College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

College of Naturopaths of Ontario

November 2024

Contents

Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate to act in the public interest?" This information:

1. Strengthens accountability and oversight of Ontario's health regulatory Colleges; and

2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	**Evidence**	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	**Context measures**	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	**Planned improvement actions**	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

Organizational Focus

Applicant/ Registrant Focus

Results & Improvement

1 Governance

✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance.

✓ Integrity in Council decision making.

✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences

2 Resources

The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future

3 System Partner

Extent to which a College works with other Colleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation.

4 Information Management

College efforts to ensure its confidential information is retained securely and used appropriately in administering regulatory activities, legislative duties and objects.

5 Regulatory Policies

The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

6 Suitability to Practice

College efforts to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.

7 Measurement, Reporting and Improvement

✓ The College continuously assesses risks, and measures, evaluates, and improves its performance.

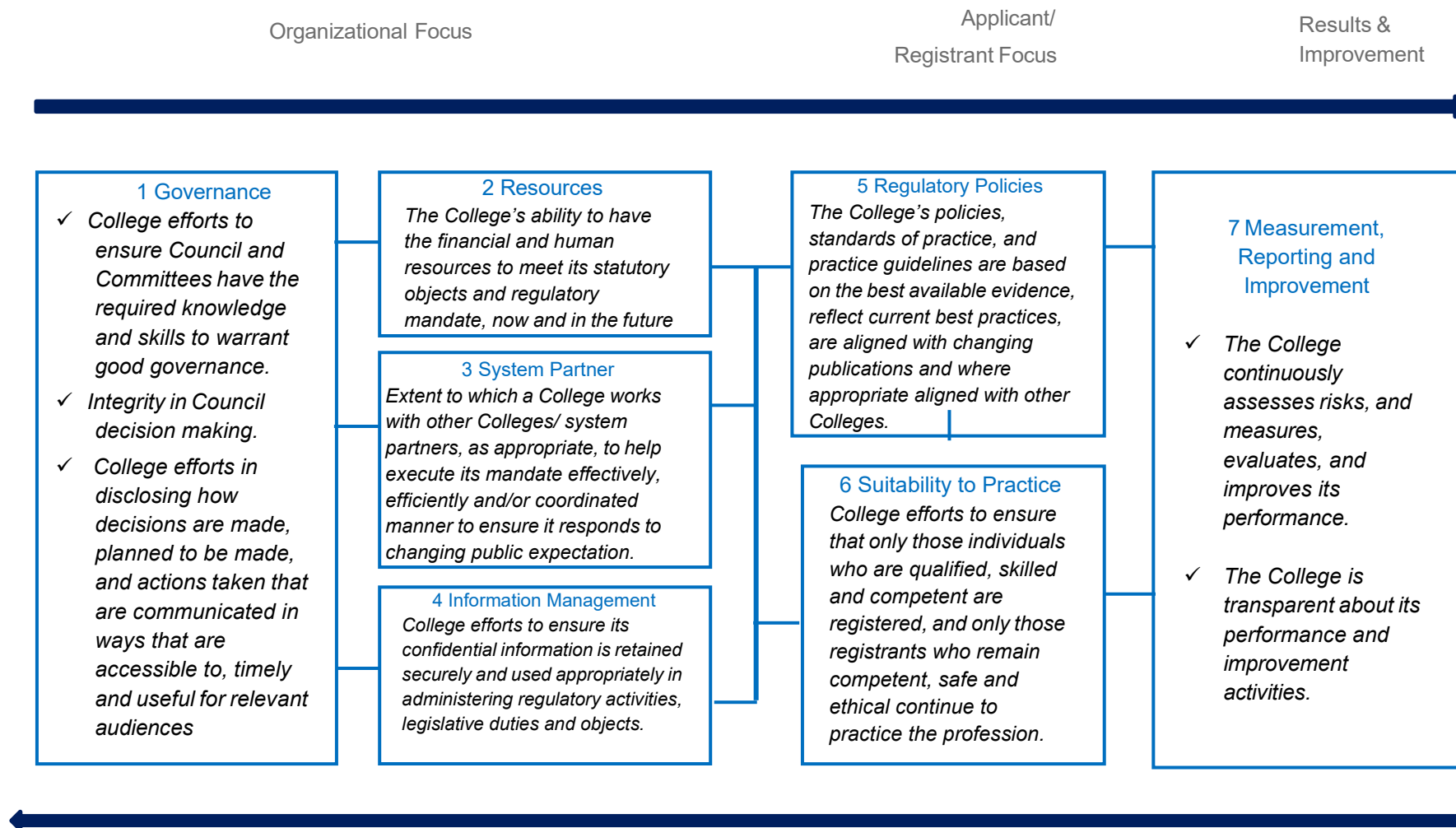✓ The College is transparent about its performance and improvement activities.

Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

Completing the CPMF Reporting Tool
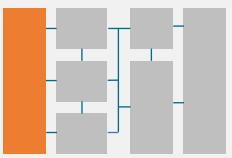
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

<table>
<tr>
<td rowspan="2"></td>
<td colspan="4">Measure:
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</td>
</tr>
<tr>
<td>Required Evidence</td>
<td colspan="3">College Response</td>
</tr>
<tr>
<td rowspan="2">DOMAIN 1: GOVERNANCE</td>
<td rowspan="2">STANDARD 1</td>
<td>a. Professional members are eligible to stand for election to Council only after:

i. meeting pre-defined competency and suitability criteria; and

Benchmarked Evidence</td>
<td>The College fulfills this requirement:</td>
<td>Yes</td>
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<tr>
<td colspan="2">

- The competency and suitability criteria are public: Choose an item.
  If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.

In order for professional members to stand for election, they must meet the eligibility requirements set out in section 10.05 of the College's <u>by-laws</u>. The Nomination Process, which is conducted on-line through the following forms, collects all the necessary information about a potential nominee to ensure they meet these requirements:

   i. [Nomination and Consent Form](#)
   ii. [Volunteer Candidate Self-Assessment](#)
   iii. [Confirmation of Eligibility Form](#)
   iv. [Election Undertaking](#)
   v. [Conflict of Interest Questionnaire](#)
   vi. [Fiduciary Duties Acknowledgement and Undertaking](#)
   vii. [Agreement and Undertaking regarding Duties of Council members](#)
   viii. [Candidate biography and personal statement](#)

Under the Council's [Qualifying Program](#), which was established in September 2021, individuals who wish to seek nomination for election to Council, must attend an Orientation Session hosted by the Chief Executive Officer (CEO) where the role, responsibilities and time commitments of Council members is reviewed. Also under the Qualifying Program, the potential nominees must complete the competency self-assessment (see (ii) in the above numbered list and complete an interview with a panel of the Governance Committee, which makes recommendations regarding the suitability of the potential nominee to the full Governance Committee).

In making determinations regarding potential nominees, the Governance Committee, which oversees the Qualifying and Training Programs for the Council, receives all the information submitted by a potential nominee for review. As part of this submission, the Governance Committee also receives a Competency Report and an analysis of all eligibility requirements regarding whether a potential nominee meets those requirements. A copy of the full

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</table>

			[Assessment program may be found on the College's website]().
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training.	
			• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).	
			• Please insert a link and indicate the page number if training topics are public *OR* list orientation training topics.	

As set out in GP31 – Qualifying Program, all potential nominees for election must have attended an orientation session held by the Chief Executive Officer of the College. This session runs approximately two to three hours depending on the questions raised by participants. It is held via video call and covers the following topics:

- Qualifications to run for election.
- The skill set that a candidate will need to sit on Council (see below).
- The role and mandate of the College.
- The vision of the Council for the future of the College.
- The role of the Council and the role of the CEO/staff.
- The duties and responsibilities of Council members.
- On-going support from Council and staff.
- The time and other commitments implicit in seeking to be on the Council.
- Compensation provided for by the College once elected.
- Training requirements once elected.
- Typical Council Meeting
  - Format
  - Video/audio capabilities
- The election process.
- Terms and term limits.

Subsequent to the orientation session the potential nominee completes the competency self-assessment, all other on-line forms and meets with the Governance Committee for an interview.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional):
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and **_Benchmarked Evidence_**	The College fulfills this requirement:

The College fulfills this requirement:

- The competency and suitability criteria are public: Choose an item.

- *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.*

Candidates for all Council committees, both statutory and non-statutory, must meet the same initial criteria as set out in the Qualifying Program. They are required to complete all of the same components, including the competency self-assessment, interview with the panel of the Governance Committee, orientation etc. These criteria are published on the College's website as noted above.

The Governance Committee canvassed all Committees to determine what, if any, additional competencies are required from individuals seeking to be appointed. The College has posted to the Volunteer section of its website all of the competency requirements as well as the additional requirements for certain committees.

