear that such a standard exists, which set of standards may be the proper authority for establishing them and whether the Council would see value in such an exercise.

## **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: The assessment of the recommendations as they apply to this College represent a risk to the College processes and people if they are incorrect.

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. The disclosure of this briefing publicly is supportive of transparency as is the notion that while this report was not prepared for this College, the effort has been made to assess the recommendations to determine their relevance.

Financial Impact – There are no financial implications.

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. Good Governance is an important consideration in the public interest and the consideration of the public interest in the matters brought before the Council are important. The GPRC believes that all necessary steps are taken by the Council in this regard.

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, while the principles of EDIB are referred to within the report, they do not apply to the consideration of this report by the Council at this time.

## **ACTION ITEMS**

As noted above.

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

Andrew Parr, CAE  
Chief Executive Officer



# GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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## A Critique of Policy Governance

by Rebecca Durcan

April 2024 - No. 289

Regulators of professions have adopted several different approaches to governance. Popular with some is a variation of the Policy Governance model created by John Carver. A [recent governance review](#) (Report) prepared for the College of Dental Hygienists of Ontario (CDHO) by Harry Cayton and Deanna Williams has challenged the suitability of this approach for professional regulators (at least without significant modifications).

The Report notes the effectiveness of both the Registrar & CEO and the Chair of the Board at the CDHO. The Report ascribes the observed governance issues as flowing from the Policy Governance approach it follows.

The Report describes the Policy Governance approach as involving a strong separation of the “ends” (or goals) of the organization from the “means” (or operations) for achieving those ends. The Board’s role is to link the “owners” of the organization to the operations of the organization through written governance policies that “address the broadest levels of all organizational decisions and situations.” In particular, the

written policies set out the “executive limitations” constraining the actions of the Registrar & CEO. For example, the Registrar & CEO cannot unilaterally borrow from financial institutions. Nor can the Registrar & CEO act illegally. However, where there are no specific limitations, the Registrar & CEO has unfettered discretion on how to achieve the organization’s ends.

There are recognized advantages to the Policy Governance approach. It prevents the Board from stifling the initiative of the Registrar & CEO, interfering in operational matters, and second-guessing staff leadership. The approach provides an explicit source of authority to resolve many differences in perspective on governance issues. It also allows the Board to establish the goals of the organization and to focus on the “assurance of organizational performance through structured monitoring.”

However, the Report identifies several weaknesses in the model as it applies to regulators such as the CDHO. Most obvious to the reporters was that Board meetings “fitted into a rigid structure, spontaneity is



removed, discussion is limited, and the majority of the meeting's time is consumed with repetitive procedure."

On a related point, as a result of the focus on compliance with policies, the reporters observed that "little time was specifically allotted on the agendas to matters that would improve the public's access to safe and competent care or reduce real or potential risks of harm ...."

Cayton and Williams were of the view that this governance model distracted the organization from focusing on the risk of harm to the public. They recommended that the CDHO develop a risk register of harms that could occur to the public, especially patients, through the actions of CDHO registrants.

For example, one risk-of-harm agenda item observed by the reporters related to "racism as experienced by both the clients of [dental] hygienists and by [dental] hygienists themselves". The governance structure contributed to a limited discussion of that topic by the Board and then the subsequent referral of the issue to the Registrar & CEO for action. The reporters were of the view that the Board could, appropriately, have engaged more with the topic and worked with senior staff as a team to develop an action plan.

Another challenge in applying the Policy Governance model to regulators is defining who are the "owners" of the organization. The Report suggests that there is some ambiguity within the CDHO as to how to apply that term in the regulatory context. Some interviewees were of the view that this term referred to the "members" [the term used in the statute] of the profession who are regulated by CDHO. The Report recommends that the "ownership" concept be modified to focus on the transparency of the organization and more intensive engagement with the public.

The Report also questions whether the governance model tended to direct the Board to primarily monitoring staff activity (e.g., staff's compliance with policies) rather than evaluating the outcomes of the organization's activities. In other words, was the CDHO making a difference in the quality and ethics of registrants' services? For example, the Report notes that there was no planned measure of the effectiveness of the CDHO's diversity, equity, and inclusion initiatives.

The Report indicates that many Board members questioned whether another governance approach might be "more understandable, flexible and less onerous".

The Report does not propose another specific governance model. Rather, it suggests that any governance approach should involve a team endeavour between the Board and the Registrar & CEO. The Board should focus on steering and monitoring while, at the same time, not interfering with the Registrar & CEO's role of implementing the organization's strategic goals and operations. The Report uses slightly different language in expressing this concept:

Another important distinction internally is that between strategy and oversight and delivery and management. In business governance an important distinction is made between 'executive officers or directors' (the CEO and most senior staff) and the nonexecutive directors, (who are appointed or elected to the board). Non-executive board members are not there to run the regulator; they are there to set the direction of its work, oversee the delivery of its strategy and to hold the CEO accountable for running the organization within that strategy and the values the board has set. Within the structure of the College, the Council members are non-executive



directors, and the Registrar is the Chief Executive Officer.

There are some other governance observations and recommendations in the Report. For example, the Report commends the Board's development of explicit competency expectations for Board and committee members. While the focus was on required knowledge and skills, suitability for office (e.g., an absence of criminal convictions) is also important. The Report urges strict term limits (two multi-year terms at most) for Board members.

The Report also emphasizes the need to separate the Board's steering and monitoring role from the independence of the complaints and discipline functions of the CDHO, which are largely conducted through statutory committees.

The Report also recommends that the minutes of Board meetings contain reference to the public interest rationales for each Board decision.

The Report also disagrees with the concept that regulation is most effective when there is representation of the profession through its governing Board:

Elected boards are only representative of those who are willing to stand and those who vote for them. They are often likely to be drawn from a narrow socioeconomic group and from older members of a profession. It has been observed that when boards believe they are representing the 'democratic'

interests of members they fall into error and lose sight of their primary purpose of protecting the public. *[citation omitted]*

The Report goes on to expand on the topic of the organization's role in managing risk:

Council as the governing body of the College should be concerned with two categories of risk: risk to patients and the public of the practice of registered dental hygienists, wider risks to the public from poor oral health and risks to the College itself of failure to fulfil its statutory duties, its fiduciary oversight, its reputation, and integrity. Council seems to act as though these are operational matters where, in fact, they are existential.

The Report also emphasizes current governance trends:

The direction of reform in regulation of professions is clear across numerous jurisdictions and professions. Boards are being reduced in size; elections are being replaced with appointments based on merit; and the proportion of public members is being increased to half or more. Chairs of boards are appointed separately, and public members may be appointed chair.

While there are still strong supporters of the Policy Governance model for regulators, the authors of this report are not among them.

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### FOR MORE INFORMATION

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

# A report and recommendations on improving governance

prepared for the  
College of Dental Hygienists of Ontario

Harry Cayton  
*Professional Regulation and Governance*

Deanna Williams  
Dundee Consulting Group Ltd

February 2024



Harry Cayton  
*Professional Regulation and  
Governance*

Terri Strawn  
 President  
 College of Dental Hygienists of Ontario  
 175 Bloor Street East,  
 North Tower, Suite 601,  
 Toronto,  
 Ontario M4W 3R8

February 23, 2024

Dear Terri,

We are pleased to submit our review of and recommendations for the governance of the College.

It has been a pleasure working with you, with the Governance Committee and with Council members; we are grateful for everyone's cooperation, patience with our endless questions and for the insights and knowledge people have shared. Despite the valuable information and observations that we have gained from many people, the conclusions in this report are ours and ours alone.

We would like, in particular, to thank Veronica Douglas who has been helpful and prompt in her support for our work.

We believe that we have met the requirements of our contract and that the judgements we have made and the recommendations we offer are well founded.

In our assessment against the Standards of Good Governance<sup>1</sup>, we find that the College meets two of the Governance Standards, partially meets five and does not meet two. This is a review of how the Council governs the College and not a review of the performance of the College, much of which as we set out, is delegated to the Registrar & CEO.

As we say in our Conclusions there is much to respect in the commitment and hard work of Council members, but the College is hampered by a rigid application of rules, procedures and its strict adherence to Policy Governance™- which appear to act not as a help but as a barrier to effective decision-making in the interests of the publics the College serves<sup>2</sup>.

We hope that if Council accepts the report and recommendations, you will ask the Registrar & CEO to assess the practical implications of changes and to present back to Council a proposed plan for their implementation or not.



Harry Cayton  
 Professional Regulation and Governance



Deanna Williams  
 Dundee Consulting Group Ltd

<sup>1</sup> Standards of Good Governance, Professional Standards Authority, (UK) are included in Appendix 2

<sup>2</sup> When we refer to the proprietary system of governance developed by John Carver we use 'Policy Governance™' when writing about the general approach we refer to 'policy governance'.

Contents

1. Introduction	4
2. How we prepared this report	5
3. What we found	6
4. Good practice in governance	14
5. Assessment against the Standards of Good Governance	20
6. Recommendations	25
7. Conclusions	27
Appendix 1	The Reviewers
Appendix 2	The Standards of Good Governance
Appendix 3	CDHO Global Ends
Appendix 4	People we spoke with
Annex 1	A Checklist for Regulatory Boards

## 1. Introduction

- 1.1. The College of Dental Hygienists of Ontario (CDHO) commissioned this governance review to be conducted between September 2023 and February 2024. The reviewers were to conduct the review, with a view to building and sustaining effective oversight in the public interest by the Council of the College.
- 1.2. We were, in our report, to consider the general principles of good governance, the value of policy governance to the College, including its statutory mandate, oversight and operations, strategic planning, risk management, regulatory effectiveness, fiduciary duty, and conflict of interest. This is a governance review not a review of the performance of the College.
- 1.3. This Report sets out for the Council an assessment of its compliance with the Standards of Good Governance (see Annex 1 below). We have identified opportunities for improvement and made recommendations to the Council for changes to its practice to enable it to improve performance and focus more effectively on patient safety and the protection of diverse publics.
- 1.4. In this review, we have taken into account the findings of the recent external assessment of the CDHO Council's effectiveness, conducted by Deanna Williams (Dundee Consulting Group Ltd, February 2023)<sup>3</sup>, during which it was suggested that a comprehensive review of the College's current governance model was warranted.
- 1.5. We have also considered the expectations relevant to this review set out under the College Performance Measurement Framework (Ontario Ministry of Health, 2020).<sup>4</sup>
- 1.6. This report is based on our analysis of findings from a review of materials and documents provided to us from the College, from our personal observation of the two Council meetings in September and December 2023, and from information and insights gained through one-to-one discussions held with Council members and CDHO staff.
- 1.7. In making our recommendations for improvement, we have considered the findings from similar reviews undertaken by other regulatory bodies in Ontario and across Canada; a summary of current good governance practices internationally; and an assessment of the CDHO's governance practices against the Standards of Good Governance.
- 1.8. Changes that are within the CDHO's power to make within its current legislation and regulations, as well as those requiring Government support, were also considered.

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<sup>3</sup>[https://cdho.org/wp-content/uploads/2023/06/CDHO\\_Agenda\\_03312023.pdf](https://cdho.org/wp-content/uploads/2023/06/CDHO_Agenda_03312023.pdf)  
(pages 186-207)

<sup>4</sup> <https://www.ontario.ca/files/2023-12/moh-college-performance-measurement-framework-reporting-tool-en-2021.pdf>

## 2. How we prepared this report

2.1 We carried out a review of the Council's governance documents, including in particular, the College bylaws and the Policy Manual which provided considerable insights into the current governance practices followed by the College.

2.2 We reviewed documents relating to the Policy Governance™ model with a view to gain insights into the governance model and practices currently in place at the College.

2.3 We observed two meetings of the Council, held on September 22<sup>nd</sup> 2023 and December 1<sup>st</sup> 2023 (excluding *in camera* sessions) and had prior access to all agendas and supporting papers. The ability to return to the recordings of these meetings proved most helpful in our quest to confirm, at a later date, certain observations arising from a meeting.

2.4 A total of 16 one-to-one discussions with 13 council members and three staff were completed between November 20 and December 10 2023. Five questions were developed to help guide discussion, and respondents were encouraged to freely share any thoughts with the mutual understanding that no comments would be attributable to any individual.

2.5 In preparing our report, and as noted previously, we have taken into account the findings of the recent external assessment of CDHO Council's Effectiveness, and the expectations set out in the College Performance Measurement Framework

2.6 We held meetings with the President and the Registrar & CEO in January 2024 in order to report on our progress and to check some of our observations.

2.7 A final draft report was provided to the Governance Committee in February 2024 to check for factual accuracy. The comments received were taken into account in a final report presented to Council at its meeting on 8th March 2024.

### 3. What we found

#### *Conduct of meetings*

3.1 The College adheres rigidly to the style of governance set out by John Carver in Policy Governance™. This approach is characterized by a strong separation of ends from means, governance from operations and council member's roles from that of the Registrar & CEO and staff. Meetings are formal, agendas and reports follow a fixed pattern with much repetition and direction for members. Decisions are taken by voting on resolutions rather than by general agreement. However, we observed that at Council meetings when there is consensus, a vote is not always imposed.

