

**DISCIPLINE COMMITTEE OF  
THE COLLEGE OF NATUROPATHS OF ONTARIO**

**B E T W E E N :**

**COLLEGE OF NATUROPATHS OF ONTARIO**

**- and -**

**LESLIE EE**

**NOTICE OF HEARING**

The Inquiries, Complaints and Reports Committee of the College of Naturopaths of Ontario (the “College”) has referred specified allegations against you to the Discipline Committee of the College. The allegations were referred in accordance with section 26 of the *Health Professions Procedural Code* which is Schedule II to the *Regulated Health Professions Act, 1991*. The statement of specified allegations is attached to this notice of hearing. A discipline panel will hold a hearing under the authority of sections 38 to 56 of the *Health Professions Procedural Code*, as amended, for the purposes of deciding whether the allegations are true. A **pre-hearing conference** will be held at a date and location to be set by the Presiding Officer. A discipline panel will convene at the offices of the College at 150 John Street, 10th Floor, Toronto, Ontario at **9:30 a.m. on a date to be set by the Registrar**, or as soon thereafter as the panel can be convened, for the purposes of conducting the **discipline hearing**.

**IF YOU DO NOT ATTEND ON THE DATE FOR THE HEARING IN ACCORDANCE WITH THE PRECEDING PARAGRAPH, THE DISCIPLINE PANEL MAY PROCEED IN YOUR ABSENCE AND YOU WILL NOT BE ENTITLED TO ANY FURTHER NOTICE IN THE PROCEEDINGS.**

If the discipline panel finds that you have engaged in professional misconduct, it may make one or more of the following orders:

1. Direct the Registrar to revoke your certificate of registration.
2. Direct the Registrar to suspend your certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions and limitations on your certificate of registration for a specified or indefinite period of time.
4. Require you to appear before the panel to be reprimanded.
5. Require you to pay a fine of not more than \$35,000 to the Minister of Finance.
6. If the act of professional misconduct was the sexual abuse of a patient, require you to reimburse the College for funding provided for that patient under the program required under section 85.7 of the *Health Professions Procedural Code*.
7. If the panel makes an order under paragraph 6, require you to post security acceptable to the College to guarantee the payment of any amounts the member may be required to reimburse under the order under paragraph 6.

The discipline panel may, in an appropriate case, make an order requiring you to pay all or part of the College's costs and expenses pursuant to section 53.1 of the *Health Professions Procedural Code*.

You are entitled to disclosure of the evidence against you in accordance with section 42(1) of the *Health Professions Procedural Code*.

You, or your representative, may contact the solicitor for the College, Rebecca Durcan, in this matter:

Steinecke Maciura LeBlanc  
Barristers & Solicitors  
401 Bay Street  
Suite 2308, P.O. Box 23  
Toronto, ON M5H 2Y4

Telephone: (416) 644-4783  
Facsimile: (416) 593-7867

You must also make disclosure in accordance with section 42.1 of the *Health Professions Procedural Code*, which states as follows:

Evidence of an expert led by a person other than the College is not admissible unless the person gives the College, at least ten days before the hearing, the identity of the expert and a copy of the expert's written report or, if there is no written report, a written summary of the evidence.

Date: February 13, 2019 \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Andrew Parr", with a large, stylized loop at the end.

\_\_\_\_\_  
Andrew Parr, CAE  
Registrar & CEO  
College of Naturopaths of Ontario

TO: **Dr. Leslie Ee, ND**  
15 Dundonald St., Apt. 1902  
Toronto, ON M4Y1K4

## **STATEMENT OF SPECIFIED ALLEGATIONS**

1. Dr. Leslie Yan Wan Ee, ND (the “Member”) registered with the Board of Drugless Therapy-Naturopathy (the “Board”) on or about March 17, 1998. In July 1, 2015 the Member became a member of the College of Naturopaths of Ontario (the “College”).
2. The Member has not met the Standard of Practice for Prescribing.

### **Undertaking**

3. On or about March 5, 2014 the Member signed an Undertaking agreeing:
  - a. To refrain from performing and/or supervising intravenous therapy until he successfully completed the Board therapy verification course and examination; and
  - b. To complete the next available Board intravenous therapy verification course and examination.
4. The Discipline Committee of the Board ordered the Member to comply with the terms of the Undertaking.