Yes

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics for Statutory Committee. As noted above, the College requires all potential volunteers, whether those seeking election to Council or seeking an appointment to a Committee to attend an orientation session and to undergo the entire Qualifying Program. As noted above, the orientation session is approximately two hours in duration and covers key topics, including but not necessarily limited to, the qualifications to seek election or appointment, mandate of the College, role of Council and staff, duties and responsibilities for Council and committee members, time commitments, compensation provided, training and evaluation requirements, on-going support from Council, Committees and staff and the processes for election/appointment.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Duration of orientation training.	
	• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).	
	• Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics.	
	Provided there is sufficient time between the date of the appointment or when the College is advised and the first meeting of the Council, public appointees are provided either an orientation to the role or, more ideally the Council's Training Program, which includes topics covered in the orientation, orients new public members to the governance model used by Council as well as those policies and processes specific to the role.	
	On advice of Legal Counsel, the College and its Council cannot prevent a public appointee from assuming their responsibilities given that the Orders in Council are effective the date that they are signed, and the College is advised subsequently of the appointment. Nonetheless, the Council's Training Program does require that all public appointees complete the training at the first available opportunity.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional):	

| Measure: |
| 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. |

Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please provide the year when Framework was developed **OR** last updated.	
	• Please insert a link to Framework **OR** link to Council meeting materials and indicate the page number where the Framework is found and was approved.	
	• Evaluation and assessment results are discussed at public Council meeting: Choose an item.	
	• *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.*	
	The Council of the College meets six times per year. At the conclusion of each meeting, Council members are provided a link to an on-line meeting evaluation. Responses are tabulated from the previous meeting and the results are provided to the Council at its next meeting as part of its Consent Agenda. An example can be found on pages 56-57 of the November 27, 2024, Meeting materials. It is important to note that not only do we provide the individual meeting evaluation but the ratings for all prior meetings held in the cycle to allow Council to see any trends. With respect to the Council itself, at the end of the Council year (April/May) the Council and Committee evaluation process is initiated. This process is described in the Council's governance policy GP16 – Governance Evaluation whereby the Council evaluates itself as an entity, and each Council member evaluates themselves and their peers. Annually in July, the Council is presented with an evaluation report from an independent consultant supporting the process which sets out the findings regarding Council and Committee effectiveness, based on interviews and rating exercises conducted with Council and Committee members. Following Council review, the consultant meets with each Committee to review their overall committee assessment. An example of this review is available as item 7.01 on the July 31, 2024 meeting agenda.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item.	
			• *If yes, how often do they occur?*	
			• Please indicate the year of last third-party evaluation.	
			Presently, the Council effectiveness process, or Governance Evaluation, is conducted annually by the Council and the Committees. The Council is currently using an independent consultant, Sandi Verrecchia of Satori Consulting to assist in the delivery of this evaluation.	
			Information about this requirement can be found on the College website and is enshrined in the Council's governance policy GP16 – Governance Evaluation.	
			The most recent Governance Evaluation was completed at the end of July 2024. Council and Committee evaluations are available publicly on the College's website. The next cycle will be initiated in April of 2025.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found **OR** • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. The College has continued its process of providing a briefing on each major program of the College throughout its six-meeting cycle. The topics have included: • Program briefing on complaints, reports and the ICRC process. • Program briefing on the discipline process and hearings. • Program briefing on Quality Assurance. • Program briefing on the Inspection program and Committee. • Program briefing on the Registration program and Committee. • Program briefing on the Examination program. • Communication Key Messages • Regulated Health Professions Act, 1991 In addition, each new Council and Committee member has been required to complete and provide the College with a certificate of completion for the following training: • Human rights training (Ontario Human Rights Commission); • AODA training (Ontario Human Rights Commission); and • Bias and Diversity training (Canadian Centre for Diversity and Inclusion). In addition to this formal training, the Council is also provided with regular information from Steinecke Maciura LeBlanc (SML) Law. At each meeting, they receive as part of the consent agenda a Legislative update provided by Health Profession Regulators of Ontario (HPRO) as well as recent editions of Grey Areas published by SML Law. By way of an example, these can be seen on pages 30 to 35 of the Council meeting package of November 2024.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional):

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement: • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found **OR** • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Since the establishment of the College's EDI Committee in mid-2021, they have launched a number of important initiatives, most recently the launch of its EDIB Lens Tool in 2023, a process for analyzing, recognizing or anticipating the impact of the design and implementation of policies on under-served, marginalized and diverse individuals and groups, and to identify and eliminate barriers. It is a framework that helps the College to see things from a new or different perspective, provides a clearer focus and a more complete view, thereby improving effectiveness in all aspects of work. This tool continues to be used by all College Committees for education and establishing an inclusive language in the context of policy creation, review, and decision making. Furthermore, it can act as a filter during the creation of policy or one that prompts a policy to be reviewed. With respect to risk management, the Council has established a Risk Committee. The College's Enterprise Risk Management Plan was completed at the end of 2024 In addition to the briefing materials, as part of each meeting's consent agenda, the Council is provided with an overview of risk management concepts for their use in decision making (page 79-81 of the Council meeting package of January 2024.) Beyond these expectations, the College also believes that the ability of the College to serve and protect the public interest is highly important to the public. To assist the Council in understanding key considerations of the public interest, a tool is provided during each Council meeting for their use (please see page 83 of the Council meeting package of January 2024.)	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional):

DOMAIN 1: GOVERNANCE	STANDARD 2	**Measure:** **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**	
		Required Evidence	**College Response**
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: **Yes** • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. The Council of the College has a robust set of Governance Policies that establish how it will govern the College. These include policies in four areas: 1. Ends Policies, which include an Ends Statement (the strategic objectives set by the Council) and the Ends Priorities (the prioritization of the objectives for operationalization by the CEO). 2. Governance Process Policies, of which there are 33 policies, that establish how the Council will govern itself. These policies include both a Council Code of Conduct and an Avoiding Conflict of Interest policy. 3. Executive Limitations Policies, of which there are 17, which limit the means by which the CEO can achieve the strategic objectives, such that the CEO can use any means within the limitations set by the Council. 4. Council-CEO Linkage Policies, of which there are three, which establish the way in which the Council and CEO will interact and work collaboratively. During each Council cycle of six meetings, each of these policies is reviewed in detail by both the Council and the Governance Policy Review Committee. The latter may bring recommendations for change forward, either based on feedback from the Council, the CEO or based on its own review. The Avoiding Conflict of Interest policy was last amended on January 25, 2023. The Council Code of Conduct was last amended on March 30, 2022 at which time changes were proposed by the Governance Policy Review Committee and accepted by the Council. These changes incorporated important elements surrounding Council and Committee members avoiding discrimination and bias, including unconscious bias (see section 12 of the policy).
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.

			Additional comments for clarification (optional)

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy **OR** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. All these policies are available on the <u>College's website</u> in the Resource section. Specific links to each policy are provided in the preceding section.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

			• Cooling off period is enforced through: By-law
			
			• Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.
			
			• Please provide the length of the cooling off period.
			
			• How does the College define the cooling off period?
			
			   − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;
			
			   − Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**
			
			   − Where not publicly available, please briefly describe the cooling off policy.
			
			The College by-laws set out the eligibility for election to the Council and for appointment to a Council Committee either as a Registrant or Public Representative. These include reference to the cooling off period for individuals who were in positions deemed to be conflicting in nature. These by-law provisions were last reviewed in November 2023.
			
			Under the College's new Volunteer Program, individuals seeking appointment to a Committee must complete an on-line <u>Application Form</u>, as well as make certain declarations surrounding their <u>eligibility</u> as set out in the by-laws. These applications and eligibility declarations are reviewed by the Governance Committee who ensures that the mandatory cooling off period of two years is adhered to. This period applies to anyone who was a director,	

officer, or employee of either a professional association or educational program for naturopathy. These by-laws were established by the Council prior to 2015 but came into force on July 1, 2015, when the *Naturopathy Act, 2007* was fully proclaimed.

For individuals seeking nomination to become a candidate in an election, they too must complete a series of on-line forms including:

- Nomination and Consent Form
- Confirmation of Eligibility Form
- Conflict of Interest Declarations for Nominees
- Election Undertaking
- Fiduciary Duties Acknowledgement and Undertaking
- Agreement on Duties of Council members
- Submission of a Personal Statement and Biography

Although it may be more relevant in a later section of this reporting framework, both Committee candidates and potential nominees for election must also complete the Competency Self-Assessment. This is scored by the CEO and provided to the Governance Committee.

As with Committee candidates, potential nominees for election are reviewed by the Governance Committee to ensure that they meet the eligibility requirements, including the mandatory cooling off period.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please provide the year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated.

- Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes

- Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.

The College has, since its inception, had a conflict-of-interest questionnaire that Council members must complete annually and that Committee volunteers would complete at the start of their volunteer work. Recently, this has been updated to require both Council and Committee members, as well as program volunteers such as examiners, inspectors, and assessors, to also complete an annual conflict of interest declaration. This declaration is now completed as an on-line form.

A copy of all the questionnaires, as they relate to Council members, are assembled, indexed and posted to the College's website for the availability of the public and stakeholders. This package is not provided to the Council at each meeting due to the overall size of Council materials. Instead, the College produces a summary for the Council of who has declared a conflict and the nature of the declaration. As an example, this summary may be found at page 166-167 of the November 27, 2024 Council meeting package.

Council members are expected to update their Annual Declaration (resubmit it) whenever new conflicts arise (i.e., anytime during the year). When this occurs, the Summary document and the full package on the website is updated.

On each Council agenda the Chair reviews with the Council the importance of declaring any conflicts of interest and invites Council members to declare any new conflicts or any conflicts that may unexpectedly have arisen from a specific meeting agenda item. These are noted in the minutes.

Although the wording of the conflict questions is relatively generic, they do identify the most common conflicts that can arise within the naturopathic profession, such as providing continuing education courses, speaking at association conferences, or working with the educational program in various capacities.

The College has also taken initiatives in two additional areas to ensure that there are no potential conflicts that have not been addressed. The first, a governance process policy GP28-Registering Gifts, Benefits and Remuneration requires Council and Committee members and staff to declare any gift, benefit or remuneration that they may have received while engaged in regulatory activities or using their regulatory knowledge of such activities. This is intended not only to reduce risk of undeclared conflicts of interest but also increase transparency and accountability. Any such declarations will be posted to the College's website although none have been received thus far.