3.2 The Council's roles under the Policy Governance™ model are to create:

1. The link between the owners and the operational organization.
2. Written governing policies that address the broadest levels of all organizational decisions and situations.
  - 2.1. Ends: what good or benefit the organization is to achieve, for which people, at what worth
  - 2.2 Executive Limitations: Constraints on executive authority that establish the boundaries of prudence and ethics within which all executive activity and decisions must take place.
  - 2.3 Governance Process: Specification of how the Council conceptualizes, carries out and monitors its own task.
  - 2.4. Council-Registrar Delegation: How power is delegated, and its proper use monitored, including the Registrar/CEO role, authority, and accountability.
3. Assurance of organizational performance through structured monitoring on Ends and Executive Limitations
  - 3.1 Assurance of organizational performance through structured monitoring on Ends and Executive limitations
  - 3.2 Structured monitoring of the Registrar as outlined in Council-Registrar/CEO delegation policies.
- 4 Operational decisions that the Council has prohibited the Registrar/CEO from making through its Executive limitations policies.
  - 4.1 Decisions regarding borrowing from financial institutions.
  - 4.2. Decisions regarding loans of CDHO funds.
  - 4.3. Decisions regarding use of long-term reserves.
  - 4.4. Decisions regarding acquisition, encumbering or disposal of land or buildings.
  - 4.5. Decisions regarding change of organizational name or corporate identity.
  - 4.6. Decisions regarding submission of proposed amendments to the Act, Regulations or Bylaws.
5. Council decisions required by bylaw articles 3.7 through 3.9
  - 5.1 Approval of the list of investigators and approved commissioners.<sup>5</sup>

3.3 It is worth noting that the restraints in this framework limit both the role of the Council and the role of the Registrar & CEO and that while setting the 'Ends' for the College the Council makes no contribution to how those are achieved, the means being

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<sup>5</sup> See CDHO Policy Manual pp 4-16



delegated to the Registrar & CEO. At the same time the Registrar & CEO is restrained by an extensive list of 'Executive Limitations', those things that they shall not or must not do. The purpose of this framework is to define the boundaries between the role of the Council and the role of the chief executive but in effect they act as a barrier to a mutually beneficial partnership that supports the sharing of ideas and expertise.

3.4 In practice the Council benefits from strong and capable leadership provided by both the current chair, and the Registrar & CEO. The chair is widely seen as 'doing a great job' in leading Council to stay within the restraints of Policy Governance and deliver the Agenda of the meeting.

3.5 The Registrar & CEO was described by respondents as a strategic, visionary and 'out of the box' thinker, and his commitment to openness and transparency were widely acknowledged and appreciated.

3.6 Notwithstanding the capable leadership currently in place, the observed effect of Policy Governance™ on Council meetings is that all items are fitted into a rigid structure, spontaneity is removed, discussion is limited, and the majority of the meeting's time is consumed with repetitive procedure.

3.7 The length of a meeting or the frequency of meetings are not a measure of their usefulness. It is worth noting that the December 1st Council meeting had 287 pages of material supplied to it. We estimate that at least half that material was redundant, repetitive or not discussed. There were 48 pages alone of individual declarations of interest. In our view over administration and under delivery is a feature of councils using a policy governance approach

*Governance supporting effective and outcome focused decision-making.*

3.8 In the one-to-one discussions several respondents described the current governance model with the analogy that it 'puts the Registrar & CEO in a box' -the size of which is currently defined through the approved Executive Limitations. These Executive Limitation policies set out those things/activities that the Registrar & CEO shall not do. Some individuals also said these give relatively free rein to the Registrar & CEO (within the 'box') which can, on occasion, result in the Registrar & CEO making a decision that the Council does not agree with but, as long as he does not obviously step outside the lines of authority by breaching the Executive Limitations, the Council must accept a given action or decision.

3.9 There is wide agreement that defined and accountable reporting and monitoring processes are needed to support the Council in fulfilling its oversight role but the majority of respondents believe that under the current model Council spends an inordinately high amount of its time on reviewing its own policies and monitoring itself and the Registrar & CEO and that more time would be better spent on other things that directly relate to clients and public interest.

3.10 On this point, in the two meetings of September 22<sup>nd</sup> and December 1<sup>st</sup>, we observed that very little time was specifically allotted on the agendas to matters that would improve the public's access to safe and competent care or reduce real or potential risks of harm to the clients who access the services of registered dental

hygienists. We heard that at a previous meeting, Council had had a discussion respecting the expanded scope of practice granted to hygienists in BC; respondents also identified some other issues as important, but these were not evidently discussed as shown in the minutes of previous meetings, or in the two meetings observed. Examples of such issues include; an improved quality assurance program; ensuring that proposed changes to standards of practice and scope are well-grounded in the dental hygiene profession; and enhancing efforts to better engage with the public respecting the role of the College, particularly those who seek and access the services of registered dental hygienists in Ontario.

3.11 An important report covering racism as experienced by both the clients of hygienists and by hygienists themselves was presented to the Council at the December 1st meeting. The agenda allowed an hour for this topic. At the meeting discussion was completed in 40 minutes with only eight minutes of questions or comments raised by only four Council members. Considering that the findings were described as 'alarming and shocking' by one member we question how merely referring the matter on to the Registrar & CEO met either the Council's expressed commitment to anti-racism or to the safety of the public.

3.12 Policy Governance™ also refers to the 'owners' of the College. The Council's role is providing a link between them and the organization. The idea of 'owners' seems to parallel the shareholders of a company. There seems to be some uncertainty as to who the owners of the CDHO are; are they the people who use the services of a dental hygienist or are they the citizens of Ontario? This was mentioned at the December 1<sup>st</sup> Council meeting but we observed that no decision was made. There is an Ownership Linkage Committee but judging from reports to Council neither Council nor the Committee are entirely clear what its role is or who 'owners' of the College are. It is not clear either if the Committee's task is to inform the owners about the College or for the College to learn from the owners.

3.13 There are mixed views amongst council members regarding the current governance practices and how effective, or not, these are in supporting Council in effective and sound decision-making.

3.14 Of the 16 individuals interviewed, a majority indicated that they would support changing from Policy Governance™ to a model that is more understandable, flexible and less onerous. Of the 13 in favour of shifting to a different governance model, some individuals were hesitant to suggest a change, because they said they did not know what other governance options might be available to them.

3.15 Only two of the respondents said they had a solid understanding of and support for Policy Governance™ and were in favour of retaining current governance practices.

3.16 In response to the invitation to: 'Tell me about your current governance practices and how the model is working...' in the one-to-one interviews, there were two remarks in particular which stood out: "*I have absolutely no idea how it's meant to work, but as is, it's a waste of time and energy*" and "*Oh my goodness, there just has to be another way!*"

3.17 There is a general lack of understanding about how or if Policy Governance™ works, especially amongst the more recently elected or appointed members of Council. Clarity and understanding of the 'rules' setting out what Council can do or decide on, as opposed to what belongs in the Registrar & CEO's domain, is widely seen to be of key importance in ensuring that the governance model does support effective decision-making. The Governance Committee's current work on developing a more consistently delivered and structured mentoring process to better assist newer Council members in 'getting up to speed' is seen as a positive step. However, where a governance process is not working well, training will not remedy that; only changing the governance process will.

3.18 The College Performance Measurement Framework sets out an expectation that health regulatory Colleges in Ontario make efforts to ensure council and committee members have the required knowledge and skills to warrant and support good governance. The CDHO Council has approved a comprehensive Council Competency Profile<sup>6</sup>, which sets out the areas, and levels of knowledge desirable for council members. Currently, professional registrants interested in seeking election to Council must attend an information session and once elected to Council, new members are asked to complete a self-assessment of their own level of knowledge across identified areas. Using the competency framework to inform a screening process that asks individuals to demonstrate the areas of knowledge that they would bring to the Council before they are eligible to seek an elected seat would better assure competencies of elected members and meet this expectation.

3.19 There was discussion at the meeting on December 1<sup>st</sup> respecting a proposed bylaw change that would increase the time before a registered dental hygienist with a criminal conviction can seek election to Council from three years to 10 years after a finding of guilt and an increase from three years to eight years since their compliance with any given penalty. More than an hour was spent on discussion, and despite the rationale provided that these changes would increase public trust and confidence in the College while also aligning with identified best practice in other regulators, Council members arguments against these proposals were focused primarily on whether these proposed changes would be fair to the profession. The time spent resulted only in a referral back to the committee with no decision made, which suggests current governance practices do not facilitate Council's decision-making. It was surprising to us that Council members thought that any convicted criminals were suitable to be members of a regulatory council.

3.20 A second proposed change to the bylaws to limit the number of terms of office a Council member can serve was rejected by Council. This decision appeared not to be in the interests of the public but in the interests of existing council members. It also limits the opportunity for new, and particularly more recently registered hygienists, to be elected. The Registrar & CEO then asked to speak on the proposal but did so with the caveat, 'I don't usually get involved in Council discussions, but I do have some thoughts I'd like to share'. We understand that under the current governance practices, the Registrar & CEO does not customarily participate in Council discussions, yet we believe that the best effective regulatory governance practices rely on a strong and mutually

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<sup>6</sup> <https://cdho.org/wp-content/uploads/2023/11/Council-Competency-Profile.pdf>

beneficial relationship existing between the Registrar & CEO and Council. The Registrar & CEO should, and feel free to, provide Council with guidance and advice based on their personal regulatory expertise and knowledge; the Council, in turn, should expect and rely on the Registrar & CEO to do so. The current governance model cannot support Council in effective or outcomes-based decision-making where barriers and rules are seen to deter the Registrar & CEO from providing relevant information or advice to the Council, as needed and appropriate.

3.21 With regard to lifetime term limits, the intent was to assure a regular refreshment and diversity of views, experience, and perspectives on Council, in alignment with best practices in other regulators. Despite the chair's attempts to bring discussion back to the public interest, which was the reason for this proposal, Council's comments regrettably focused more on how lifetime term limits might affect a member's ability to continue serve as a member or be compensated for other work; and how the Council would fill vacancies if such changes resulted in fewer people seeking election. The tendency to focus on how proposals will impact professional members, or the College, is contrary to our understanding of Policy Governance™ which is meant to focus Council on Ends.

3.22 We observed a lack of robust discussion between members of Council. Council members ask questions and state opinions but seem hesitant to disagree with each other or to test out each other's ideas. The opinion expressed by the first person to comment on an issue seems usually to shape the decision and often the matter is referred back to a committee or forward to a future meeting. In other words, there is no decision at all. Council members did question the Registrar & CEO in some detail on the operational budget, spending nearly an hour on this topic. They had no questions, however on their own governance budget, which was approved without question.

3.23 In interviews some respondents suggested that a rigidly followed governance structure such as Policy Governance™ might have merit where there is identified dysfunction between the Council and the staff; but there is wide agreement amongst a majority of respondents that today's council is functional; its relationship with staff is good; and that it is more than ready to govern within a better, more flexible and easier to follow model that includes the right balance of reporting and engagement to support the Council in fulfilling its oversight role and responsibility.

3.24 Some respondents said that Council's oversight of operations and accountability is assured through the extensive monitoring associated with Policy Governance™. There is some doubt, however, as to whether Council is monitoring activity or the outcome of activity in meeting its Ends. Others expressed concern that while monitoring is about holding the Registrar & CEO accountable, they see little accountability expected of those Council members who evidently do not do their required monitoring in advance of Council meetings.

#### *Understanding of regulatory risks of harm*

3.25 The primary purpose of professional regulation is to manage the risk of harm to the public. Whatever industry or profession it regulates, a regulatory body must understand the risks it is responsible for mitigating. The Council of the CDHO, as the oversight body, should know what the key risks of harm to patients and the public arising from the practice of dental hygienists are. We have seen no evidence that the Council is focused

on or even corporately aware of the occupational risks relating to the profession it oversees. The word 'safe' occurs twice in the Global Ends statement by the Council but we have seen no papers dealing with safety and heard no discussion of safety by the Council. The Council appears to have delegated 'safety' to the Registrar & CEO, but safety is clearly an end not a means and therefore the direct responsibility of Council under the policy governance approach.

3.26 In the external assessment in 2023, Council members were not able to confirm that the Council had a sound process for identifying and reviewing risk(s) and what that process was. Most individuals said that risk is not something that comes up at Council or that they believe risk is more a focus of consideration at the committee level. Several respondents mentioned the Inquiries, Complaints and Reports Committee which follows a risk-based framework to help guide respective deliberations and decisions. A majority of individuals, in that earlier report, said that they believed that it was up to the President and Registrar & CEO to identify issues, including risks, that needed to be brought to the Council's attention. We note that the College has not as yet implemented the external assessment's suggestion that 'Council should publicly consider, identify, and document potential risks/risks of harm that may arise from, and be addressed or mitigated through, its respective deliberations and decisions.'

3.27 Council as the governing body of the College should be concerned with two categories of risk: risk to patients and the public of the practice of registered dental hygienists, wider risks to the public from poor oral health and risks to the College itself of failure to fulfil its statutory duties, its fiduciary oversight, its reputation, and integrity. Council seems to act as though these are operational matters where, in fact, they are existential.

3.28 The 'Risk Assessment and Decision-Making Tool' <sup>7</sup> used by the Inquiries, Complaints and Reports Committee shows that the College can and does have means of evaluating risks effectively. It would be good to see much wider and more strategic application of this approach in support of the organization's Ends.

3.29 There is no evident consideration of actual or potential risks of harm to clients of dental hygienists or to the public. The management and mitigation of the risk of harms that could be caused by a profession is a primary function of a regulator, and a failure to protect the public poses a high-level risk for a regulator. A regulator that is not focussed on risks of harm to the public is a regulator itself at risk.

#### *Commitment to the interests of the publics*

3.30 We have made clear in paras 3.25-29 (above) the centrality of risk management by regulators. The purpose of risk management is to protect patients and publics and to ensure that registered dental hygienists practice safely, competently and ethically.