The second initiative is set out in governance process policy GP29-Participation in Outside Activities or Events which requires Council and Committee members to refrain from using any information that they learn as a part of the regulatory processes when they participate in outside events without prior approval. This ensures that the information that might be used as part of any such participation is information that would be in the public domain and to which all Ontarians would have access. In essence, individuals involved in College activities are to serve and protect the public interest and not benefit personally from information that that may learn from their work.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.

- Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.

On key decision items, the Council is provided with a briefing note on the issue. Briefing notes provide the background to the issue and the relevant discussion points, including evidence that supports any potential decisions to be taken. Additionally, the briefing provides a full analysis section that addresses:

1. The Risk Assessment.
2. Privacy Considerations.
3. Transparency.
4. Financial Impact.
5. Public Interest.
6. EDIB.

As noted in an earlier section, the public interest analysis is based on a tool developed by the College and included in the consent agenda materials for reference by the Council and the public. An example of the briefing format used by the College may be seen on Page 109 of the January 31, 2024 Council meeting package. The Public Interest Tool may be found at page 83 of the same package.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. The College's Strategic Plan 2023-2027 has risk management embedded, which is further supported by an Enterprise Risk Management Program policy to support operations. A total of eleven risk registers have been developed as part of the College's Enterprise Risk Management Plan, including Governance, Registration, Finance and Quality Assurance. Risk registers have been completed with the collaboration of all departments. The College has adopted the ISO 31000 standard that is being used to provide the College with a comprehensive illustration of risk and the prioritization of those risks. Each individual risk register is assigned to a responsible party and timelines who oversees a quarterly review of any new and emerging risks, the identification of any changes and the rationale for those changes. The individual risk registers are then consolidated and shared with the Risk Committee on a quarterly basis and semi-annually with the Council	Partially
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) The full Enterprise Risk Management Program will be implemented in the summer of 2025.	

DOMAIN 1: GOVERNANCE	STANDARD 3	**Measure:**		
		3.1 Council decisions are transparent.		
		Required Evidence	**College Response**	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the webpage where Council minutes are posted.	
			• Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted.	
			The College posts all Council meeting minutes as soon as they are approved at the next meeting of Council. To further promote transparency, the College also posts Highlights of Meetings within two days of the meeting. Action items from the prior meeting are included as part of the minutes of the meeting.	
			The web page that hosts the Council meeting materials also includes information on how to request records of the Council meetings from the College.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
		   i. the meeting date;
		   ii. the rationale for the meeting;
		   iii. a report on discussions and decisions when Executive Committee acts as Council
			The College fulfills this requirement:	Yes

			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. On January 27, 2021, the Council amended the [Terms of Reference](#) for the Executive Committee to reflect that it would only meet on urgent matters as determined by the Chair of Council. At this time, new disclosure provisions were added such that the Committee must post notice of its meeting on the College's website, along with any meeting materials and minutes of the meeting following the meeting. Should the Executive Committee be required to meet, any decisions of the Executive Committee would be required to be ratified by the Council at its next available meeting and would be included in the Council meeting materials. The Executive Committee was not required to meet in 2024.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	*Additional comments for clarification (optional)*

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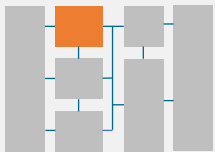| Measure:		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	**College Response**	

a. With respect to Council meetings:
  i. Notice of Council meeting and relevant materials are posted at least one week in advance; and
  ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.
	The College fulfills this requirement:
	
	• Please insert a link to where past Council meeting materials can be accessed **OR** where the process for requesting these materials is clearly posted.
	
	Meeting materials for the Council meeting are posted to the College website one week prior to the meeting, on the same day that they are transmitted to the Council for review. Presently, meeting materials are available back to April 2017.
	
	The College also invites individuals who are seeking materials or information that is not included on the website or from an earlier timeframe to contact the College.
		Met in 2023, continues to meet in 2024

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: • Please insert a link to the College's Notice of Discipline Hearings. The College website has a webpage for Scheduled Hearings of Panels of the Discipline Committee (DC). This page lists all matters that have been referred to the Discipline Committee by the ICRC including the name of the Registrant, the date the matter was referred, the hearing dates (as soon as they are set), the Notice of Hearing (as soon as it is delivered to the Registrant) and an indication of the "Status" of the matter, as well as a summary of the allegations. In terms of the timing of the notice of hearing dates, these dates are normally set weeks if not months prior to the hearing. As soon as the dates are scheduled, the College also posts a notice in the News sections of the main page of the website, as well as a link to the Scheduled Hearings page and a	Met in 2023, continues to meet in 2024
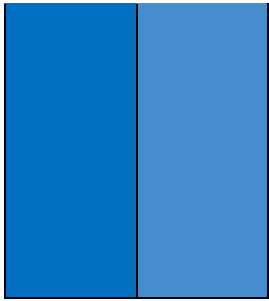
link to the online registration form (available in English and French) for attending virtual hearings. With respect to the "status" the College provides a link to a separate webpage that describes the six steps in the disciplinary process to ensure that the public understands where the College is on any given referral to the DC.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure:

3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	• Please insert a link to the College's DEI plan.	
	• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.	
	The College's DEI Action Plan was drafted and approved by the EDI Committee in December 2021, using the general objectives set out in the EDI Committee's terms of reference. Further refinements to the action plan were approved by the Committee in July 2022 and included the following:	
	• Drafting a Council statement on EDIB and an EDIB Governance Policy, and engaging College recruited focus groups for feedback on both (completed September 2022)	
	• Review of environmental scan information on EDI lens tools and drafting an EDIB lens tool for use by College Committees in their drafting and review of policies, standards, and guidelines to ensure a standardized approach is taken (completed November 2022)	
	In November and December 2022, the Council met as a Committee of the Whole to conduct strategic planning. Three half-day meetings were held under the guidance of an external consultant. The importance of and issues surrounding DEI were discussed extensively and form the basis of the Strategic Plan itself which was approved in January 2023. The College's Operational Plan for the period April 2023 to March 2027 sets out specific initiatives surrounding DEI and reviewing the College's regulatory framework, including the training of committee members and staff liaison on DEI issues and the use of the DEI tool being developed to guide these on-going reviews.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		Additional comments for clarification (optional)

b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:	Yes
	• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number *OR* please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. The EDI Committee has developed an Equity Lens Tool to be used by all Committees of the College to assess the College's regulations, by-laws, and policies and procedures. The Lens Tool was rolled out to all College Committees in 2023 and in 2024 was utilized in reviewing and assessing program materials. Feedback from the various College Committees was sought in 2024 and amendments to the wording of the tool was updated to ensure clarity and consistency in its usage. The Lens Tool is currently included in all College Committee meeting packages and utilized in reviewing program materials, policies and decision making.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		Measure:
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

<table>
<tr><td rowspan="2">DOMAIN 2: RESOURCES</td><td rowspan="2">STANDARD 4</td><td>Required Evidence</td><td colspan="2">College Response</td></tr>
<tr><td>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:
A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</td><td>The College fulfills this requirement:

• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.

• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

The College Council engaged in a process of strategic planning in November and December of 2022. This process culminated in the development of a new Strategic Plan for the College. Additionally, since the Council operates on a policy governance model, its strategic objects are also articulated in its Ends Statements policy. Both documents were approved in January 2023 and are available on the College's website. A third document, the Council's Ends Priorities policy was approved in November 2023.

Based on these strategic documents from the Council, the senior management team of the College develops an Operational Plan that it presents to Council annually. The plan sets out the operational activities of the College over the next four years to coincide with the Strategic Plan. The Council is asked to accept this plan as the means by which the College will move forward to achieve the objectives set by the Council. A copy of the Operational Plan may be found in the Council meeting materials for March 27, 2024 beginning on page 213-265. The Operational Plan is laid out in precisely the same manner as the Ends Statements to allow the Council and the public to see which activities are intended to meet which goals. Within that plan, budget allocations are set out to allow a correlation to be drawn to what is being done, to the costs associated with it and where it supports the strategic goals.

In preparation of the College's annual budget, the College reviews the Council's Strategic Plan to determine which initiatives are currently under way and will continue, what new initiatives may be needed and what, if anything, should no longer be undertaken. For each regulatory and program activity, detailed budget sheets are developed in concert with the program areas, and these coalesce into the comprehensive budget that is presented to the Council for acceptance. The budget presented to the Council is for the upcoming fiscal year along with estimates for the subsequent two years. A copy of the most recent budget at the time of preparing this report can be found on page 266 of the March 2024 meeting materials package.</td><td>Yes</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*   Choose an item.</td></tr>
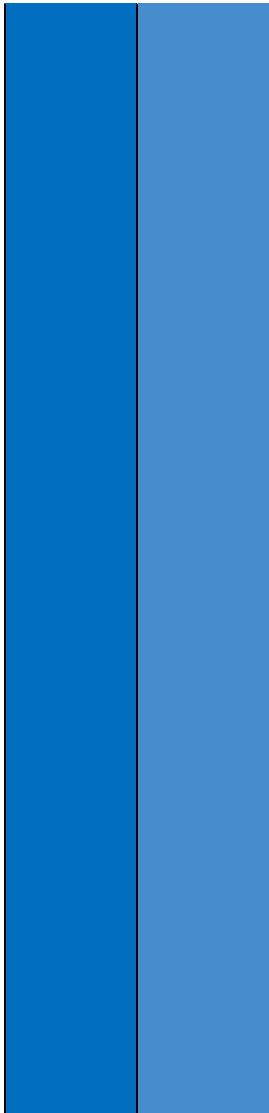</table>

			Additional comments for clarification (optional)

		b. The College:	The College fulfills this requirement:	Partially
		i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	• Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed **OR** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Choose an item. The College EL17.03 Restricted Reserve Funds policy was revised and approved by Council in September 2024. At the end of every fiscal year any surplus identified via the College's annual Audit is used to top up the restricted reserves funds in accordance with the Council's Executive Limitation policy. In April 2024, the College was in a position to top up its reserve funds nominally. The movement of monies to the Restricted Reserves is included in the Auditors Report. The College Restricted Reserve funds continue to have a shortfall from the desired levels established.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) Over time, the College is intending to ensure that any surplus funds generated at the end of the fiscal year are automatically used to top up the restricted reserve funds in accordance with the Council's Executive Limitation policy.	

| | | c. Council is accountable for the success and sustainability of the organization it governs. This includes:

i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).

Benchmarked Evidence | The College fulfills this requirement:

• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs.

• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.

Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.

The Council receives several reports from the Chief Executive Officer allowing it to properly fulfill its oversight responsibilities in these areas. At each of the six meetings held, the Council receives a Regulatory Operations Report which provides the Council with data on the College's key regulatory functions. A copy of the Regulatory Operations Report may be found on page 169 of the November 2024 Council meeting materials package .

The College's Operating Plan includes both ongoing human resources activities, including maintaining equitable hiring practices that consider existing staff first, staff training and engagement initiatives, as well as a commitment to fair and transparent compensation model with staff retention being a primary objective, as well as a Human Resources Plan for the next five years of the College. This plan sets out the anticipated new positions the College will need to retain in order to ensure its ability to perform its role and ensure its long-term sustainability.

Twice each year, the Council receives an Operating Report of the College. This report sets out for the Council the College's progress on the activities set out in the Operational Plan. The mid-year Report may be found on page 181 of the November 2024 Council meeting materials package. It is within this report that the Council receives information about the College's human resource complement and status and the College's hiring practices. Please see page 194 through 196 of the above noted package.

With respect to senior leadership succession planning, the Council has two policies that are in place. The first is an Executive Limitations Policy that requires the CEO to have a designated Emergency Replacement (EL02 – Emergency CEO Replacement). Under this policy, the CEO is required to select one or more members of the senior management team to act in their absence if they will be absent for a period of up to three months. The CEO also ensures that this person, today the Deputy CEO, is well briefed on all College activities. The Council has also made an allocation of funds in EL17-Restricted Reserve Funds policy for Succession Planning.

The second relevant policy is a Governance Process policy setting out that the Council will appoint an interim CEO in the event that the CEO is going to be absent for a period of more than three months (GP17 – Appointing an Interim CEO).

Finally, if and when the Council determines that for any reason the CEO will not be returning to their position, in addition to having appointed an Interim CEO, they would initiate the process for hiring a new CEO under their Governance process policies (GP26 – Hiring the Permanent CEO). | Yes |

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan.

The College Council is regularly briefed on the College's data and technology plan and any related issues. In December 2022 the College transitioned from physical servers to cloud storage.

Cloud Storage includes:
- All staff are set up with a VPN to access the cloud,
- All staff have enhanced security with multi-factor authentication,
- Full account verification is required anytime a staff member logs in from an alternative device or IP address,
- Password length and complexity of required characteristics is more robust,
- Increased ability to create user libraries and directories and corresponding permissions,
- Data is backed up at regular intervals and in multiple locations,
- Decreased risk of losing data from a physical server due to fire, water damage etc., and
- Increased ease of compliance reports.
- Audit trail.

The College also sub-contracts an IT company which in addition to regular IT support includes: alerts being set up when a staff may attempt to perform a certain function, a special reporting icon for when staff suspect a phishing e-mail and dark web monitoring. The College also has various firewalls and anti-malware in place. The Director of Operations meets annually with the IT Account Manager to discuss the College needs, current state, and review recommendations.

In 2024 the College implemented the following additional cybersecurity measures:
- Set up of Geo-Blocking; employees can access Office 365 in Canada, but require prior approval/permission for an exemption to access outside of Canada,
- Advance Office 365 defender policies: Set up of advanced Safe-Attachments, Safe-Links, Anti-phishing, Anti-Spam and Anti-malware policies for email communications to help prevent from attacks like spoofing,
- SOC Monitoring: receive a notification of any malicious logon activities from a staff's account, and
- Staff cannot directly share information from OneDrive or SharePoint with external entities.

All staff continue to be required to participate in Cyber Security training which is handled in three ways: introductory training as new staff are onboarded, annual education including a special campaign every October, and regular spoof emails being sent to staff for testing and alertness.

The College also uses a collaborative software tool called Smartsheet. Existing processes continue to be re-evaluated on an ongoing basis and many

current processes are now electronic having been integrated into Smartsheet; these include both internal processes such as staff attendance reporting, document approvals and authorizations, and staff alerts when resource materials have been updated, and external processes such as submission of expense reports by Council and Committee members College volunteer forms, and Registrant applications to change or resign their certificate of registration.

The College introduced Basecamp in 2022, a collaborative tool which allows for secure posting of content and supports discussions between College staff and various committees and the Council. This software is permission based, allowing for appliable access to both staff and volunteers.

The College has revamped its website with WordPress. WordPress is open source; however, the College has enhanced its security settings to better safeguard the contents posted to the website. There are also a limited number of staff that are provided with access to make any changes to the website. The College also has a formal reporting process in which it maintains a tracking log of any staff outside of the Communications department who removes, adds or changes information to the website. To improve the search capabilities and the functionality of the Resource Library on our website as of January 2024 the College transitioned to a new third-party organization to assist with this work and to continue to maintain and monitor the College's website. Lastly, to support the user experience to our website the College has an add-on plug-in called AccessiBe. This application allows for our website to be inclusive and accessible for all users.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	
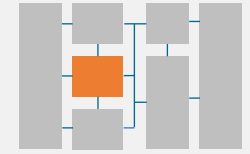
	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.*
	Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* Regulatory Colleges: Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) and its members. Through this alliance and its individual members, the College has been continuing to address entry requirements, movement under labour mobility legislation, alignment of practice expectations as well as locating and preventing unauthorized practitioners. CANRA – ETP Examination With CANRA, the College has been working toward the goal of creating a single entry-to-practice clinical practical examination. In line with this, a set of national competencies were developed in 2023, circulated for public consultation and feedback, and finalized and approved in 2024.

Regulatory Colleges: Ontario Health Regulators
In partnership with several other health regulatory authorities in a variety of ways to improve the regulation of the profession and professional oversight.

The College continues to share and received information about unauthorized practitioners and Cease and Desist letters issued by the College with other healthcare colleges in and outside of Ontario.

Ontario College of Pharmacists – Prescribing within the Scope of Practice and Amending prescriptions
In Collaboration with the Ontario College of Pharmacists both organizations provided information to its registrants regarding ensuring that prescribing is done in accordance with the Scope of Practice and consistency with regards to situations where prescriptions require amendment.

College of Massage Therapists of Ontario – CPR & First Aid
The College provided information and policies related to CPR and First Aid requirements for NDs in Ontario

College of Physiotherapists of Ontario – Registration Regulation
The College provided documentation including the Registration regulation amendments and consultation documents for the inclusion of the new Emergency class.

Health and Supportive Care Providers Oversight Authority – HFO
The College provided information and assistance regarding the method by which it reports Health Professions Database data using its Alinity database.

System Partners: Health Profession Regulators of Ontario
The College participates in various activities of HPRO and contributes wherever it can. This includes:
- Participation of the CEO as a member of the Board of Directors of HPRO
- Participation in the Investigations and Hearings Group
- IPAC Regulatory College Working Group
- Participation of the Director of Operations in the "Enterprise Risk Management and Business Continuity" working group
- The College continues to participate in HPRO as a means of providing input on system-wide regulatory issues and assisting in setting future directions.

System Partners: CNAR/CLEAR
The College supports and maintains membership in these two important organizations that support regulators in Canada and around the world as a means to align investigative practices, discipline processes, and quality improvement across the health system. In the reporting period a number of College staff attended the annual CNAR and CLEAR conferences to learn of best practices and innovations of other regulatory colleges.

	System Partners: Information and Privacy Commissioner of Ontario
	The College collaborated with the IPC/O for the development and delivery of a Regulatory Education Program on Health Information Privacy and Reporting on November 29, 2024. System Partners: Standing Drug Regulation Committee The College of Naturopaths of Ontario participated in a multi-faceted group including other health regulators and association representatives to review, assess and ensure that best practices in prescribing, administrating, dispensing, compounding and selling for the benefit of Ontarians are adhered to and applied in the regulatory and legislative scheme with respect to RHPA colleges. The College withdrew from the working group in September due to not agreeing with the outcomes set out in the developed White Paper. System Partners: Ontario Association of Naturopathic Doctors (OAND) & Canadian College of Naturopathic Doctors (CCNM) The College regularly engages with the Association as a system partner. The senior leadership (CEO/Senior elected official) of the organizations meet regularly three to four times annually to discuss issues of mutual concern. Additionally, the CEOs meet regularly to share information and updates on activities. The College established the Working Group on the Identification and Mitigation of Patient Harm (WGIMPH) that included the College, CCNM and the OAND as part of the College's Risk-based Regulation Program

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*

- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

In Conversation With

The College has engaged with a key partner in regulation, the profession itself, to ensure that the general expectation of the public is that every registrant is aware of their regulatory responsibilities. While this happens in a number of ways, in the past year the College has continued its where it engages stakeholders using a fireside chat format. "In Conversation With…" was created with the intention of allowing the profession and stakeholders to pose important questions about the regulatory processes and the College to better increase their understanding. In 2024 in order to ensure that the program was not duplicating the Regulatory Education Program yet still remained useful to registrants the College amended the focus of the "In Conversation With…" to provide background, intent, guidance and overviews of the various consultations taking place throughout the year.