3.31 We observe two things; first, that the publics' interests are rarely an item on the Council agenda, most of which is taken up with internal procedural matters as prescribed by Policy Governance™ and secondly, that when the publics' interests are

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<sup>7</sup> <https://cdho.org/dental-hygiene-clients/file-a-complaint/investigating-your-complaint/>



relevant to a topic it is the interests of the profession that come first to Council members' minds.

3.32 For example, the Agenda for the December 1<sup>st</sup> 2023 Council meeting included only one item that directly related to the public's interests. This was the 'Voice of the Patient Report' prepared and presented by Pivotal Research. There is a great amount in this report to engage the Council in serious reflection on the role of regulation and the exclusion of many citizens from access to dental hygiene services. As noted in para 3.11 (above) discussion of this report was brief and superficial.

3.33 Some other matters did have a bearing on the public interest, for example a few of the Bylaw changes, but where the proposed changes were challenged, it was our observation that the primary concern was to protect the interests of registrants or Council members.

3.34 In his verbal report to the September 22<sup>nd</sup> meeting, the Registrar & CEO observed, 'We continue to experience a low complaint intake rate... So this is a very low number for such a large registrant pool and certainly reflects the quality of care that dental hygienists provide to the people of Ontario.' No one disagreed with this assertion. In the December meeting the 'Voice of the Patient Report' showed that the likelihood that people would access the services of hygienists strongly correlated with socio-economic factors and the likelihood that they would raise a complaint even more so. One Council member pointed out that 'A low number of complaints doesn't mean a high level of satisfaction,' If any council member noted these two contradictory perspectives, on an important issue they didn't think it worthy of comment.

3.35 The Council has an 'Ownership Linkage Committee'. Its role or indeed who the 'moral owners' of the College are does not seem to be very clear in practice. There is no mention of the 'owners' in the statement of Ends. The Terms of Reference of the Ownership Linkage Committee refer to 'moral owners' but does not specify who they are. Governance document GP11 'Council linkage with owners', does define the 'moral owners' as 'the public of Ontario' and goes on to say that 'the Council will establish and maintain a three-year ownership linkage plan in order to ensure that the Council has intentional and constructive dialogue and deliberation with the owners....' We asked to see this plan but were told it was not yet complete. We do not think the College is putting as much energy into dialogue with the public of Ontario as it is with registrants. Some Council members seem to think registered dental hygienists are indeed the true owners of the College.

#### *Anti-racism, diversity and inclusion*

3.36 The College's statement on equity, diversity and inclusion is clear that 'CDHO recognizes its responsibility as a regulatory body that serves the public to meaningfully address issues of inclusion, diversity, equity and accessibility. We are committed to doing what we can to remove systemic barriers and foster a sense of belonging where different voices can be heard and valued.' This is an admirable commitment. The External Assessment of the CDHO Council's Effectiveness, 2023 reported a strong consensus amongst respondents that the Council has made and continues to make appropriate strides in demonstrating its commitment to transparency, and to diversity, equity, and inclusion.

3.37 Intention is important; realistic plans and delivery even more so. The presentation of the 'Voice of the Patient' report was therefore a valuable opportunity for the Council to show its genuine engagement with the challenges that it, along with all public institutions, faces in confronting racism. As already suggested Council members' response to this report was positive but brief and superficial. There was no questioning of the researchers about the methodology used in order to confirm the reliability of the findings. No questions were asked about the causes of racism as reported by patients and the causes of racism reported by hygienists. Without a proper analysis of the problem Council is not a position to guide the Registrar & CEO towards the outcomes that it wants.

3.38 The Chair in her opening remarks at the Council meeting, reminded Council members of their obligations to keep diversity, equity and inclusion in mind as they considered matters before them. It was also noted that considerable training and education on diversity, equity and inclusion had recently been provided to Council, a testament, most say, to Council's commitment to embrace these principles.

3.39 We do not doubt the sincerity of the College's commitment to diversity, equity and inclusion but there is some complacency in its confidence that it is doing well when it has no information on the outcome of its efforts but clear information that racism persists.

## 4 Good practice in governance

### *The purpose of governance*

4.1 A great deal has been written about governance, not all of it helpful and not all of it clear. It may be useful therefore to consider two definitions of governance which are applicable in a regulatory context. The first is from the National Council of Voluntary Organisations in the UK; ‘Governance is the systems and processes concerned with ensuring the overall direction, effectiveness, supervision and accountability of an organisation’.<sup>8</sup> This definition has the merit of being brief and understandable, but it begs the question of exactly what ‘systems and processes’ constitute good governance.

4.2 A fuller definition is given in the Journal, Not-for-Profit Governance; ‘Non-profit governance has a dual focus: achieving the organization’s social mission and the ensuring the organization is viable. Both responsibilities relate to fiduciary responsibility that a board of trustees (sometimes called directors, or Board, or Management Committee—the terms are interchangeable) has with respect to the exercise of authority over the explicit actions the organization takes. Public trust and accountability are an essential aspect of organizational viability, so to achieve the social mission in a way that is respected by those whom the organization serves and the society in which it is located’.<sup>9</sup> The value of this definition is its focus on the dual role of governance in maintaining the viability of the organization and also delivering its social role. Understanding of dual roles in the governance of professional regulators is one of the key challenges facing board members. This definition goes on to highlight that ‘public trust and accountability is an essential aspect of organizational viability’. In other words, the dual roles are linked; an effective well-run organization builds public trust and public trust contributes to viability.

4.3 In this report we consider that good governance is the effective, efficient, transparent, and accountable delivery of an organization’s objectives thus creating confidence and trust in its members, clients, and the public. Good governance is as much about behaviours and their outcomes as it is about procedures.

### *Separation of roles*

4.4 Understanding the roles of a professional regulator and of its governing body is an essential first step to effective governance. Many professional regulators in Canada had a dual mandate as an ‘association’ of professionals as well as a ‘regulator’ of professions. Some still do and many have activities and interests which are more directed to the profession than to the public. To promote the interests of a profession and to promote the interests of service users are rarely compatible. Elected members to Councils still often feel that their role is to ‘represent’ the interests of the registrants who elected them.

4.5 Internal roles need to be kept separate too. Perhaps most important in terms of trust is the handling of complaints inquiries and discipline. If this process is not independent of the interests of the board, free from bias and partiality, neither registrants, nor complainants, nor the public can have confidence in the regulator.

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<sup>8</sup> National Council of Voluntary Organisations. <https://www.ncvo.org.uk/practical-support/information/governance>

<sup>9</sup> *What is Governance?*, Not-for-Profit Quarterly, June 9, 2017



4.6 Another important distinction internally is that between strategy and oversight and delivery and management. In business governance an important distinction is made between 'executive officers or directors' (the CEO and most senior staff) and the non-executive directors, (who are appointed or elected to the board). Non-executive board members are not there to run the regulator; they are there to set the direction of its work, oversee the delivery of its strategy and to hold the CEO accountable for running the organization within that strategy and the values the board has set. Within the structure of the College, the Council members are non-executive directors, and the Registrar is the Chief Executive Officer.

4.7 The relationship between the registrar/chief executive officer and the chair is crucial. The separation of responsibility between operational delivery and strategic oversight is fundamental to success, as is a respectful partnership in decision making. Without a respectful and constructive partnership and good communication between the chair and CEO, organizational leadership will fail.

#### *Policy Governance™*

4.8 One of the frequently used approaches to not-for-profit governance used in Canada is John Carver's Policy Governance Model™. As Carver himself has written it is, 'the most well-known modern theory of governance worldwide and in many cases the least understood.' We are not surprised it is misunderstood. Over the years of its development by Carver and his supporters the original valuable insights about the importance of the separation of roles and division of responsibilities have been overlaid with an accretion of procedures, reporting mechanisms and complex terminology which has so baffled some boards that following the Policy Governance Model™ has become an end in itself. This is ironic because Carver himself makes an important distinction between 'ends' decisions by boards and 'means' decisions. We have observed many boards struggling over how to define their 'policy ends', instead of straightforwardly agreeing on their long and short-term objectives then discussing with their executive colleagues how those objectives can be delivered and monitored.

4.9 Another aspect of the Policy Governance Model™ which has been ill-applied is so called 'executive limitation' reporting. Again, the original purpose is reasonable: 'the board does not do blanket approvals of budgets, program designs, or staff compensation plans, but it will have set out the limits of prudence and ethics within which the CEO must stay. Monitoring pointedly targets those board-stated criteria...' In practice 'executive limitation reports' to boards have become a time-consuming bureaucratic exercise in which CEOs write lengthy reports about all the things they haven't done which the board discusses at length to ensure the CEO has not strayed into 'policy ends' but stuck faithfully to 'means'. The consuming of board time by reports is something the Policy Governance Model™ warns against but has in effect promoted.

4.10 Boards do need to understand the separation of different organizational objectives and the internal separation of roles between the board and the CEO and staff but the Policy Governance™ Model as it has developed no longer seems helpful in supporting effective regulatory governance at the CDHO.

### *Contemporary thinking on governance*

4.11 Contemporary thinking about effective governance is focussed on outcomes rather than structures and procedures. It looks for informed decision-making and delivery of results. It doesn't care for Robert's Rules of Order, first published in 1876, since an effective board is not a parliament. Contemporary non-executive boards are small; they are skill based not 'representative'; they use performance data and outcome measurement to monitor the delivery of their objectives; they limit committees and working groups in favour of background papers well-researched by competent staff; and they call in external expertise as required. They make decisions rather than refer matters back to a committee. They do not interfere in operational matters but oversee strategy and the implementation of their objectives. Boards ensure that the organization's resources are used to deliver its goals rather than allowing its goals to be determined by the available resources. As well, boards assess their own performance and seek to learn and improve. Boards are externally accountable, whether it be to the public, to shareholders or to members but they should not be subservient to external pressures or to professional or self-interests (see A Checklist for Regulatory Boards, Annex 1).

### *Clarity of purpose*

4.12 The governing councils of regulators need to be very clear to themselves and to others that their purpose is to promote good standards of professional practice, to protect service users from harm and to act in the public interest. They may also have other wider responsibilities. Board members may have been elected or appointed for the first time with no knowledge of the functions of a regulator and very little, if any, experience of serving on a board. To compensate for the deficiencies created by the selection process a comprehensive, supportive induction process needs to be in place. Of great importance is that board members have read and understood the legislation under which they operate and from which they receive their mandate from government on behalf of the public. Board members should discuss and agree on their purpose and role; there must be a common understanding of who the public and the diversity of their interests are if they are to be protected. Decisions should be challenged and checked by the board to ensure they are in-line with the regulator's agreed purpose and with their own strategic plan and objectives.

4.13 Neither election nor appointment guarantees competence, nor do these guarantee a balance of skills on a board. In Canada, regulatory bodies are often hampered by legislation which limits their ability to have board members chosen on merit and against published competencies. That this is so implies no disrespect for the individuals who are elected or appointed to boards. Where possible boards should use any opportunities available to them to ask for appointed members to be chosen to compensate for deficiencies, for instance an identified lack of financial or regulatory expertise. Some regulators have set up nominations committees to identify and recommend candidates standing for election, others have introduced mandatory training for potential board members. Effective boards will have an annual appraisal of board members, including the chair providing an opportunity to review an individual's contribution and the performance of the board as a whole. Increased diversity of membership will also contribute to diversity of skills.

### *Conflicts of interest*

4.14 Conflicts of interest amongst board members, or indeed staff, are detrimental to good governance<sup>10</sup>. The principles around conflicts of interest are well understood; when a board member knows that they have a personal, professional, or financial interest in a decision they should declare it and withdraw their involvement. Declaring an interest is only a first step; it does not of itself remove the interest and board members must absent themselves from the meeting or activity if a direct interest or bias exists. 'Perceived' conflicts of interest are as potentially damaging as direct conflicts. A board member may sincerely believe that they are able to make an objective decision on a matter, but others may perceive that they are conflicted and if so, their involvement will undermine the integrity of the decision. All boards should keep and publish a register of interests and any new interests should be declared and recorded at the start of each meeting. The importance of identifying and reporting conflicts of interest extends to committees and disciplinary panels. Indeed it is an inherent conflict for council members, who have one set of interests, to sit on disciplinary tribunals which have a very different one. Failure to declare any personal or professional or financial knowledge or relationship may result in a failure of probity or even, in the latter case, a miscarriage of justice.

### *Representation or credibility?*

4.15 There has been much debate over recent years as to whether regulatory boards should or should not be 'representative' of their professional membership. There is often confusion between the concept of representativeness on a board and equity and inclusion. Elected boards are only representative of those who are willing to stand and those who vote for them. They are often likely to be drawn from a narrow socio-economic group and from older members of a profession. It has been observed that when boards believe they are representing the 'democratic' interests of members they fall into error and lose sight of their primary purpose of protecting the public<sup>11</sup>. The UK's Professional Standards Authority has proposed that the concept of credibility with registrants and the public should replace that of representativeness. While acknowledging professions must remain engaged and committed to their own regulation and regulators must retain the confidence of the profession, it says, *'Nevertheless the time is right to break away from the idea that individual members of regulatory boards are representative of the interests of any particular group or constituency...Board members need to set aside their special interests and work together on the effective governance of the regulator.'*<sup>12</sup> Regulatory boards should not be beholden to the profession they regulate but to the public they serve. Good governance, as observed above, by delivering transparent, fair, effective, and efficient regulation, will build confidence and trust in all stakeholders. A board that is only interested in its shareholders or members and not its customers or its public duty will inevitably fail.