The consultation focused In Conversation With series continued throughout 2024 with sessions that included:

- Volunteer Program – March 21, 2024
- Standards of Practice Consultation – October 28, 2024
- Prospective Naturopathic Therapies Regulation – Preliminary Consultation – December 4, 2024
- Data Collection Requirements relating to the Standards of Practice for Therapeutic Prescribing – December 18, 2024

Regulatory Education Program

The College continues to engage with both registrants and the public in providing access to free virtual educational programming that is focused directly on key regulatory concepts and rules. It is intended to allow registrants and the public to learn more about the regulatory framework which governs NDs in Ontario and to help NDs not only comply, but to avoid potential issues that present a risk of harm to the public.

In 2024, the College offered 7 REP sessions including:

- Complaints and Investigations: Converting Retreat into Advance
- The Giving and Receiving of a Delegation
- Drugs and Substances for Ontario NDs
- Regulated Health Professionals and the Patient's Pathway
- Understanding Ontario's Complex Mandatory Reporting Requirements
- Changing Perspectives on Record Keeping
- Health Information Privacy and Reporting

A total of 1827 registrations were received for the seven events, of which 725 were unique individuals.

Satori Consulting and the Council Evaluation Processes
The College and Council continued a partnership with Satori Consulting Inc. relating to the Council and Committee Evaluation Process. It has long been noted that regular evaluations of the Council and its Committees are not only in the public interest but an expectation of the public in the context of good governance. With Satori Consulting, the College completed its third multi-faceted evaluation process that included a) an evaluation of the Council and each Committee, b) an evaluation of each Council and Committee member (self-evaluation and peer evaluations); and c) a report and action plan for each committee and the Council as well as each Committee and Council member. The individual reports and action plans are confidential between Satori Consulting and the Council/committee member; however, the Council and Committee evaluation reports are available on the College's website. The outcomes from this process have been an improved understanding of the performance of the Committees

Recognition of Multiculturalism and French Language Requirements
The College has partnered with a number of organizations to assist in making important strides to recognize Ontario's multicultural make-up as well as the French language community and Ontario's commitment to supporting diversity. In recognition that the staff of the College continue to represent many diverse cultures, the College publishes staff language capabilities as part of its staff directory to allow Ontarians to speak with any individual in their language of choice. The in-house capabilities of the College include Arabic, Farsi, French, German, Hindi, Polish, Spanish, Tamil, Urdu and Vietnamese.

Additionally, the College has continued to partner with All Languages, a multi-language company that provides a number of services to the College, including live translation services. In terms of interaction with the public by telephone, any call in any language that cannot be handled in-house can be linked with All Languages within 60 minutes or less with a qualified translator to assist us.

All Languages is also continuing to partner with the College in the translation of our key materials, including our resources library on the website and the on-line forms used by the College for registration, renewals, the public directory and information gathering. This is in recognition not only of Government expectations but also the expectations of the public about the importance of the French language to Ontarians and Canadians, especially in the context of the role the College plays.

System automation

The College has also continued its engagement of Smartsheet as a system partner. The Smartsheet platform is a work platform that allows for easy management of projects and, automation of workflows among other benefits. Through Smartsheet, the College has been able to automate the collection and management of data in a large number of areas, reduce our carbon footprint and reduce monotonous work tasks. The processes that the College has automated may be too many to list here; however, here are some of the key ones accomplished in this past year:

- Quality Assurance: The College continues to utilize various SmartSheets for management of the Quality Assurance Program. This includes processes relating to registrants seeking an extension on CE Reporting, registrants seeking an Extension on their Peer & Practice Assessment, and registrants providing feedback on their Peer & Practice Assessments. The College also uses on-line processes for seeking declarations of conflicts of interests between each of assessors and registrants, however, these forms cannot be made available as they provide confidential information.
- Inspections: The College's inspection program is extensive and involves three separate types of on-line processes. The first of these relates to reporting requirements, where premises report Type 1 Occurrences and the annual collection of data within Type 2 Occurrences set out in the Regulation. The second set of processes relates to the management of the premises themselves and include three on-line vehicles including an on-line process for indicating that the premises will cease to perform IVIT, an on-line process for reporting changes in personnel in the premises and finally, a New Premises Registration process. The third and final set of processes relating to the inspection program include processes relating to the inspections themselves. These include the Pre-Inspection collection of information, Post-Inspection Premises Questionnaire, Post-Inspection Inspector Questionnaire and an on-line Registrant Conflict of Interest form which cannot be made publicly available as it lists the names of the inspectors involved in our program.
- Hearings Registrations: The College continues its process to allow individuals to register for the hearings and receive the links to view the hearing online. This brought about the new Hearings Registration form which is available in both English and French.
- Data Reporting – Therapeutic Prescribing: in 2024 the College announced that beginning on January 1, 2025 it will begin collecting specific data related to Therapeutic Prescribing. In support of the this, the College created a Therapeutic Prescribing Data Collection Support Program.

Equity, Diversity, Inclusion and Belonging

The College has continued its partnership with both the Canadian Centre for Equity and Diversity and the Ontario Human Rights Commission to provide important training to staff and volunteers of the College. It is an expectation of the public that decision-makers, volunteers, and staff of the College act in ways that are free from discrimination and bias, including unconscious bias. These organizations assist the College by providing important training in these areas, as well as in human rights, and access for Ontarians with disabilities.
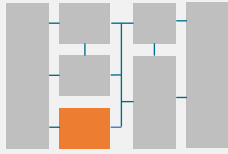
		Measure:
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response	
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information. The College has established a Privacy Code that governs the collection, use, retention and disclosure of personal information. The Code also sets out how registrants can access their personal information and how to reach the College's Privacy Officer for assistance. The College also has a Terms of Use policy governing its website. This sets out the agreed upon terms and conditions of use of the College's website, copyright and limitations of liability.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

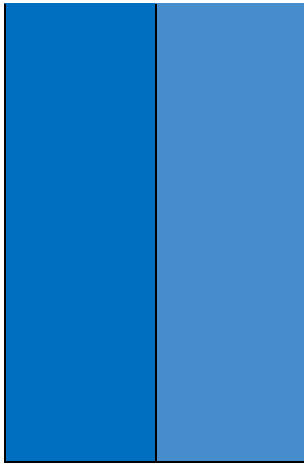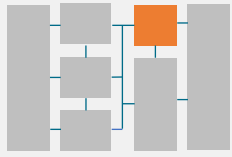|				Yes
		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement:	

The College fulfills this requirement:

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.

The College has the following cybersecurity measures against unauthorized disclosure:
1. Staff have a confidentiality clause in their Employment Contract, which is also noted in the College's Personnel Policy.
2. Staff receive both College onboarding which covers Privacy, and Cyber Security training as well as ongoing training on these topics.
3. Staff are regularly tested with spoof e-mails to test their cyber security knowledge.
4. One team member of the College is the designated Privacy Officer that provides guidance on any privacy matters to all staff of the College.
5. Use of a two-step verification methodology for identifying a caller prior to any information provided.
6. Multi-factor authentication is in place for the College's database and Office data/e-mail systems.
7. Policy and procedures are in place with role accountabilities and authorizations in accordance with the College's IT Corporate Permissions policy.
8. Policy and procedures in place regarding use of the College website (e.g., what may be posted).
9. Policy and procedures in place about what is permitted on the College's IT equipment (terms of use).
10. College has a month-long Cybersecurity campaign every October.

In the event of an accidental disclosure or privacy breach the Privacy Officer is responsible for developing an action plan to address the disclosure based on the level of disclosure. This includes:
1. Re-education of staff.
2. Liaising with the College's insurance company which has cybersecurity coverage.
3. Investigating the root cause via a third-party Cybersecurity organization (CyberClan).
4. Networking with the College's legal firm for advice and assistance on any formal communications.
5. Briefing Council on the privacy breach and the outcomes.
6. Informing the party whose information has been disclosed/ breached.
7. Potentially reporting to the Office of the Privacy Commissioner of Canada depending on the level of the breach.
8. Offer the party whose privacy has been breached support tools such a one-year subscription to monitoring accounts and credit standing.
9. Liaising with various vendors to explore any additional safeguards available to prevent a re-occurrence.
10. In the event of an emergency, a media statement may also be released (in consultation with a contracted third-party) in accordance with the College's robust Media Press policy.

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

| **Measure:** |
| **8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).** |

	Required Evidence	**College Response**	
DOMAIN 5: REGULATORY POLICIES — **STANDARD 8**	a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). The Council's Standards Committee, whose role is outlined in the approved Terms of Reference, is delegated the responsibility to develop, undertake consultations on, and approve Standards of Practice, Guidelines and policies governing the profession. In addition, the Standards Committee annually reviews and makes recommendations to the Council for any new additions, or amendments to the Regulations made under the *Naturopathy Act, 2007* and the by-laws as they pertain to the Standards of Practice of the profession. The Inspection Committee (IC), which oversees the IVIT Program and standards within IVIT premises, annually reviews the program policies and related procedures, and submits recommended amendments for Council approval. All Standards, guidelines and policies are posted on the College's Website. All Committee Terms of Reference are posted on the College's Website.	
		If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
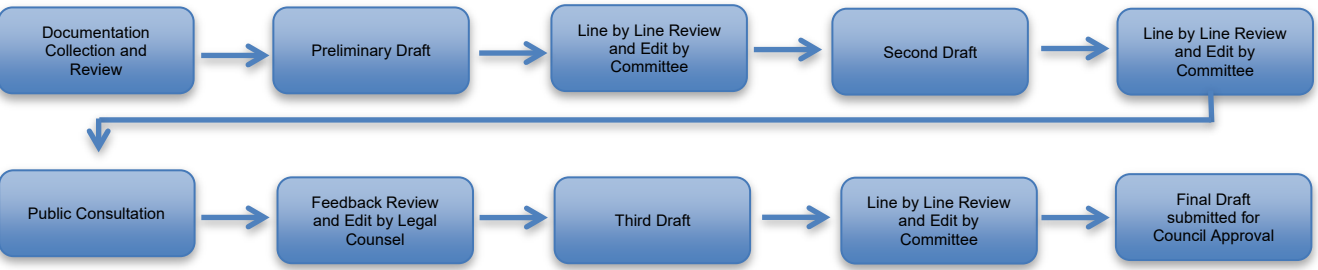
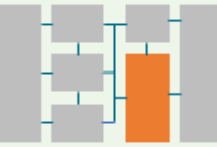| | | b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:

 i. evidence and data;

 ii. the risk posed to patients / the public;

 iii. the current practice environment;

 iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);

 v. expectations of the public; and

 vi. stakeholder views and feedback.

 ——————
 Benchmarked Evidence
 —————— | The College fulfills this requirement:

 • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) **OR** please briefly describe the College's development and amendment process.

 following flow chart illustrates the process generally used to develop, review and consult on draft standards, guidelines, polices: | Yes |

The Council established a Standards Committee tasked with the reviews and/or development of standards of practice, guidelines and policies. The process typically undertaken by the Committee, generally begins with staff of the College initiating extensive research to determine where best practices may lie or where there is evidence to support current programming or programming changes. This often includes, but is not limited to, collection of information from other Ontario Health Regulatory Colleges, review of educational requirements and curriculum details, information from other naturopathic jurisdictions, government reports and research/studies. Following the compiling of documentation, a draft is created for review by the committee (which includes both members of the profession and the public). The preliminary draft is focused on the content, specifically whether it reflects current practice and/or trends in practice, the public interest and protection and whether the draft material mitigates the risk to the public. Following the line-by-line review and edit by the Committee, the draft is often circulated to other relevant College committees, including the EDI Committee, to seek their feedback on the impact, equitability, public perspective or unintended consequences of the draft material. Based on the feedback of other College committees, a second draft is created, and a line-by-line wording review completed. Depending on the document, the Committee may also initiate a public consultation and seek legal advice as necessary. All consultation feedback is provided to the Committee who will consider and amend the draft as necessary. A final line-by-line wording review is undertaken and where applicable, submitted to Council for consideration and approval.

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
	• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.	
	• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.	
	The College's EDI Committee whose role, as outlined in the approved Terms of Reference, includes ensuring that appropriate policies are developed that reflect the values of the Council and its commitment to equity, diversity, inclusion and an environment that is free of bias, discrimination and racism, as well as reviewing the College's regulatory framework and processes to ensure that they are equitable to all individuals within society.	
	In 2023, the College in conjunction with the EDI Committee, began the rollout and usage of a lens tool for use by all College Committees to equip them with a tool for thoroughly considering equity, diversity, inclusion and belonging when undertaking review of existing policies, guidelines, and standards, and when developing new materials.	
	All newly developed standards, guidelines, policies and program materials are being provided to the College's EDI committee for review and consideration in order to promote Equity, Diversity and Inclusion in all College materials.	
	In addition the Quality Assurance Committee, in collaboration with the EDI Committee developed an online Self-Assessment on EDI for registrants to use to help consider EDI in their practice and to foster a discussion and consideration of EDI principles and values.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

| | | **Measure:** |
| | | **9.1 Applicants meet all College requirements before they are able to practice.** |

		Required Evidence	**College Response**	
DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 9**	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number **OR** please briefly describe in a few words the processes and checks that are carried out.

- Please insert a link and indicate the page number **OR** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

Registration Program policies set out the documentation required to support the assessment of whether an applicant has met the requirements for registration. For each document, specifics pertaining to "validity" (what must be completed and by when for it to be recognized as valid), format (e.g., whether original hardcopy is required or softcopy is accepted), and the means for submission (e.g., which documents must be sent from the issuing body as opposed to those which may be provided by the applicant) are noted. This information is further defined in supporting applicant materials (e.g., Application for Registration Handbook).

Applications for registration are handled as a 3-step process, with specific information and documentation to allow for the assessment of an applicant's eligibility for issuance of a certificate, being collected and verified at each given stage. Where deemed necessary, additional information or clarification is sought from third parties (e.g., other regulatory bodies where the applicant currently holds or has held registration, former employers who have provided evidence of practise on the applicant's behalf, police agencies who have issued a CPIC, etc.). Registration staff utilize an entry-to-practise checklist which aligns with the requirements set out in the Registration Policy and in the Registration Regulation, for logging receipt of application documentation and assessing whether an applicant has met set eligibility criteria for issuance of a certificate of registration, or whether a referral to a panel of the Registration Committee is required based on reasonable doubt of the applicant having satisfied any of the requirements.

In the review of applicant files, a three-tiered review and verification process is employed (reviewed by the Coordinator, Manager and Director) of all submitted documentation, requiring an approval at the Manager and Director level before the applicant is eligible to move forward in the process. In the case of referred applications for registration to a panel of the Registration Committee, this is extended to a four-tiered review with the addition of the CEO who must sign-off on the referral.

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[1] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under

any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

| | | b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.). | The College fulfills this requirement:

• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers **OR** please briefly describe the process and checks that are carried out.

• Please provide the date when the criteria to assess registration requirements was last reviewed and updated. | Yes |

The criteria for assessing whether an applicant meets registration requirements are set out in the Registration Program policies approved by the Council. These policies are reviewed on a semi-regular basis by staff and by the Registration Committee, with any amendments approved by the Committee provided to Council as part of its consent agenda. Supporting operating policies, which are internal, procedural documents to assist staff in carrying out registration duties are reviewed within the department and approved by the Senior Management Team of the College as updates are made to program policies, or the systems used by the College (e.g., a change in database which impacts a procedure).

Outside of scheduled reviews, policy reviews may be triggered based on a need identified by a third party, such as the Office of the Fairness Commissioner, a change in regulation, EDIB consideration or by staff of the College. When proceeding to amend existing or draft new policies, staff of the College review the policies of other Colleges, and/or conduct an environmental scan which may include seeking additional input through the Ontario Regulators for Access Consortium (ORAC) group or through direct communiques with specific Colleges (e.g., those who have similar Registration Regulation requirements) to determine best practices.

Registration Criteria Last Reviewed/Updated

Registration Policy (last updated March 2024)

Language Proficiency Policy (last reviewed and updated March 2024)

Proof of Identify Policy (last reviewed and updated March 2022)

Good Character (last reviewed and updated July 2021)

Alternative Documentation Policy (last reviewed March 30, 2022)

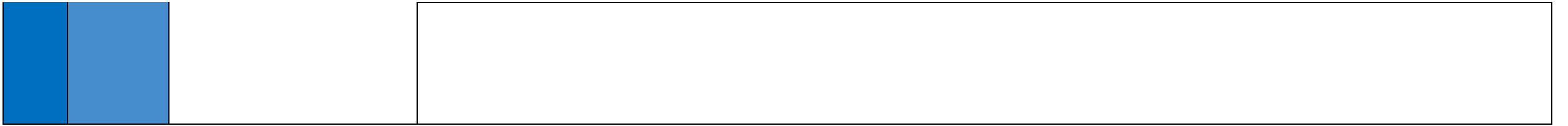|			[Registration Regulation](#) (January 2023, updated August 2023)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

| | | **Measure:** | | |
| | | **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.** | | |

| | | c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.). | The College fulfills this requirement:

• Please briefly describe the currency and competency requirements registrants are required to meet.

• Please briefly describe how the College identified currency and competency requirements.

• Please provide the date when currency and competency requirements were last reviewed and updated.

• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.

To maintain their certificate of registration, registrants registered in the General or `practising' class must practise the profession for a minimum of 750 hours every three years. All registrants must be of good character, as set out in Section 4 of the Registration Regulation and includes similar provisions to those required of applicants for registration. Currency and competency requirements were determined through staff research, Committee and Council discussion, and consultations (both public and Ministry related) as part of drafting and finalizing the Registration Regulation prior to proclamation of the *Naturopathy Act, 2007* in 2015.

Requirements regarding currency hours, as set out in the College's Registration policy, were updated in 2024 to stipulate that 100% of the minimum practise hours required of NDs in the General and Emergency classes must be in the provision of direct patient care. An onboarding provision, to allow registrants in the General class a period of time to adjust their practise to meet these new requirements, was also added to the Registration policy.

Registrants are required to provide self-declared information regarding currency (number of practise hours, breakdown allocation of activities related to practise of the profession) on an annual basis (at registration renewal) and good character on a continual basis, i.e., both annual declarations at renewal which are flagged by the system for staff review, and Registrant reporting requirements, which require a Registrant to notify the College within 30 days of receipt of notice of a finding or similar issue affecting good character as per 4(2) of the Registration Regulation.