### *Meetings, meetings, meetings*

4.16 Not-for-profit bodies seem obsessed with committees and working groups and taskforces. The meetings and administration that these committees generate consume

<sup>10</sup> See for example, *Fit and Proper? Governance in the public interest*, Professional Standards Authority, 2013

<sup>11</sup> See for example, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*, Professional Standards Authority, 2018

<sup>12</sup> *Op. cit.* PSA 2013 p. 13

considerable resources, postpone decisions, and rarely add value to performance commensurate to the voluntary, staff and financial resources expended on them. It is often suggested that because committees are comprised of unpaid volunteers, they are a cost-effective way of making decisions, but in fact they involve many costs; each committee must have staff dedicated to it, travel and accommodation expenses build up and committees tend to generate a life of their own- often living on well beyond the period of their usefulness.

4.17 Many regulatory bodies are hampered in achieving efficiency by a legal requirement for statutory committees that they must establish and on which board members must sit. The functions of some of these committees may be desirable, even essential but whether a committee is needed to carry them out is another matter. Boards should carefully consider the establishment of additional committees; are they necessary, will they add something the board cannot do itself, how will they be resourced, will they be advisory or decision-making, will they be time-limited, how will they report to the board?

4.18 The direction of reform in regulation of professions is clear across numerous jurisdictions and professions. Boards are being reduced in size; elections are being replaced with appointments based on merit; and the proportion of public members is being increased to half or more. Chairs of boards are appointed separately, and public members may be appointed chair. Terms of office may be three or four-years, and renewable once only. Board members may be paid an appropriate fee for their work. Board members are no longer responsible for disciplinary decision-making and disciplinary tribunals are increasingly established as independent of the regulator. The requirements of transparency, accountability and public benefit are coming under greater scrutiny. Self-regulation, it is often said, is a privilege not a right. The terms on which that privilege is granted are ever more demanding.

#### *Personal ethics and conduct*

4.19 The true key to successful governance is not rules and procedures but personal values and behaviour, although of course rules are necessary to govern those whose behaviour does not reflect proper values. The values of courtesy, honesty, openness, objectivity, and respect for others should be the common culture of boards and committee meetings. Most regulatory boards have (and all should have) a Code of Conduct for board members.<sup>13</sup> That code of conduct must be adhered to by members individually and enforced by members collectively. Members must politely challenge colleagues who behave inappropriately. Bad behaviour unchallenged becomes acceptable. Ultimately it is the responsibility of the chair to ensure the code of conduct is observed, a quiet word outside the meeting may be sufficient or an immediate intervention during a meeting may be necessary. Being a professional person requires self-discipline. Regulators expect those they regulate to behave to the highest standards both professionally and personally. Why should registrants have respect for their regulator if its board members do not themselves observe the same high standards?

#### *Reflection and self-assessment*

4.20 Just as a registrant needs to demonstrate their competence to practice their profession, those seeking a leadership role within a regulator should demonstrate their

competence to lead. Some regulators have introduced induction days for potential candidates prior to elections to ensure they are aware of the responsibilities and requirements of the role of a council member. A nominations committee may review candidates, assessing knowledge and competence before recommending a candidate for election. A nominations committee is usually independent of an existing board and fulfils a similar role to the short-listing process for candidates who apply for a job.

4.21 Good governance is not a static state. Good governance is a process, It requires reflection, revision, and renewal. Just as we ask the professionals we regulate to reflect on their own performance, learn from their successes and mistakes and continually improve, so we should do ourselves. Good governance should include an annual assessment of the performance of the board as a whole and of each of its individual members. This will identify strengths and weakness and allow for both group and individual learning.

## 5 Assessment against the Standards of Good Governance

5.1 Standard 1: *The regulator has an effective process for identifying, assessing, escalating and managing risk of harm, and this is communicated and reviewed on a regular basis by the executive staff and board.*

5.1.1 The Council does not have a process for identifying or assessing or managing risks of harm to patients or the public from incompetent or unsafe practice nor does Council review those risks of harm on a regular basis or oversee the mitigation of those risks through regulatory action.

5.1.2 The College does have a process for assessing risk through its risk-based assessment and decision-making tool used by the Inquiries, Reports and Complaints Committee for responding appropriately to complaints in relation to their seriousness.

5.1.3 The College does not have an enterprise risk register, although we were told that one was being developed. Enterprise risk is considered to be operational and therefore a matter for the Registrar & CEO and not the Council. The Council does not have oversight of financial or operational risks despite its members having legal and fiduciary responsibilities for such oversight as governors of the College.

This standard is not met.

5.2 Standard 2: *The regulator has clear governance policies that provide a framework within which decisions can be made in-line with its statutory responsibilities and in the interests of clients and the public.*

5.2.1 The College has 108 bylaws and a Governance Manual setting out 39 governance policies, including about 84 limitations on what the CEO can do. These policies are well written, comprehensible, and detailed. Council spends a considerable amount of its time monitoring them and when necessary, updating them so there is undoubtedly a clear framework within which decisions can be made.

5.2.2 Unfortunately despite the abundance of policies it is not evident how these support the Council in making decisions in the interests of clients and the public.

This Standard is partially met

5.3 Standard 3: *The board sets strategic objectives for the organization. The regulator's performance and outcomes for clients and the public are used by the board when reviewing the strategic plan.*

5.3.1 The College does not currently have a strategic plan to ensure the implementation of its Ends. Strategy is delegated to the Registrar & CEO.



5.3.2 The Council does not involve itself in decisions directly related to desired outcomes for clients and the public except through its review of the reports from the CEO. As these are primarily focussed on Executive Limitations and on the reporting of activities rather than outcomes the Council is not able to be confident that its strategy or Ends are being achieved.

5.3.3 In compliance with requirements under the College Performance Measurement Framework the Registrar & CEO annually completes the Reporting Tool, which requires evidence as to how the College currently meets the Ministry's expectations. Once seen by Council, the report is submitted to government and published on the College website, but it is not clear whether or how the regulator's self-assessed performance is used by Council when reviewing its strategies or Ends.

This Standard is not met.

5.4 Standard 4: *The regulator demonstrates a commitment to transparency in the way it conducts and reports on its business.*

5.4.1 We find that the College is transparent in how it runs its affairs.

5.4.2 The Council meetings we observed were live-streamed on YouTube and continue to be available for future reference. Council papers are published on the website.

5.4.3 At the end of each meeting, while still in public session, the Council members take a time out to complete their individual assessments of the meeting that has just concluded. At the resumption of the meeting, the Chair reviews the survey results with the Council, in full view of any observers present.

5.4.4 The College website has recently been redesigned. It is relatively easy to find out how to make a complaint. Information about disciplinary findings against individual hygienists is available although less easy to find and not comprehensive. Proposed changes to the bylaws will enable the Registrar to publish more information than currently. The website directs the public to find out the likely cost of treatment from the Ontario Dental Association and the Ontario Dental Hygienists Association. The first link says that the Association does not publish the recommended fees, the second link is blocked.

5.4.5 The Voice of the Patient report advises 'Transparency and complaints investigation and processing are two areas the College may need to further enhance by spearheading internal initiatives while further engaging with the public to improve its overall perception. Additionally, the CDHO has an opportunity to improve its image regarding its effectiveness in carrying out its public protection mandate.'

This Standard is met.

### 5.5 Standard 5: *The regulator engages effectively with clients and the public.*

5.5.1 The Council has established the Ownership Linkages Committee, which is tasked with establishing strategies for stakeholder outreach and has worked with Pivotal Research to distribute annual 'Voice of the Patient' surveys to solicit feedback from the public on various topics.

5.5.2 The questions asked of the public in outreach surveys conducted to date appear focused on specific issues, initially on client expectations and hopes related to their dental hygiene care and more recently, on racism. There was discussion at Council in 2022 about questions that raise the public's general awareness about the role of CDHO in assuring safe and competent dental hygiene care through setting and enforcing standards giving rise to concern by some that this could result in an increased number of complaints against dental hygienists. Increased complaints, if justified, are in the public interest.

5.5.3 The Ownership Linkages Committee commissioned a research study on racism and in December 2023 the Council received the 'Voice of the Patient Report' prepared and presented by Pivotal Research. There is a great amount in this report to engage the Council in serious reflection on the role of regulation and the exclusion of many citizens from access to dental hygiene services. We hope there will be more in depth discussion in future.

5.5.4 We raise a minor concern about the use of the term 'THE patient'. This implies that patients are a homogeneous group with shared experiences and opinions. This contradicts a commitment to diversity. We note that the College uses 'client' rather than patient elsewhere.

This Standard is partially met.

### 5.6 Standard 6: *The regulator engages appropriately with the profession.*

5.6.1 In the external assessment conducted in late 2022, a number of respondents expressed concerns regarding the dental hygiene profession's general views of the CDHO, which they perceived as unfavourable.

5.6.2 The Ownership Linkage Committee sought feedback from the profession through surveys conducted by Pivotal Research. As the 'owners' of the College are described as the public of Ontario we are not sure why the Ownership Linkage Committee was responsible for this research.

5.6.3 The report of the Ownership Linkage Committee to the December 1st Council meeting included 'The Registrant Engagement Report. This report focused on the point of view of the registrant's experience at the dental office, The Committee report said, 'The Pivotal Research report looks at the positive and negative experiences registrants face and will provide us with suggestions on how we can improve their experience.' Since the 'owners' of the College are reportedly either the Ontario publics or the clients of dental hygienists, we are not clear how improving the experience of registrants falls within the committee's remit.



5.6.4 As noted above in section 3, there were several discussions at the two observed Council meetings where Council members' decision-making was seen to focus more on concerns for the profession and how registrants would react than on whether or how a decision would best serve the interests of the public.

5.6.5 Observation of Council meetings confirms that the Council is engaging with the profession, indeed seems quite concerned about the profession's view of, and attitude towards, the College. The Registrar & CEO is expected through the established Ends to improve relations with the profession. Engaging with the profession does not, however, mean being submissive to its interests.

This Standard is partially met.

5.7 Standard 7: *The board takes account of equality and diversity in its decision-making.*

5.7.1 There is no doubting the commitment of the College to diversity, equality and inclusion. Whether Council has really thought through what needs to change in order to include its commitment in its decision-making is not so clear.

5.7.2 When decisions were being made, we did not hear specific questions about how they might affect different communities or about whether they might encourage or discourage diversity or inclusion.

5.7.3 After the presentation of the *Voice of the Patient* report the Registrar & CEO gave a list of actions he was taking or would take to promote anti-racism, such as training for hygienists, the QA program, a possible new standard, inclusion in the dashboard and others. This was positive but no one from Council asked how the impact of these interventions would be measured to judge if they were effective.

This Standard is partially met.

5.8 Standard 8: *The board has effective oversight of the work of the Registrar & CEO and staff team.*

5.8.1. Policy Governance™ devotes much time to the oversight of the work of the Registrar & CEO and through them the staff team.

5.8.2 At every meeting written reports on the work of the College are received from the Registrar & CEO. These are clear and detailed. The Council also reviews the Executive Limitations to ensure the Registrar & CEO is not exceeding his brief.

This Standard is met.

5.9 Standard 9: *The board works corporately, with an appropriate understanding of its role as a governing body and of members' individual responsibilities.*

5.9.1 We find that the Policy Governance™ model currently followed, is not helpful to the CDHO Council in understanding its role as a regulatory governing body.

5.9.2 Council evaluations are currently focused on the meeting processes, and whether the Council followed the expectations set out under Policy Governance™. They are not focused on the outcomes of the College's activities.

5.9.3 Within the framework of Policy Governance™ the CDHO Council, and the Registrar & CEO each do what they are required to do, but there is a lack of clarity as to whether the Council's collective role as a governing body and individual responsibilities of members of Council are fully understood and whether the Council provides sufficient scrutiny and oversight of the activities of the College and its role in protecting the diverse publics in Ontario.

This Standard is partially met.

5.10 We conclude on the evidence we have seen that the College meets two of these Governance Standards, partially meets five and does not meet two. Very often the intention of Council is in line with the Standards but the monitoring and delivery is not followed through. There is room therefore for improvement in the way the Council scrutinizes the information it receives, its oversight of strategy and its focus on outcomes.

## 6 Recommendations

6.1 In this section of our report, we set out nine recommendations which we consider will address the weaknesses in governance identified above and help move the College forward. Recommendations are just that; they are not instructions. It is for the Council and the Registrar & CEO to decide which are valuable, which have priority and how to implement them. Nevertheless, we hope the College will give serious consideration to our recommendations for change.

### 6.2 Recommendation 1

The College should move away from its rigid application of Policy Governance™. It should aim to develop a collaborative style of working between Council, the Registrar & CEO, and staff with greater engagement by Council in the setting of strategy, assessment of risks and measurement of outcomes.

### 6.3 Recommendation 2

Council meeting agendas should focus on matters clearly related to the public interest and patient safety rather than on redundant administrative procedures.

### 6.4 Recommendation 3

Council should take responsibility for the oversight of the strategic plan developed by the Registrar & CEO in order to deliver its objectives. The Council should pay greater attention to monitoring the delivery and impact of these plans.

### 6.5 Recommendation 4

Council should reconsider establishing maximum lifetime term limits on its members to assure regular refreshing of skills and diversity on the Council and to further its commitment to diversity, equity and inclusion and good governance.

### 6.6 Recommendation 5

Council should have periodic sight of the enterprise risk register and should itself take responsibility of developing with the Registrar & CEO a regulatory risk register focussed on the safety of patients and the public. The regulatory risk register should include risks relating to racism and discrimination.

### 6.7 Recommendation 6

Rather than assessing the way each meeting has been managed, Council should use its agreed competency profile as a basis for an annual Council evaluation process that includes a competency-based assessment of the Council's performance both individually and collectively and against the delivery of its strategic plan.