At close of renewal each year, a currency report is run and reported currency hours are audited to allow staff to identify registrants who will have satisfied the requirement over each three-year reporting period and those who may be deficient. Registrants who have not met currency requirements are provided with the following options: a) elect to be referred to the Quality Assurance Committee for a Peer & Practise assessment, b) move to the Inactive class of registration, c) enter into an Undertaking not to practise the profession, e.g., to have a non-clinical Term, Condition or Limitation (TCL) applied to their certificate of registration or d) be referred to a panel of the Registration Committee for a determination of necessary additional training or education (i.e. "refresher program") which must be completed by the Registrant. | Yes |

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

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[2] A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes
	• Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Choose an item. Based on the OFC's last assessment of the College's registration practices, the College has been assigned a "low risk" rating under the OFC's Risk Informed Compliance Framework (applicable for the period April 1, 2024-March 31, 2026).	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 10**	

Measure:

10.1   The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence	**College Response**

a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
  - Name of Standard
  - Duration of period that support was provided
  - Activities undertaken to support registrants
  - % of registrants reached/participated by each activity
  - Evaluation conducted on effectiveness of support provided

- Does the College always provide this level of support: Yes
  If not, please provide a brief explanation:

In 2024 the College's Standards Committee initiated a public consultation on updates and amendments to 19 Standards of Practice. In support of this consultation the College created overview and summary materials and held an "In Conversation With…" open to all registrants and members of the public that answered questions, discussed the intent of the consultation and provided a summary of the major amendments.

In 2024, the College continued its Regulatory Education Program to provide registrants and members of the public with access to education and information about the regulations and standards of the College. This program aligns with the Council's Strategic Plan and included a number of sessions, conducted on-line, each 60-90 minutes in duration where key regulatory concepts were discussed. These included important concepts like informed delegation, record keeping, mandatory reporting and the patient's pathway. These sessions were recorded live and available for later access by registrants. As noted above, the College received a total of 1827 registrations for the seven live REP events, of which 725 were unique individuals.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

		Measure:		
		10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].		

	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • *If yes, please insert link to the policy.* The [Quality Assurance Program policy](#) requires the Quality Assurance Committee to annually select the standards, guidelines and policies that will be an area of focus for the Peer & Practice Assessment. In making its determination, the Quality Assurance Committee reviews the prior year's assessment outcomes, Complaint and Discipline data in the most recent Council report, annual data from the College's Annual Report and statistical information from the Manager of Professional Practice related to areas of inquiry from the public and the profession to determine areas of concern to be proactively addressed.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

			The College fulfills this requirement:	Met in 2023, continues to meet in 2024

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s).
			OR please briefly describe right touch approach and evidence used.
			• Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable).
			If evaluated/updated, did the college engage the following stakeholders in the evaluation:
			   − *Public* Choose an item.
			   − *Employers* Choose an item.
			   − *Registrants* Choose an item.
			   − *other stakeholders* Choose an item.
			
			The Quality Assurance Regulation and Program policies outline that each year the Quality Assurance Committee shall randomly select registrants to undergo a peer and practice assessment. This selection process is random in nature and excludes any Registrant who:
			• Holds an Inactive certificate of registration.
			• Has a certificate of registration under suspension.
			• Has held a general class certificate of registration for less than 3 years.
			• Has completed a College Peer & Practice assessment in the previous 5 years.
			
			Following a completed assessment, where deficiencies are noted, the Committee provides the Registrant with a list and details of the identified deficiencies and an opportunity to remedy any concerns in advance of requiring additional remediation activities.
			
			The College has implemented a right touch approach to CEO investigations, has established a number of operating policies and regularly follows up with suspended registrants to remind them about their advertising. This helps to avoid initiating investigations into advertising/practising while suspended.
			
			Minor items, which may be considered low risk with little to no impact directly on a patient, where there is no formal complaint, are reviewed by staff and referred to Manger, Professional Practice who provides information to the Registrant on the potential concern and possible ways to remedy the deficiency.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria. • Peer & Practice Assessors utilize a 1-4 scale to rate a Registrant's response to the various components of the Peer & Practice Assessment program. Quality Assurance Policies outline the potential for remediation depending on the rating. Any rating of 3 or 4 is referred to the Quality Assurance Committee for consideration. During the Assessment, the Peer Assessor discusses any identified deficiencies with the Registrant and possible methods to self-remediate. As previously noted, the Quality Assurance Committee provides all registrants with an opportunity to self-remediate prior to requiring specific action. Where the self-remediation actions are deemed to be insufficient, the Committee may require an individual to participate in a Specified Continuing Education or Remediation Program, direct the CEO to impose Terms, Conditions or Limitations or disclose the name of the Registrant to the Inquiry, Complaints & Reports Committee. To date the Quality Assurance Committee has not had to require any of these remediations based on the outcome of a Quality Assurance Assessment.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Measure: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.**		

a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes

• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities *OR* please briefly describe the process.

• Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation *OR* please briefly describe the process.

Registrants who do not complete their Continuing Education (CE) requirements by submitting their CE and professional development log by the annual September 30th deadline are reviewed by the Quality Assurance Committee. In 2024, the Quality Assurance Committee granted all registrants who failed to submit or were deficient in meeting their CE requirement an extension until February 28, 2025, to remedy and complete the requirement. Registrant CE logs are reviewed by College staff and those that fail to meet the extension requirement are referred to the Quality Assurance Committee who may either grant the Registrant a further extension or deem them as non-compliant with the Quality Assurance Program and require them to undergo a Peer & Practice Assessment.

As noted under Domain 6, Measure 9.2, registrants deemed not to have met currency requirements under section 6(1) of the Registration Regulation may elect to complete a refresher program approved by the Registration Committee. In its decision, the Registration Committee sets out a specific deadline for refresher program completion (typically no more than 6 months from point of review). Deadlines are monitored by Registration staff via a currency audit tracker. Registrants who fail to complete their approved refresher program are referred by the CEO to the Quality Assurance Committee for a Peer and Practice Assessment in accordance with section 6(2) of the Registration Regulation.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed)

		Measure 11.1
DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 11**	**The College enables and supports anyone who raises a concern about a registrant.**

Required Evidence	College Response	
a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy);	The College fulfills this requirement: • Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake *OR* please briefly describe the policies and procedures if the documents are not publicly accessible. The College's website provides several resources about the formal policies and procedures followed for the complaint process, including: • Complaints-Investigations. • Complaints Process. • How to file a Complaint. • Complaints-Discipline for NDs. • Alternative Dispute Resolution. • Patient Therapy & Counselling Fund. Staff in the Professional Conduct area of the College spend a great deal of time one on one with complainants and registrants to explain the complaint process and this includes ensuring that complainants are fully informed and aware of all steps in the process, understand their role, the role of the Registrant, College staff, and the committee, and potential outcomes. During a complaint investigation, College staff maintain regular contact with complainants providing updates when the status of a complaint changes and explanation of any process delays.	Yes
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		and;	*Additional comments for clarification (optional)*

iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:		Yes
	• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The Inquiries, Complaints and Reports Committee (ICRC) maintains Program Policies and detailed Procedure Manuals that outline the information required for formal complaints and includes template letters and procedures for requesting additional information. As each complaint is different, a panel of the ICRC reviews all materials received and determines if additional relevant information may be required.		
Benchmarked Evidence	*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*		
b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
	Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The College responds to inquiries within 5 business days 100% of the time.		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (optional)		

c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please list supports available for the public during the complaints process.

- Please briefly describe at what points during the complaints process that complainants are made aware of supports available.

The College ensures that all of its materials related to the complaints process are available online and in English and French. The College provides all information about the process, options (including alternative dispute resolution), potential outcomes and resources are made available to all complainants and registrants either upon request prior to the filing of a formal complaint or, if no inquiry is made in advance, upon receipt of the formal complaint.

The College has available a telephone translation provider who can provide direct verbal translation over the phone, and the College website staff directory provides information on languages staff members can effectively communicate in for additional assistance

The College continues to maintain on its website summaries of current and closed complaint and report matters. The summaries provide an update on the allegations and the current status of the matter.

The College's website has undergone usability testing as well as plain language reviews to ensure comprehension for all about the processes. The College has created a number of resources and flowcharts for visual summaries of expectations in the complaints process.

In the interest of providing resources and support to both complainants and registrants the College also created a webpage providing guidance to registrants on how to formulate and submit a response to a complaint.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure:
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.
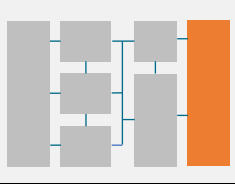
| a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.). | The College fulfills this requirement:

• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) **OR** please provide a brief description.

• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) **OR** please provide a brief description.

The Complaints process on the College website describes expected timeframes and communication to be sent by the College. Confirmation letters issued to complainants contain contact information for the College's relevant staff and reasons for any potential delay. These notices are sent in accordance with s. 28 of the HPPC.

In addition to regular notices regarding the status of complaints and discipline matters, the College also maintains a listing of all complaints and reports under investigation and discipline matters in process. The webpages are publicly available and include a summary of the matter and the current stage of the process. | Yes |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

			Additional comments for clarification (optional)	

		Measure:		
		12.1 The College addresses complaints in a right touch manner.		

| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 12 | a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol). | The College fulfills this requirement:

• Please insert a link to guidance document and indicate the page number **OR** please briefly describe the framework and how it is being applied.

• Please provide the year when it was implemented **OR** evaluated/updated (if applicable).

The College's ICRC receives annual training from legal counsel ensuring that the Committee is up to date and aware of the most recent changes to legislation and case law.

The ICRC Program policies were last revised and approved by the Committee in 2023. The Committee made amendments to align with the Terms of Reference and included information related to the information provided to HPARB and College representation at case conferences.