### 6.8 Recommendation 7

Council should revise its 'Eligibility for Election' criteria in the bylaw to include a competency-based recruitment and screening process that confirms desired competencies individuals would bring to Council before they are eligible to run for election. Such processes are already in place at several health regulators in Ontario, who would be happy to share their experiences and results.

#### 6.9 *Recommendation 8*

Council should clarify the role and terms of reference and work programme of the Ownership Linkage Committee. It should address itself with greater energy to having a meaningful dialogue with the publics of Ontario in all their diversity and in allowing them to influence the College's Ends.

#### 6.10 *Recommendation 9*

Where decisions are taken by Council, the meeting minutes should clearly and transparently reflect the factors, including actual and potential risks of harm, what Council considered in making the decision and Council's rationale as to how and why it believes its decision serves the publics' interests.

## 7 Conclusions

7.1 We find that CDHO Council members collectively demonstrate a commitment to the College and its work in regulating the dental hygiene profession in Ontario. Meetings are competently chaired and generally start and finish within the appointed time although meetings are unnecessarily long. Relationships amongst members of Council and between Council and the Registrar & CEO are observed to be positive and founded on principles of courtesy and respect.

7.2 There is much to commend in the commitment and hard work of Council members but the College is hampered by a rigid application of rules, procedures and by its strict adherence to Policy Governance™. This appears to act not as a help but as a barrier to effective decision-making in the interests of the public the College serves.

7.3 In our view the Council should assume responsibility for strategy and oversee implementation of its strategic plan through simpler but still defined reporting processes that enable Council to appropriately fulfil its oversight role. As an example, Council could review progress made towards implementation of its strategic objectives through a chart setting out those initiatives that have been implemented in the previous quarter and highlighting those initiatives yet to be completed. The Registrar & CEO would bring to Council's attention those areas where expected activities did not occur and also seek Council's confirmation that pending initiatives remain priorities for the Council.

7.4 If, as we recommend (para 6.2), the Council moves away from its rigid adherence to Policy Governance™ to a more modern and flexible approach to meetings and their content, as described in Section 4 of this report, we suggest it does so carefully, agreeing which elements it finds useful, which it should discard first, then consciously using its new freedoms to discuss and debate a wider range of issues while maintaining courtesy and respect for each other and for the staff team. The adoption of a more open governance style will bring rewards particularly in the ability to focus on the public's interests but will take time and patience. We have heard that the majority of members of Council are ready for such a change.

## Appendix 1: The Reviewers

### *Harry Cayton professional regulation and governance*

Harry Cayton CBE BA BPhil DipAnth DipHA FFPH, is an advisor on professional regulation and governance and is internationally recognized for his work with regulators in the UK, Ireland, Canada, Australia and New Zealand. He has advised governments on regulatory issues in Hong Kong, Australia, Ontario and British Columbia as well as the UK. In 2018, he was appointed by the Minister of Health of British Columbia to conduct a statutory enquiry into the College of Dental Surgeons and to make recommendations on the reform of the Health Professions Act. He recently completed a governance review for the Law Society of British Columbia.

Harry Cayton was chief executive of the Professional Standards Authority in the UK from 2007 to 2018. Before that he was National Director for Patients and the Public at the Department of Health. He has written extensively about professional regulation and created the approach to regulatory decision-making, *Right-touch regulation*, which has been influential on regulators around the world. He was also the lead author for *Rethinking Regulation* (PSA 2015). With colleagues at the Professional Standards Authority he developed the Standards of Good Regulation and the Standards of Good Governance, against which regulatory performance can be assessed. Harry is experienced in reviews and public inquiries.

He is Independent Advisor to Thentia Cloud and a member of the International Advisory Committee of AHPRA and of the Oversight Board of the Journal of Medical Regulation. He received the CBE from Her Majesty the Queen in 2014, for services to health and regulation reform and an Outstanding Leadership Award from the World Health Executive Forum in 2017.

### *Deanna L. Williams, Dundee Consulting Group Ltd.*

Deanna Williams BScPhm, R.Ph, CAE, C.Dir is known nationally and internationally for her work in professional and occupational regulation. She spent 18 years at the Ontario College of Pharmacists, Canada's largest pharmacy regulatory authority, retiring as its Registrar in 2011. The Minister of Health and Long-Term Care appointed Deanna as Supervisor to the College of Denturists of Ontario during the loss of its regulatory privileges in 2012 and 2013 and she also served as Risk Officer, for the Retirement Homes Regulatory Authority (RHRA) from 2014 through 2018.

Since 2011, Deanna has provided consulting services in areas relating to professional and occupational regulation in Canada, the US and abroad through Dundee Consulting Group Ltd. In 2017-2018 Deanna served as Expert Technical Advisor to Ontario's Minister of Health and Long-Term Care, providing advice on best regulatory practices across professions and international jurisdictions, with a particular focus on processes for complaints, investigations and discipline related to the sexual abuse of patients by regulated health care practitioners.

Deanna was recognized by the international regulatory community in 2010 as the recipient of the CLEAR International Award for Regulatory Excellence, and in 2019, as the recipient of the CLEAR Lifetime Achievement Award. Deanna received her designation as a Certified Association Executive (CAE) from the Canadian Society of Association Executives (CSAE) and her Corporate Director (C. Dir.) designation from the Chartered Director program, DeGroote School of Business, McMaster University. She has served on the Finance and Audit Committee of the University of St Michael's College, University of Toronto and the Board of Directors of Haldimand War Memorial Hospital and currently serves as a director on the board of the Vistana Spas Condominium Association, in Orlando and on the Board of Joseph Brant Hospital in Burlington, ON.

## Appendix 2: The Standards of Good Governance<sup>14</sup>

1. The regulator has an effective process for identifying, assessing, escalating and managing risk of harm, and this is communicated and reviewed on a regular basis by the executive and board
2. The regulator has clear governance policies that provide a framework within which decisions can be made in-line with its statutory responsibilities and in the interests of clients and the public
3. The board sets strategic objectives for the organisation. The regulator's performance and outcomes for clients and the public are used by the board when reviewing the strategic plan
4. The regulator demonstrates a commitment to transparency in the way it conducts and reports on its business
5. The regulator engages effectively with legal clients and the public
6. The regulator engages appropriately with the legal profession
7. The board takes account of equality and diversity in its decision-making
8. The board has effective oversight of the work of the Executive
9. The board works corporately, with an appropriate understanding of its role as a governing body and of members' individual responsibilities

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<sup>14</sup> These Standards of Good Governance were developed by the Professional Standards Authority in consultation with regulatory boards in the UK, Canada and Australia. They have been adapted for this review.

## Appendix 3: People we spoke with

### *Council members*

Anne-Marie Conaghan  
Erin Betts  
Vanessa Pereira  
Jacqueline White  
Terri Strawn  
Margaret Wade  
Martin Iyamabo  
Mary Yeomans  
Krista Dufour  
Pella Giabanis  
Michelle Atkinson  
Carla Grbac  
Angelica Palantzas

### *CDHO Staff*

Suzanne Fox  
Jane Keir  
Dr. Glenn Pettifer



## Appendix 4

### GLOBAL END

The College of Dental Hygienists of Ontario (CDHO) exists so that people who access dental hygienists in Ontario receive safe, ethical, quality dental hygiene services where the worth of results justifies expenditure of available resources.

1. Dental hygienists provide safe, effective care consistent with current standards of practice.

1.1. Dental hygiene practice reflects the evolving needs of the public and supports access to care.

1.2. Registered dental hygienists actively participate in continuous quality improvement that aligns with the current scope of practice.

1.3. Registered dental hygienists demonstrate professional judgment in their practice.

1.4. Dental hygienists engage with their clients for optimal oral health outcomes and client-centred care.

2. Dental hygienists engage other professionals to achieve optimal health outcomes for Ontarians.

3. Decision makers have evidence-informed and actionable information, particularly in the areas of dental hygiene practice, regulating the practice of dental hygiene and access to essential oral health services in Ontario.

4. The public has access to information about the benefits of regulated dental hygiene practice, the role of the CDHO, and the CDHO's regulatory processes.

*CDHO Governance Manual p.3*

## Annex 1

### A checklist for Regulatory Boards

- Be clear about your purpose as a regulator; keep the public interest as your unrelenting focus
- Set long-term aims and shorter-term objectives
- Agree how to deliver and monitor those aims and objectives
- Have competencies for board members whether elected or appointed and apply them to everyone through a selection or nominations process, induction, and regular appraisal
- Have a code of conduct for board members and enforce it
- Declare conflicts of interest, keep a register of interests, and ensure that decisions are not tainted by partiality or bias
- Behave with respect and courtesy towards board members and others
- Commit to corporate decision-making and to corporate responsibility for decisions made
- Appoint a competent CEO and trust them
- Ask for reports that include what you need to know not everything you might want to know
- Make clear decisions and follow-up on their implementation
- Provide the resources needed to deliver your objectives
- Make independence, fairness, and justice for the public and registrants the core values of registration and complaints and discipline
- Continue to keep the public interest as your unrelenting focus



The College of Naturopaths of Ontario

## BRIEFING NOTE Proposed By-law Amendments

**PURPOSE:** To present to the Council proposed changes to the by-laws.

**OUTCOME** Approval of by-law changes.

**NATURE OF DECISION** ☐ Strategic ☐ Regulatory Processes & Actions ☒ Other

### PROCESS:

<b>Activity:</b>	The CEO will provide the highlights of the changes to the by-laws and related matters.		
<b>Results:</b>	Council is asked to approve the proposed by-law changes.		
<b>Overall Timing:</b>	30 minutes		
<b>Steps/Timing:</b>	1.	Review of changes over prior version.	10 minutes
	2.	Q & A from Council members	15 minutes
	3.	Motion and vote	5 minutes

### BACKGROUND:

During the routine process for the nomination and election of officers, a question was posed as to whether Council members whose term would end prior to the date of the election could nominate other Council members for the respective positions.

General Counsel, Rebecca Durcan, responded to this question asked of her in the affirmative, i.e., yes, an outgoing Council member could nominate another Council member for election to an officer position. Ms. Durcan relied on section 6.01 of the by-laws in support of her opinion on the basis that these individuals are “Council members” during the nomination process set out in GP23.

However, Ms. Durcan also noted two other related matters. First, individuals who have just recently been elected to the Council but who have not assumed their position cannot nominate individuals for Officer positions. Similarly, they cannot be nominated for Officer positions in advance of the date of the election as they are presently ineligible; however, if nominations “from the floor” are required, they would be eligible at that time. This all stems from the fact that a person who is elected to the Council assumes their duties and responsibilities at the time their first meeting is convened.

It is assumed that the Council would desire a situation where in-coming Council members who are elected but have not yet assumed their role would be eligible to both nominate Council members for officer positions and to stand for election for these positions as set out in GP23. As a result, we have initiated discussions with Rebecca Durcan, Legal Counsel, on possible amendments to the by-laws.

During these discussions, a second anomaly has also been identified surrounding the timing of the election of the officers. Section 6.02 of the by-laws (as well as GP23) refers to the first Council meeting following the election of the Council members. By-law changes in the past have altered the election timing such that the election concludes in March which would technically place the election of officers at the March meeting rather than the May meeting as anticipated.

The by-law provisions at issue are:

## **6. ELECTION OF OFFICERS**

### **6.01 Eligibility for Nomination**

Only a Council member is eligible for nomination or election as an officer of the College.

### **6.02 Election Procedure**

At the first regular Council meeting after the election of Registrants to Council, Council shall elect from among those Council members eligible for election the Council Chair, Council Vice-Chair, Officers-at-Large, and any other officer positions, in accordance with Council policy.

## **DISCUSSION POINTS:**

The Senior Management Team (SMT) and Legal Counsel have explored all available approaches to achieve what we believe to be the Council's desired outcome. Rather than presenting options for the Council, we have agreed to present the single most effective and efficient solution.

The Council is being asked to make two decisions, the first is the proposed amendments to the by-laws developed by the SMT and Legal Counsel. The second is to approve those amendments without circulating them for a 60-day consultation period.

## **Proposed by-law Changes**

Changes are necessary to resolve two issues, the nomination and election process as it pertains to incoming Council members and the timing of the election of officers. To accomplish the optimal outcome, changes are being proposed to the following sections of the by-laws:

- 1.01 Definitions,
- 6.01 Eligibility for Nomination,
- 6.02 Election Procedure,
- 9.02 Per Diem,
- 9.04 Term of Office, and
- 17 Confidentiality.

### 1.01 Definitions

In this section, three additions are proposed to address the Council member elect position and to address the notion of an annual cycle to the Council business:

Annual Council Cycle	Means the period governing a full year of Council activities, beginning at the convening of the May meeting of the Council and ending just prior to the convening of the following May meeting of the Council.
Council member	Means a person who has been elected to the Council by registrants of the College or who has been appointed to the Council by Order-

	in-Council for the term of office for which they are elected or appointed
Council member elect	Means a person who has been declared by the CEO, pursuant to sections 10.15 or 10.16 of these by-laws, to have been elected to the Council but whose term of office has not yet begun. This definition shall not be interpreted to permit Council members elect to have any authority to vote or any other privileges of a Council member until their term commences at the first meeting of the Annual Council Cycle.

The addition of these three definitions will enable amendments to several provisions of the by-laws to resolve the current issues facing the Council.

#### 6.01 Eligibility for Nomination

An amendment to this provision is required to enable an in-coming Council member (Council member elect) to be nominated for or elected to an officer position. It is important to note that under the Council's GP23, an officer is not only nominated in advance of the first meeting of the Annual Council cycle but may potentially be elected in advance if, at the time that nominations close, there is only one candidate nominated for a position.

Current Provision		Proposed Provision	
6.01	Eligibility for Nomination	6.01	Eligibility for Nomination
Only a Council member is eligible for nomination or election as an officer of the College.		Only a Council member <b>or Council member elect are</b> <del>is</del> eligible for nomination or election as an officer of the College.	

This proposed change does not address the ability of a Council member elect to nominate a person for an officer position. To accomplish this, which establishes these individuals as equal to any Council member, a new provision is required as follows.

Current Provision		Proposed Provision	
		6.01.1	<b>Eligibility to Nominate</b>
		Only a Council member <b>or a Council member elect is authorized to nominate a Council member or Council elect member.</b>	

When combined with the changes to the definitions, these changes enable Council members elect to be eligible to nominate and to be nominated for and elected to Officer positions. Outgoing Council members will continue to be eligible to nominate other Council members for election; however, as their term ends before the election, they would be ineligible to be elected as Officers.

#### 6.02 Election Procedure

Current Provision		Proposed Provision	
6.02	Election Procedure	6.02	Election Procedure
At the first regular Council meeting after the election of Registrants to Council, Council shall elect from among those Council members eligible for election the Council Chair, Council Vice-Chair, Officers-at-Large, and any other officer positions, in accordance with Council policy.		At the first regular Council meeting <b>of the Annual Council Cycle after the election of Registrants to Council</b> , Council shall elect from among those Council members eligible for election <b>on the date the election is to be held</b> , the Council Chair, Council Vice-Chair,	

	Officers-at-Large, and any other officer positions, in accordance with Council policy.
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When combined with the changes to the definitions, this ensures that the election is held in accordance with the annual Council cycle from May to May and ensures that only those people eligible on election day can be elected. This latter change is for the purposes of clarity only.

#### 9.02 Per Diem

Current Provision		Proposed Provision	
9.02	Per Diem	9.02	Per Diem
Registrants who are Council members shall be paid a per diem and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with the Per Diem and Expenses policy approved by Council.		Registrants who are Council members <b>or Council members elect</b> shall be paid a per diem and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with the Per Diem and Expenses policy approved by Council.	

#### 9.04 Term of Office

Current Provision		Proposed Provision	
9.04	Term of Office	9.04	Term of Office
The term of office of a Registrant elected to Council shall commence at the first Council meeting immediately after the election and shall continue for approximately three years until their successor takes office in accordance with these by-laws, or until the Council member resigns or is removed from Council, or until such other time designated by Council, whichever occurs first.		The term of office of a Registrant elected to Council shall commence at the first <b>regular</b> Council meeting <b><del>immediately after the election</del> of the Annual Council Cycle</b> and shall continue for approximately three years until their successor takes office in accordance with these by-laws, or until the Council member resigns or is removed from Council, or until such other time designated by Council, whichever occurs first.	

### 17. Confidentiality

There are two subsequent issues that arise with respect to Council members elect that relate to confidentiality. The first is whether a Council member elect is eligible to attend an in-camera session of the Council and the second is whether they receive a completed, unredacted copy of Council materials. While Council may decide not to include Council members elect in any in camera session and while Council may also determine that the Council members elect would only receive the public (unredacted) versions of Council materials, it may also be prudent to amend these provisions to include Council members elect to mitigate potential risk if they were to attend or to receive unredacted meeting materials.

Current Provision		Proposed Provision	
17.01	Duty of Confidentiality	17.01	Duty of Confidentiality
Council and Committee members, staff and persons retained or appointed by the College are required to maintain confidentiality of information that comes before them in the course of discharging their duties.		Council <b>members, Council members elect</b> and Committee members, staff and persons retained or appointed by the College are required to maintain confidentiality of information that comes before them in the course of discharging their duties.	

17.03	Disclosure Under the RHPA	17.03	Disclosure Under the RHPA
Subsection 36(1) of the RHPA permits disclosure of confidential information in a number of specific circumstances. Council and Committees members, staff and persons retained or appointed by the College are expected to understand when those exceptions apply and seek advice if they are in doubt. Disclosures under subsection 36(1) shall only be made with the approval of Council, a Committee authorized in the Code to disclose the information, or by the CEO.		Subsection 36(1) of the RHPA permits disclosure of confidential information in a number of specific circumstances. Council <b>members, Council members elect</b> and Committees members, staff and persons retained or appointed by the College are expected to understand when those exceptions apply and seek advice if they are in doubt. Disclosures under subsection 36(1) shall only be made with the approval of Council, a Committee authorized in the Code to disclose the information, or by the CEO.	
17.04	Confidentiality Agreement	17.04	Confidentiality Agreement
Council and Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality and/or fiduciary agreement approved by Council.		Council <b>members, Council members elect</b> and Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality and/or fiduciary agreement approved by Council.	

#### Schedule 2 – Rules of Order of the Council

It has been the practice of the Council to invite Council members elect to attend a Council meeting prior to assuming their position and, when attending the meeting, asking questions or speaking on matters before the Council; however, they are not entitled to vote. Given the introduction of the term Council member elect into the by-laws, Schedule 2 to the by-laws should also be adjusted to avoid confusion in future.

Current Provision		Proposed Provision	
2	Each agenda topic will be introduced briefly by the person or Committee representative raising it. Council members may ask questions of clarification, then the person introducing the matter shall make a motion and another Council member must second the motion before it can be debated.	2	Each agenda topic will be introduced briefly by the person or Committee representative raising it. Council members <b>and Council members elect</b> may ask questions of clarification, then the person introducing the matter shall make a motion and another Council member must second the motion before it can be debated. <b>Council members elect may not move, second or vote on a motion.</b>
3	When any Council member wishes to speak, they shall so indicate by raising their hand and shall address the chair of the meeting and confine themselves to the matter under discussion.	3	When any Council member <b>or Council member elect</b> wishes to speak, they shall so indicate by raising their hand and shall address the chair of the meeting and confine themselves to the matter under discussion.
6	A Council member may not speak again on the debate of a matter until every other Council member who wishes to speak to it has been given an opportunity to do so. The only	6	A Council member <b>or Council member elect</b> may not speak again on the debate of a matter until every other Council member who wishes to speak to it has been given an opportunity to do so. The



	exception is that the person introducing the matter or a staff person may answer questions about the matter. Council members will not speak to a matter more than twice without the permission of the chair.		only exception is that the person introducing the matter or a staff person may answer questions about the matter. Council members <b>and Council members elect</b> will not speak to a matter more than twice without the permission of the chair.
7	No Council member may speak longer than five minutes upon any motion except with the permission of chair.	7	No Council member <b>or Council member elect</b> may speak longer than five minutes upon any motion except with the permission of chair.
11	When a matter is being voted on, no Council member shall enter or leave the Council room, and no further debate is permitted.	11	When a matter is being voted on, no Council member <b>or Council member elect</b> shall enter or leave the Council room, and no further debate is permitted.
12	No Council member is entitled to vote upon any motion in which they have a conflict of interest, and the vote of any Council member so interested will be disallowed.	12	<b>No Council member elect is entitled to vote on any matter before the Council.</b> No Council member is entitled to vote upon any motion in which they have a conflict of interest, and the vote of any Council member so interested will be disallowed.
17	Council members are not permitted to discuss a matter with observers while it is being debated.	17	Council members <b>and Council members elect</b> are not permitted to discuss a matter with observers while it is being debated.
18	Council members shall turn off electronic devices during Council meetings and, except during a break in the meeting, shall not use any electronic device, including a laptop except to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.	18	Council members <b>and Council members elect</b> shall turn off electronic devices <b>not being used directly in their participation in the meeting</b> during Council meetings and, except during a break in the meeting, shall not use any electronic device <b>not being used directly in their participation in the meeting</b> , including a laptop except to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
19	Council members are to be silent while others are speaking.	19	Council members <b>and Council members elect</b> are to be silent while others are speaking.

### Approving without Consultation

Section 94(1) sets out the extensive by-law making authority of Councils of the Colleges, governing everything from the seal, the fiscal year, audit and provisions that impact registrants of the College.



Section 94(2) stipulates that a by-law made under clause (1) (l.2), (l.3), (s), (t), (v), (w) or (y), shall not be made unless the proposed by-law is circulated to every [registrant] at least 60-days before it is approved. The clauses stipulated are those that impact the rights and privileges of the registrants of the College.

The proposed by-law changes set out above are being made under clause 94(1) of the Code, paragraphs (d.2) and (e):

- (d.2) respecting the qualification and terms of office of Council members who are elected; and
- (e) providing procedures for the election of the President and Vice-President of the College, the selection of the chairs of the committees, the filling of a vacancy in those offices, and setting out the duties and powers of the President, Vice-President and the chairs.

As a result, circulation of the proposed changes to the by-laws is not necessary under section 94(2); however, most Colleges including this College have generally taken the approach that all proposed by-law changes will be circulated.

By-law changes were proposed by the College in late 2023 and in November 2021. The changes in 2023 pertained largely to the establishment of the Emergency Class of Registration and some minor housekeeping changes. The consultation resulted in feedback from two registrants.

The proposed changes in 2021 related to the election of Council members and fees associated with the payment plan. No feedback was received to that consultation.

It is being proposed that these by-law changes be approved by the Council without consultation for the following reasons:

- The nature of the changes does not impact the rights, privileges or requirements of the registrants of the College.
- The nature of the changes, the election of the officers, is not an area of high interest to the registrants of the College or the College's stakeholders.
- The process of consulting on by-law changes requires significant resources from within the College. This process is important, meaningful and worth the expenditure of resources when the proposed changes have impact on registrants and stakeholders; however, the cost/benefit analysis in this situation suggests that the resources needed far outweigh the benefit of consulting.

On the other hand, the need for these changes to the by-laws are not urgently required as they would have no benefit to the Council until early 2025 following the next regularly scheduled elections. As a result, should Council determine that it would rather have the proposed by-law amendments circulated for consultation, such a consultation could be readily undertaken over the summer or early fall period.

## 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: There is a small risk that individuals who have no Council experience and who are joining the Council for the first time might seek and be successful in an election for an officer position given that the by-law changes establish their clear eligibility. However,

this risk is inherent in any democratically elected organization and is mitigated in individual Council members deciding who should be elected to an officer position.

- Controls: Small risk of elections to an officer position not being clearly defined for Council member elects. Updating of by-laws clearly defines the role of Council member elects in the nomination and elections of officer positions.

Privacy Considerations – There are no privacy considerations related to this matter.

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.

- Greater risk, greater transparency – this principle applies to the degree that the risk related to this matter is very low which speaks to a potentially lesser need for transparency.
- Consistent approaches – generally, most Colleges would circulate by-law changes; however, given the low level of impact on Registrants and the public and low participation rates in prior consultations, a decision to not circulate proposed by-law changes such as these are not likely to be controversial.

Financial Impact – There are few financial considerations. Costs related to this matter would relate to staff time to circulate proposed by-laws changes, if it was deemed necessary to do so and a small cost in per diems for Council members elect attending a Council meeting prior to the start of their position.

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.

- Good governance and democratic principles – the changes being proposed, though of low impact, do support good governance and democratic principles. Essentially, the changes are intended to ensure that the incoming Council members are eligible to seek election to an officer position should they believe that they have the skills and knowledge the College needs.

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, although the issues being addressed do not relate to any particularly marginalized groups, it is important that all Council members be eligible to seek election to the officer positions should they wish to do so. Under current rules, Council members elect are disenfranchised for a one year period.

## RECOMMENDATIONS

Two recommendations are being put forward:

1. That the Council approves the proposed amendments to the by-laws.
2. That the Council authorizes that the changes not be circulated for a 60-day consultation period but instead, that stakeholders be informed of the changes.

Andrew Parr, CAE  
Chief Executive Officer  
May 2024



The College of Naturopaths of Ontario

## BRIEFING NOTE

### Committee Appointments

**PURPOSE:** The Council is asked to appoint volunteers to the Statutory and Council Committees of the College.

**OUTCOME** Decision

**NATURE OF DECISION** ☐ Strategic ☒ Regulatory Processes & Actions ☐ Other

#### PROCESS:

<b>Activity:</b>	Presentation and discussion.		
<b>Results:</b>	Decision on appointments		
<b>Overall Timing:</b>	15 minutes		
<b>Steps/Timing:</b>	1.	CEO will present the briefing and the list of appointments.	5 minutes
	2.	Council questions and discussion.	5 minutes
	3.	Motion	5 minutes

#### BACKGROUND:

The Council has two sets of Committees, the Statutory Committees as set out in the Health Professions Procedural Code and the Council Committees as established in the College's by-laws and the Council Governance Process policies (GP06-Committee Principles).

Committee appointments are made for approximately one year or until the appointments are considered by Council. The last large group of appointments were made in May 2023.

The Council must appoint a variety of individuals to the Committees, including Council members, or in some instances Public members (appointed by the Government) or both, as well as Public Representatives.

#### DISCUSSION POINTS:

All existing volunteers (both infield and Council/Committee volunteers) were asked to consider whether they wish to continue in their current roles, add new ones or change to new Committees. An on-line form was provided to each volunteer to indicate their preferences. Each submission has been reviewed and any new volunteers or existing in field volunteers who have indicated an interest to join a Committee have already been interviewed and recommended by the Governance Committee.

For those who selected involvement with Committees, their request has been slated into the available positions and an acknowledgement and confirmation of the recommendation being made to the Council was provided.

The following table summarizes the minimum number of required appointments needed by the Committees to guide the Council's deliberations.