The College maintains the ICRC decision-making matrix and risk categories on its website and are used when making a decision with regards to a matter. Incoming complaints/concerns are reviewed by senior staff. Where the matter is of an urgent nature and public safety is at question, emergency ICRC meetings are scheduled, and action considered by the panel. | Met in 2023, continues to meet in 2024 |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

			Additional comments for clarification (optional)

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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	**Measure:**

Measure:

13.1 **The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**

a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please insert a link to the policy and indicate page number **OR** please briefly describe the policy.

- Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home').

The College relies on the exceptions in section 36 of the Regulated Health Professions Act which allows for the disclosure and sharing of information under certain circumstances.

In 2024 the College has shared information in the following contexts:
- Other Ontario Regulators for the purposes of:
  - Providing information about other regulated health providers holding out as naturopaths and copies of Cease-and-Desist Letters;
  - Providing information about College registrants that may be holding out as other registered practitioners; and
  - Coordinating investigations of complaints filed about dual registrants
- Other Canadian Regulators:
  - When a Registrant applies for registration in another jurisdiction, the College shares information about investigations, decisions and reasons and records of investigations where applicable to suitability to practice; and
  - Provides information about practitioners in another jurisdiction who may be holding out as being able to practise in Ontario.
- Police Services

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed)

Measure:
14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.

		Required Evidence	College Response	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

Met in 2023, continues to meet in 2024

- Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number **OR** list KPIs and rationale for selection.

For its evaluation the College uses KPI's that are in the annual Operational Plan. The Operational plan ensures we fulfill our core mandate to protect the public and oversee the practice of naturopathy. To achieve this, each indicator in the Operational Plan is weighted equally. This plan is broken out into four components:

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

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

Part 3: Corporate Activities
This section sets out the corporate activities in which the College staff must engage to ensure the smooth operations of the College. They are more routine in nature but represent a foundational component that is often not considered when assessing the resources needed to support the College. The operational indicators also include quarterly financial reporting (budget against actual expenses) including a variance report which explains any line item that has a greater variance than 10% of the budget.

			Part 4: Program Development
			This section sets out the program and project work being undertaken by the senior management team of the College within their programs. Within this section, the Council will find the priority projects identified by the Chief Executive Officer for the coming year, as well as the priority projects identified by the Directors and Managers within the College.
			In 2024, the above format continued to be used to align with the Operational Plan for that year.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed)

b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: • Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. The Council receives the Regulatory Operations Report six times per year as part of each of its meetings. As part of this report, the Chief Executive Officer (CEO) reminds the Council that this oversight report is provided to allow them to ensure that all regulatory activities are being undertaken as required and provides explanations when they are not. Trending information that can be elicited from the report, based on its design, also allows the Council to look at regulatory activities from a risk-based regulation perspective. What issues are arising with more frequency, what kinds of matters are increasingly becoming the basis for complaints and what is the intention of the CEO to address these matters. A copy of the Regulatory Operations Report may be found on page 87 of the January 2024 Council meeting materials package. In addition to the Regulatory Operations Report, the Council also receives a broader Operations Report that provides information to the Council about all operational activities of the College. This report is provided following the conclusion of the sixth and then the 12th month of the operations covered by the plan and allows the Council to see what progress has been made on broader College activities, receiving information as to what has been happening to impact these activities and to make inquiries of the CEO. Again, from a risk perspective, the Council can determine whether activities that are not on track present a risk to the College. The mid-year report may be found on page 181 of the November 2024 Council meeting materials package. Finally, to-date, the Council's risk management approach has been to consider risk as part of the reports that it receives as well as within the briefing on issues and matters being brought before the Council. At page 90 of the May 29, 2024 Council meeting materials package includes an example of how briefing notes brought to the Council form a part of the Council's risk management approach.	Met in 2023, continues to meet in 2024
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		Additional comments for clarification (if needed)

Measure:

14.2   Council directs action in response to College performance on its KPIs and risk reviews.

a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement: • Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. Improvement opportunities are presented to the Council for every item on its agendas throughout the year. The following summarizes these opportunities. 1. When the Council receives the draft Operational Plan and the draft Capital and Operational budgets, it is presented with the opportunity to consider the work of the prior year as has been reported and to identify any areas where improvements might be needed. 2. When the Council receives the Regulatory Operations Report at each of its meetings, it can identify the activities being completed and those not undertaken, assess its risk and direct that improvements be made to those activities. It can also direct that the reports be modified to provide any information that it feels will be helpful in performing its oversight role. 3. When Council receives the mid-year and end of year Operations Report, it can review the activities that have been undertaken and those that have been deferred or delayed, assess the risk and direct that improvements be made.	Yes
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

Measure:

14.3   The College regularly reports publicly on its performance.

a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement: • Please insert a link to the College's dashboard or relevant section of the College's website. All reports tabled with the Council are made available presently as part of the Council meeting materials agenda and packages on the website. In addition, the Operational Plans are also made available in the resource library of the College's website.	Met in 2023, continues to meet in 2024

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.
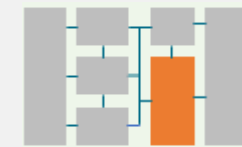
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)	

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		
Type of QA/QI activity or assessment:	#	
i. Self-Assessment	1645	*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).* *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
ii. Continuing Education Reporting	525	
iii. Peer & Practice Assessments	141	
iv. *<Insert QA activity or assessment>*		
v. *<Insert QA activity or assessment>*		
vi. *<Insert QA activity or assessment>*		
vii. *<Insert QA activity or assessment>*		
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		

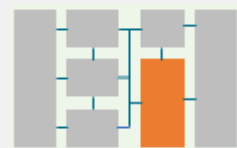| *Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period. *NR*	
Additional comments for clarification (if needed)	

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Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			

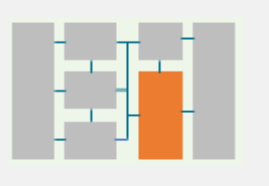| **Context Measure (CM)**			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2024	2301	--	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	1	0.04%	*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.*
NR			
Additional comments for clarification (if needed)			
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Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			

Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	

NR
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.
**This measure may include any outcomes from the previous year that were carried over into CY 2024.

Additional comments for clarification (if needed)

One registrant was referred to the Quality Assurance Committee (QAC) to undergo remediation for failure to complete the Continuing Education Component of the QA Program. The registrant failed to comply with the QAC ordered remediation and was referred to the Inquiries Complaints and Reports Committee for investigation for failure to comply with the QA Program.

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					

Statistical data is collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2024	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	1	2	3	33.5	
II. Billing and Fees	5	12	0	0	
III. Communication	11	25	0	0	*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*
IV. Competence / Patient Care	15	34	0	0	
V. Intent to Mislead including Fraud	0	0	0	0	
VI. Professional Conduct & Behaviour	6	14	2	22	
VII. Record keeping	1	2	0	0	
VIII. Sexual Abuse	2	4.5	0	0	
IX. Harassment / Boundary Violations	2	4.5	0	0	
X. Unauthorized Practice	0	0	1	11	
XI. Qther *<please specify>* IVIT	1	2	3	33.5	
Total number of formal complaints and Registrar's Investigations**	25	**100%**	4	**100%**	

Formal Complaints
NR
Registrar's Investigation

**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.

Additional comments for clarification (if needed)

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	25		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024	4		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2024	4		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2024**:	#	%	*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	1	3.5	
II. Formal complaints that were resolved through ADR	1	3.5	
III. Formal complaints that were disposed of by ICRC	5	17	
IV. Formal complaints that proceeded to ICRC and are still pending	18	62	
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	3.5	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2024	20
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	1	5	3	0	0	
II. Billing and Fees	1	0	3	4	0	0	
III. Communication	1	3	0	1	0	0	
IV. Competence / Patient Care	1	2	3	3	0	0	
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	
VI. Professional Conduct & Behaviour	1	1	6	4	0	0	
VII. Record Keeping	0	1	1	1	0	0	
VIII. Sexual Abuse	0	0	0	0	0	0	
IX. Harassment / Boundary Violations	0	0	0	1	0	0	

X.	Unauthorized Practice	0	0	0	0	0	0	
XI.	Other *<please specify>*							

• *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2024.*
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.
NR

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)
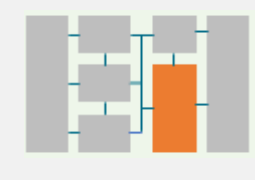
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d	
If College method is used, please specify the rationale for its use:	

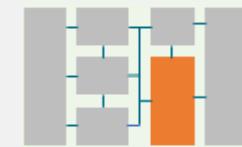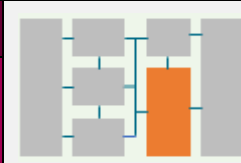| **Context Measure (CM)**		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2024	304	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2024	218	
Disposal		
Additional comments for clarification (if needed)		
¯		

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.
I. An uncontested discipline hearing in working days in CY 2024	0	
II. A contested discipline hearing in working days in CY 2024	0	The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

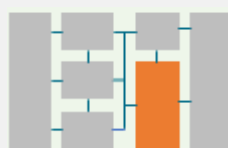*Additional comments for clarification (if needed)*

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

NR

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

<table>
<tr><td colspan="2" style="background:#6b0030;color:#fff">DOMAIN 6: SUITABILITY TO PRACTICE
STANDARD 12</td><td></td></tr>
</table>

DOMAIN 6: SUITABILITY TO PRACTICE
STANDARD 12

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 14. Distribution of Discipline orders by type*	

Type	#	
I. Revocation	0	*What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.
Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR ˍ

Additional comments for clarification (if needed)

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: Table 5, Table 7, Table 8

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: Table 4, Table 5

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991,* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),

- Practice the profession in Ontario, or

- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.