Committee	Council member	Public member	Registrant (Council)	Registrant (non-Council)	Public Reps	Total needed
<b>Statutory Committees</b>						
Discipline/FTP	--	2	1	Any	Any	5
ICRC	--	1	-	1	Any	3
QAC	--	1	1	1	Any	3
Patient Rels	1	--	--	1	Any	3
Registration	--	1	--	1	Any	3
<b>Council (Non-statutory) Committees</b>						
Audit	1	--	--	1	--	3
EDIC	1	--	--	1	Any	3
Exam Appeals	1	--	--	1	--	3
Governance	1	--	--	1	Any	3
GPRC	1	--	--	Any	Any	2
Inspection	1	--	--	1	Any	3
Risk	1	--	--	Any	Any	2
Standards	1	--	--	2	Any	3
SSRC	1	--	--	1	Any	5

For the most part, the majority of existing volunteers indicated their willingness to continue in the roles they had. Several volunteers indicated their willingness to add more positions to their personal portfolio.

It should be noted that the College took a decision to remove from its website a list of Committee members. This was due to two factors. First, an external communication having been sent to members of one Committee which may have been seen to be attempting to influence those discussions. Second, the College has heard of some volunteers feeling ostracized from other organizations because they volunteer for the College. Out of an abundance of caution, the College is protecting the privacy of its volunteers and their appointments.

In the interest of maintaining our volunteer base and protecting our volunteers from any potential harassment, the list will not be made public pursuant to paragraph (d) of section 7(2) of the Code.

Notwithstanding the fact that the list itself will not be released publicly, there is no need for Council to go in-camera for these discussions as it is unlikely that the Council will speak to individual appointments other than Council members. However, should a situation arise where a specific appointee needs to be discussed, we would recommend that the Council go in-camera at that time.

The proposed list of appointments is attached to this briefing note (and has been redacted from the public disclosure file).

## 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 – While another matter before the Council focuses on the competencies of those who work for the College, the risk embodied with this item is whether the College has a sufficient number of people to staff its Committees.
  - Systems- ensuring that each Committee has a minimum number of volunteers appointments assigned to guide deliberations.
  - External events – The College and the profession continue to be impacted by COVID-19 which makes decisions on long term volunteering difficult.
- Strategic risk:
  - Demographics – It is assumed based on anecdotal evidence that many of the potential volunteers do not participate because of the demographics of the profession. The profession is predominantly female and a sizeable portion of them are at the stage of their life where their focus is also on family.

Privacy Considerations – The briefing is being made public; however, the list of Committee volunteers will not be released publicly to protect the privacy of the volunteers and based on the matter being a personnel matter of the College.

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.

- Timely, accessible and contextual – release of the briefing materials and the discussion of appointments in open Council provides timely information as well as providing it in the context of the issues.
- Balance – balancing public protection and accountability against fairness and privacy is a significant consideration behind the decision to not release the names of Committee appointees publicly.

Financial Impact – The financial impact of this item is marginal and only effects the budget in terms of the number of per diems and other expenses paid to volunteers.

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 is served by having discussions in public although the list of volunteer names is not being released. The public benefits from these appointments as they are the primary means through which the regulatory framework can be operationalized.

## RECOMMENDATIONS

The Council is asked to appoint the list of individuals attached to the Committees of the College.

Andrew Parr, CAE  
Chief Executive Officer  
May 2024



The College of Naturopaths of Ontario

Page has been redacted pursuant to paragraphs (b) and (d) of section 7(2)(d) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991 as it pertains to personnel matters of the College.

7 (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

(d) personnel matters or property acquisitions will be discussed.



The College of Naturopaths of Ontario

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The College of Naturopaths of Ontario

## BRIEFING NOTE

### Educational Briefing - Complaints and Reports Processes

#### BACKGROUND

The College of Naturopaths of Ontario is established under the *Naturopathy Act, 2007* and the *Regulated Health Professions Act, 1991*. Its duty, as set out in the legislation, is to serve and protect the public interest. Its mandate is to support patients' rights to receive safe, competent, and ethical naturopathic care.

The College achieves its mandate by performing four key functions.

1. **Registering Safe, Competent, and Ethical Individuals** - The College establishes requirements to enter the practice of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical and qualified individuals to practise naturopathy in Ontario.
2. **Setting Standards** – The College sets and maintains standards of practice that guide our Registrants to ensure they provide safe, ethical and competent patient care and guide patients to understand the standard of care that they can expect from a naturopath.
3. **Ensuring Continuing Competence** – The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent and ethical naturopathic care.
4. **Providing Accountability through Complaints and Discipline** – The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

Some elements of the College's role, such as setting standards and ensuring continuing competence, are proactive inasmuch as they attempt to prevent issues from arising by setting minimum standards and ensuring a competent profession. Other elements of the College's role, such as registering individuals and holding naturopaths accountable, are reactive, that is, they are initiated only after an event occurs. The event may be a request to sit an exam or to become registered or a complaint that has been filed against a Registrant.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement; and we have held those who may have faltered to be accountable for their decisions and actions.

The focus of this briefing is on the Complaints and Reports program and processes of the College.

#### Complaints and Reports Program

The Complaints and Reports Program is the primary method by which the College responds to concerns about the practice, conduct or health of a Registrant in instances where they may have failed to meet the standards of the profession. These concerns can be raised by formal complaints, reports filed by regulated health professionals, employers or other organizations or as the result of investigations initiated by the College's CEO. The formal process for investigation of a complaint is outlined in the *Regulated Health Professions Act*. Each step of the complaints and reports process is designed to ensure fairness to both the person filing the complaint, and the ND named in the complaint. Although the College investigates all complaints received, the RHPA does permit the Inquiries, Complaints and Reports Committee (ICRC) to take no action if it considers the complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of power.

The ICRC is responsible for overseeing the investigation of inquiries, concerns or reports regarding the conduct and/or competence of Registrants. An investigation may include appointing formal investigators to obtain records, interviewing parties or witnesses, collecting any relevant documentation.

The ICRC is composed of Naturopathic Doctors, appointed public members and representatives of the public. The Committee works in panels of no less than three people, one of which must be a public member.

The ICRC does not have the authority to order monetary compensation or process anonymous complaints.

### **Complaint Process**

Given the importance of the Complaints Program to the College's mandate and to the Registrants against whom allegations may be made, the Complaints Process can be complex and depending on the nature and complexity can take a great deal of time. The *Regulated Health Professions Act* requires that investigations of complaint be completed within 150 days of it being filed with the College. Should more time be necessary the College is required to send regular notifications to the Health Professions Appeal and Review Board, as well as both the complainant and Registrant, explaining the reason for the delay and the anticipated date of completion.

The Complaints and Reports process begins when the College receives information that a Registrant may have committed acts of professional misconduct and/or incompetence. This can be in the form of a formal complaint, which can be filed at any time and by any person including but not limited to patients, other health professionals, Registrants or any member of the public. All complaints must be submitted to the College in writing or recorded in video or audio format. Complaints must include:

- The name of the naturopathic doctor.
- The Complainant's name and contact information.
- Details of the problem or concern, including specific places, dates and issues that occurred, etc.
- The names of other individuals or witnesses who may be able to provide the College with more information.
- Any other information that may help the ICRC process the complaint.

Outside of a formal complaint sometimes information is brought to the attention of the College from a variety of other sources. This information might include a criminal case being reported in the newspaper or information provided by an employer or insurance company who may choose not to file a formal complaint or go through the complaints process. In these situations, the CEO will consider the information and College staff will verify the information if possible. If there are reasonable and probable grounds to believe that a Registrant has committed acts of professional misconduct or is incompetent

and the CEO determines that action is needed, with the approval of the ICRC, the CEO may appoint an investigator to collect information about the matter and file a Report with the ICRC.

The following is a general outline of the stages of a Complaint/Report process. As a part of its transparency initiatives, the College publishes anonymized summaries of outstanding complaint and report investigations on its website.

#### Stage 1: Notice of Complaint/Report

Within 14 days of receipt of a complaint or a report, the College issues a notice of complaint/report to the Registrant in question. The Registrant may make a written submission to the ICRC within 30 days of the date of the notice.

#### Stage 1a: Interim Order

In extreme situations after receiving a complaint or appointing an investigator, a Panel of the ICRC may make an interim order to suspend or impose terms, conditions or limitations on a Registrant's certificate of registration if it believes that the Registrant's conduct is likely to expose patients to harm or injury. If an interim order is being contemplated, the Registrant will typically receive notice about the intention to impose an interim order and provided an opportunity to respond. In certain circumstance, a Panel of the ICRC may impose an interim order without notice where it believes that urgent intervention is required. Where an interim order is made, the information is posted on the public register.

#### Stage 2: Additional comments from complainant (Complaints ONLY)

The Registrant's response is provided to the complainant who may provide comment. Should new information or allegations be raised in the response, the information will again be provided to the Registrant for comment.

#### Stage 3: Review by ICRC

Once all documentation and relevant information has been collected from the parties and possible witnesses, the matter is reviewed by a panel of the ICRC. The Panel conducts a thorough review of the information and considers whether there are any additional documents that should be obtained or any other witnesses who should be approached and interviewed.

#### Stage 3a. Expert Opinion

Where unwritten standards of practice within the profession are an issue, the Panel may retain a knowledgeable member of the profession to provide an expert opinion. Similarly, experts in document analysis, DNA, mental health or other disciplines may be required in some cases.

#### Stage 3b: Formal Investigation (Complaints ONLY)

In some circumstances the Panel may request that the CEO appoint a formal investigator, who has the power to:

- Enter the Registrant's place of practice and examine records or equipment and, where necessary, copy or remove them;
- Summons witnesses or documents; and
- Obtain and enforce a search warrant.

#### Stage 4: Decisions and Reasons

Once the investigation is completed the ICRC reviews all available materials and deliberates on the potential outcomes of the complaint/report. A written decision and the reasons for the decision are provided to both the complainant and the Registrant except where the matter has been referred to the Discipline Committee or to another panel of the ICRC to conduct health inquiries.

A panel of the ICRC, after investigating a complaint or report, may do any one or more of the following:

##### Take no action

if the conduct and/or actions meet reasonable and acceptable standards of practice, or if there is insufficient information to support the allegations, the Committee may decide to take no action.

##### Issue a Letter of Counsel

A Letter of Counsel is a communication of the ICRC's expectations for corrective action on behalf of the Registrant, and may include advice, guidance and recommendations to review particular standards or publications.

##### Oral Cautions

An Oral Caution requires the Registrant to appear before a panel of the ICRC to be cautioned about their practice or conduct. The RHPA requires the details of all Oral Cautions to be listed on the Public Register.

##### Specified Continuing Education or Remediation Program (SCERP)

A SCERP requires the Registrant to successfully complete an educational or remediation program specified by the ICRC. SCERPs may include educational training, self-directed learning, inspections and or assessments. The RHPA requires the details of all SCERPs to be listed on the Public Register.

##### Discipline Committee Referrals

Where the allegations are sufficiently serious and information exists to support the allegations, a Panel of the ICRC may refer the matter to the Discipline Committee to hear specified allegations of professional misconduct or incompetence. All referrals to the Discipline Committee including the Specified Allegations are listed on the Scheduled Hearings page of College's website and posted on the Public Register.

##### Health Inquiry Referrals

Where a panel of the ICRC investigating a complaint or report believes that the Registrant may have a physical or mental condition which prevents them from providing safe, ethical and competent care, they may refer the matter to another panel of the ICRC for investigation of possible mental or physical health concerns that might interfere with their ability to practise. The Health Inquiry Panel may require an independent medical examination of the Registrant. If the Registrant is considered to be incapacitated, the panel may refer the matter to the Fitness to Practice Committee who may suspend, attach specific limitations or revoke a certificate of registration. Information about incapacity proceedings and

decisions regarding a Registrant's capacity are not published publicly. However, if their ability to practise has been restricted, that information is made available on the public register.

#### Stage 5: Implementation of the Outcomes

The College monitors compliance with all ICRC outcomes. If a Registrant fails to comply with a decision of the ICRC, the CEO of the College, with the approval of the ICRC may appoint an investigator to inquire into the Registrant's actions and the reasons for non-compliance.

#### **Reviews by HPARB**

Either the complainant or Registrant may request any of the decisions in complaint matters, except for a Referral to the Discipline or Fitness to Practice Committee, be reviewed by the Health Professions Appeal and Review Board (HPARB). The Board is an independent body established by the provincial government and is made up of non health care professionals. Following a review HPARB may:

- Confirm the Committee's decision;
- Refer the matter back to the Committee for further investigation;
- Require the Committee to take a specific action;
- Make recommendations to the Committee.

#### **Importance of this Program**

The College's Complaints and Report program is a critical aspect of self-regulation and maintaining the trust of the public. It can be a lengthy and costly process as each complaint and report is thoroughly investigated, reviewed, and considered. Each matter is unique and as such there is complexity in the administration of the ICRC's functions.

The Complaints and Reports Program is the primary method by which the College responds to concerns about the practice, conduct or health of a Registrant in instances where they may have failed to meet the standards of the profession and ensures that Registrants provide safe, competent and ethical care.

Respectfully submitted,

Jeremy Quesnelle  
Deputy CEO

May 2024





The College of Naturopaths of Ontario

## BRIEFING NOTE

### Educational Briefing - Discipline Processes

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Some elements of the College's role, such as setting standards and ensuring continuing competence, are proactive inasmuch as they attempt to prevent issues from arising by setting minimum standards and ensuring a competent profession. Other elements of the College's role, such as registering individuals and holding naturopaths accountable, are reactive, that is, they are initiated only after an event occurs. The event may be a request to sit an exam or to become registered or a complaint that has been filed against a Registrant.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement; and we have held those who may have faltered to be accountable for their decisions and actions.

Other elements that will arise within the regulatory framework include "right touch regulation", using the approach that is best suited to the situation to arrive at the desired income 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 discipline program and processes of the College. It is presented as a natural follow on the Complaints and Reports program and processes.

### **Discipline Program**

The Discipline Program is the primary vehicle through which the College holds Registrants accountable for their conduct and competence. The Discipline Program involves a minimum of three parties.

1. The College of Naturopaths of Ontario – as the regulatory authority, the College has the responsibility to set out specific allegations against a Registrant and to present the evidence in support of those allegations as part of its prosecution of the Registrant. The College is represented by the Chief Executive Officer and by General Counsel of the College. “The prosecution.”
2. One (or more) Registrants of the College – as the individuals who are regulated, Registrants are a party to the Discipline Program as they have the right to defend themselves against the allegations set out by the College. The Registrants are typically (though not always) represented by Legal Counsel and together, they are “The defence.”
3. Discipline Committee (a Panel thereof) – the Discipline Committee of the College is independent of the College (although many Council members will sit on the Committee). It will be made up of a minimum of three and a maximum of five individuals, two of which must be Public members (individuals appointed to the Council by the Government), and one of which must be a Professional member from the Council. The remaining two individuals may be any of Public members, professional members of the College (Registrants) or Public Representatives appointed by the Council as set out in the by-laws. The Panel is “The Jury.”

Notwithstanding the imagery evoked by the terms “Prosecution”, “Defence” and “Jury”, the matter is not a criminal proceeding but rather, a civil one. In a disciplinary matter brought before a panel of the Discipline Committee, the College is responsible for presenting sufficient evidence to “prove” its case. The burden of proof is “on the balance of probabilities”, that is, having weighed the evidence, that the Registrant is more likely than not to have committed acts of professional misconduct or demonstrated incompetence. This is different than a criminal matter where the burden of proof is “beyond a reasonable doubt”.

A discipline hearing is conducted in a formal quasi-judicial setting which is held virtually with all parties present. Evidence is presented under oath and witnesses are called before the Panel and subject to examination and cross-examination.

If the “prosecution” can prove the allegations, the Panel of the Discipline Committee will make a finding of either professional misconduct or incompetence, or both. The Panel will issue a decision and reasons for that decision and they will set out a penalty in the form of an order from the Panel. The Panel may order any one or more of the following as part of its penalty:

- a reprimand;
- a fine to the Minister of Finance;
- direct the CEO to impose restrictions on the Registrant’s registration, called terms, conditions or limitations, including but not limited to completing a specified education and remediation program;
- direct the CEO to suspend the Registrant’s Certificate of Registration for a period of time;
- direct the CEO to revoke a Registrant’s Certificate of Registration.

In addition to the penalty that can be imposed by the Panel, the Panel may also impose “costs” on the Registrant, that is, the Panel can order that the Registrant reimburse the College for part of its costs of the investigation, its legal costs and hearing costs. Where a finding of professional misconduct has been

made that relates to sexual abuse, the Panel can also order the Registrant to reimburse the College for funding provided to patients for counseling in sexual abuse.

Both the Registrant and the College have the right to appeal a Discipline Committee decision to the Superior Court of Justice.

### **Discipline Process**

Given the importance of the Discipline Program to the College's mandate and to the Registrants against whom allegations may be made, the Discipline Process is quite complex and can take a great deal of time. Due process requires that the Registrant have sufficient time to mount a defence of the allegations while the College has an obligation to both the public and the Registrant to ensure that the process is timely.

The discipline process begins when the Inquiries, Complaints and Reports Committee (ICRC) refers specified allegations of professional misconduct and/or incompetence to the Discipline Committee for a hearing. The ICRC will make such a referral only after they have completed a fulsome investigation into either a complaint filed against a Registrant or an inquiry initiated by the CEO. The ICRC will have considered, among other things, the public interest, the risk of harm posed to the public and the likelihood of success within the discipline program. The ICRC is required to be very specific in the allegations referred to the Discipline Committee and once made, additional allegations cannot be raised as part of the discipline program.

The following is a general outline of the stages of a disciplinary matter involving a Registrant of the College. As a part of its transparency initiatives, the College ensures that the public is aware of the status of each matter being brought before the Discipline Committee.

#### Stage 1: Notice of Hearing and Disclosure

Legal Counsel for the College will, based on the referral of the specified allegations, draft the Notice of Hearing. Once signed by the CEO, the Notice of Hearing, Rules of Procedure of the Discipline Committee, and the Disclosure (which is all of the information the College has that is relevant to the allegations) will be sent to the Registrant or the Registrant's Legal Counsel, if one is appointed.

#### Stage 2: CEO and Legal Review

The CEO of the College is purposefully not directly involved in matters under investigation by the ICRC. This ensures that when a matter is referred by the ICRC to the Discipline Committee, the CEO who is responsible, along with Legal Counsel, for taking the matter before the Discipline Committee does so with a fresh look and without any potential bias.

In this stage, the CEO and Legal Counsel will review the allegations, the evidence in support of the allegations, witness statements and expert opinions to determine how the College wishes to proceed with the Discipline Hearing.

Also in this stage, Legal Counsel will prepare a memorandum to the CEO setting out the range of penalties that might be imposed in the matter and the case law from other regulatory authorities that support the range of penalties. Legal Council will also begin drafting an Agreed Statement of Fact (ASF) and Joint Submission on Penalty (JSP) for use later in the process.

#### Stage 3: Pre-Hearing Conference (PHC)

In accordance with the Rules of Procedure of the Discipline Committee, a Pre-hearing Conference (PHC) is held. The PHC is chaired by an independent person familiar with discipline proceedings before regulatory bodies or a member of the Discipline Committee appointed by the DC Chair.

At the PHC, the College presents an overview of its case and the Registrant or their Legal Counsel presents their defence. The PHC Chair will review the evidence and advise the parties about the strengths of their cases and areas where they may be weak. The Chair will also, based on their experience in discipline matters, provide the parties with advice as to whether the case might lead to a finding against the Registrant.

The parties also often engage in discussions surrounding whether a settlement is possible. A settlement occurs when the Registrant agrees to some or all of the allegations against them and when both the College and the Registrant can agree on a penalty. A settlement is seen as serving the public interest as it will result in an admission by the Registrant, an agreement on penalty and remediation and potentially limits on the Registrant's practice, either temporary or permanent.

Legal counsel for the College will present to the PHC Chair and the Registrant a draft Agreed Statement of Facts (ASF) and Joint Submission on Penalty (JSP) at the PHC in an attempt to facilitate settlement.

#### Stage 4: Setting a Hearing Date

Following the PHC and based on the outcome of on-going settlement discussions, both parties will ask the Chair of the Discipline Committee to appoint a panel to hear the matter and to set the date(s) for a hearing.

Although the Notice of Hearing is publicly released and the referral information about the matter is posted to the College's website, the Discipline Committee has not yet been involved while the preliminary stages are completed.

The Discipline Committee Chair will canvass members of the Committee to ensure that no one who has a conflict of interest with the Registrants against whom the allegations are made is potentially appointed to the Panel. The Chair will then appoint a Panel as well as a Panel Chair.

#### Stage 5: The Hearing

At this stage, the panel appointed by the Chair of the Discipline Committee will be convened for one or more days during which they will be presented with evidence in support of the allegations by the College and with the defense case for the Registrant. A hearing has the following components:

- a. Presentation of the case by the College and the defense by the Registrant.
- b. Verbal decision and reasons on the allegations by the panel.
- c. If a finding of professional misconduct or incompetence is made, submissions by the College and Registrant on penalty.
- d. Verbal decision and reasons on penalty.
- e. Submissions on costs by the College and Registrant.

In an uncontested, single day hearing the College and the Registrant present the ASF, the fact relating to the allegations against the Registrant as well as a joint submission on penalty and proposed costs. More information about the settlement process is provided below.

In a contested hearing, the panel typically issues initial verbal decisions. If a finding of professional misconduct or incompetence is made, the panel will ideally proceed as soon as time permits to hear submissions on penalty. If the College is also seeking costs, these submissions will occur after the

submissions on penalty as costs are not part of the penalty. After hearing these submissions, the panel will usually (although not in every case) issue a verbal decision and a written order on penalty and, if applicable, costs.

#### Stage 6: Decision and Reasons

After the hearing has concluded, the Panel will draft the written Decision and Reasons. This document, once finalized, is formally issued by the Panel to the College, the Registrant and the Complainant (if applicable) and is also released publicly by the College on its website and through The Canadian Legal Information Institute (CanLII), a subsidiary of the Federation of Law Societies of Canada.

If either the Registrant or the College does not agree with the Decision and Reasons as issued by the Discipline Panel, either may appeal the outcome to the Superior Court of Justice for Ontario.

#### Stage 7: Implementation

If the Panel finds that the Registrant had committed acts of professional misconduct or incompetence, and imposes a penalty, and assuming there is no appeal of the Decision and Reasons, the College will implement any penalty imposed by the Panel.

The penalty, which must be completed within a set period of time, typically includes one or more of the following:

- Revocation of their certificate of registration or a suspension from practising the profession for a period of time;
- A reprimand of the Registrant by the Panel;
- Applying a term, condition or limitation on the Registrant's certificate of registration which may include the following;
  - Taking one or more continuing education courses related to matters relevant to the findings against the Registrant;
  - One or more meetings with Experts in areas of the practice of the profession related to the findings against the Registrant;
  - One or more meetings with Experts in regulation;
  - One or more inspections on the Registrant's practice and files to review matters related to the findings against the Registrant;
- A fine of not more than \$35,000 payable to the Minister of Finance.

#### Reaching a Settlement

There are a number of reasons why one or both parties to a hearing may wish to reach a settlement, some of which are:

- Witnesses to the matter, including patients, may decide they no longer wish to testify;
- Information received during the process may bring doubt upon the credibility of a witness;
- Expert testimony may not be as strong as initially anticipated or new information brings the credibility of the Expert themselves into question;
- The costs of proceeding to a full hearing outweigh the potential benefits for either side in terms of likely outcomes.

The parties can reach a settlement at any time before or even during a hearing; however, the closer the settlement occurs to the start of a contested hearing the more likely the College is to be seeking higher costs (as the costs to the College have increased).

An offer to settle the matter is typically made either just prior, during or immediately following the Pre-Hearing Conference. The College will often make an initial offer to the Registrant and their legal counsel by drafting an Agreed Statement of Facts (ASF) and a draft Joint Statement on Penalty and Costs (JSOC). In most circumstances, a negotiation follows these offers where either side indicates its willingness to agree to or withdraw allegations, agree to penalties and agree to costs for the process.

**Allegations-** allegations may be withdrawn because the College does not have sufficient evidence (witnesses, experts, documentation) to obtain a finding from a Panel of the Discipline Committee or the allegation is not crucial to the overall matter at hand.

**Penalties –** penalty discussions are always based on the case law from other regulatory bodies in matters that are similar. It is highly improbable that another case exists that exactly matches the matter before the Discipline Committee; however, through a series of similar cases, a range of penalties can typically be derived. If both sides can agree on the range and the seriousness of the case to be brought before a panel, then the likelihood of agreeing on penalty is increased.

In any penalty discussion, the College is considering four principles. First, specific deterrence to ensure that the Registrant does not repeat the allegations to which they are agreeing. Second, general deterrence to provide information to the profession on the whole as to what happens when regulations and standards are breached. Third, the ability to remediate the Registrant through education and training to improve compliance and outcomes in the future. Fourth, whether the penalty will allow the public to have confidence in the ability of the College to regulate its Registrants in the public interest. The College will also consider aggravating and mitigating factors, that is, factors that affect the decision including the parties involved, the circumstances of the matter, agreeing to settle among many others.

**Costs –** while the courts have made several rulings on the validity of cost awards (up to 66% of the costs of a contested hearing, provided the costs have been well documented and are reasonable), cost discussions in an uncontested matter are detailed. The College documents all of its costs throughout the process; however, when making an “offer” as to the costs, some costs have to be estimated on how long the settlement discussions will take and how close to or into an actual hearing the process will go. Once again, costs are considered in the context of other rulings by regulatory bodies; however, the range is usually more broad and dependent on the organization involved. The CEO will also consider facts presented, in good faith, by the Registrant, in particular when it involves potential hardship imposed on the Registrant.

Any settlement must be acceptable to the Panel of the Discipline Committee. Again, the courts have consistently ruled that panels must accept any joint proposal on penalty unless the panel can reasonably conclude that the penalty is beyond the range for such cases, either too harsh or too lenient and that the settlement will undermine public confidence in the regulatory body and process. Not included among the reasons for rejecting a joint proposal on penalty is that a panel simply does not like or agree with the penalty itself.

### **Importance of this Program**

The importance of the Discipline Program and related processes cannot be overstated. It is a critical aspect of self-regulation and maintaining the trust of the public. It can be a very lengthy process as it requires a great deal of careful thought on the part of all three (or more) parties.

It is the role of the College to proceed on these matters and to do so with the intent to serve and protect the public interest. There is no satisfaction derived from successfully prosecuting a Registrant just as there is no embarrassment of not being successful. The College’s role is to present the evidence

that is available to it. The Panel's role is to weigh that evidence and the credibility of witnesses and experts and to render a decision.

Respectfully submitted,

Jeremy Quesnelle  
Deputy CEO

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