### ***The Member performed and/or supervised intravenous therapy***

5. It is alleged that the Member never successfully completed the Board therapy verification course and examination.
6. It is alleged that the Member performed and/or supervised intravenous therapy on the following patients on or after March 5, 2014:
  - a. SC;
  - b. HH;
  - c. NB;
  - d. ZF; and/or
  - e. UP.

7. It is alleged that the Member offered to perform and/or supervise intravenous therapy on patient AM after March 5, 2014.
8. It is alleged that the Member held himself out to patient AM as a person who was authorized to perform and/or supervise intravenous therapy.
9. It is alleged that the Member did not advise the patients described in paragraphs 6 and/or 7 that he was not authorized to perform and/or supervise intravenous therapy.
10. It is alleged that the Member delegated the act of intravenous therapy to nurses on the following patients after March 5, 2014:
  - a. NB;
  - b. ZF; and/or
  - c. UP.

***The Member did not complete the next available course and examination***

11. It is alleged that the Member did not register for the Board therapy verification course until approximately April 2017.
12. It is alleged that the Member did not attempt the Board therapy verification examination until May 2018.
13. It is alleged that there were earlier opportunities to register and/or attempt the Board therapy verification course and examination.

**Allegations of professional misconduct as a Registrant of the Board**

14. It is alleged that the conduct which occurred from March 5, 2014 to June 30, 2015 constitutes misconduct pursuant to subsection of 30(1) of Ontario Regulation 278, R.R.O. 1990, as defined in Professional Misconduct/Incompetence established by the Board:
  - a. **Paragraph 1** - Contravention of any provision of the *Drugless Practitioners Act* and its regulations, of the *Food and Drug Act* and its regulations, or any other act regulating the practice of Drugless Therapy-Naturopathy;
  - b. **Paragraph 2(r)** - Conductor an act relevant to the practice of naturopathic medicine that, having regard to all the circumstances, would reasonably be regarded by naturopathic doctors as unprofessional or incompetent; and/or

- c. **Paragraph 2(w)** - Contravening standards of practice or guidelines of practice set by the Board, specifically:

1. BDDT-N's Standards of Practice,

- a. 2.1 –Each naturopathic doctor shall have knowledge of and comply with the laws and regulations governing the practice of naturopathic medicine in the jurisdiction of practice; and/or
- b. 2.6 -Each naturopathic doctor shall deal honestly with all patients, colleagues...and refrain from giving any false, incomplete or misleading information.

**Allegations of professional misconduct as Member of the College**

15. It is alleged that the conduct which occurred post July 1, 2015 constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code") as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:

- a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession);
- b. **Paragraph 8** (Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment);
- c. **Paragraph 10** (Performing a controlled act that the member is not authorized to perform); and/or
- d. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

**Alleging that another member performed and/or supervised intravenous therapy**

16. It is alleged that the Member falsely documented in the following patient charts that Dr. X, ND administered the intravenous therapy, as opposed to himself:

- a. SC;

- b. HH;
- c. NB;
- d. ZF; and/or
- e. UP.

17. It is alleged that the conduct which occurred post July 1, 2015 constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code") as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:

- a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession);
- b. **Paragraph 23** (Failing to keep records in accordance with the standards of the profession);
- c. **Paragraph 24** (Signing or issuing, in his professional capacity, a document that the member knows or ought to know contains a false or misleading statement);
- d. **Paragraph 25** (Falsifying a record relating to the member's practice); and/or
- e. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

## APPENDIX

1. The documents to be tendered in evidence at the hearing have been sent with this Notice of Hearing.
2. The *Rules of Procedure of the Discipline Committee* have been sent with this Notice of Hearing.
3. Take notice that the documents that have been and may later be disclosed to you will be tendered as business documents pursuant to the *Evidence Act* of Ontario.
4. All documents that are disclosed to you in this matter are disclosed on the basis that they are to be used solely for the purpose of this proceeding and for no other purpose.



COLLEGE OF NATUROPATHS OF ONTARIO

- and -

LESLIE EE

DISCIPLINE COMMITTEE  
OF THE COLLEGE OF  
NATUROPATHS OF ONTARIO

**NOTICE OF HEARING**

**STEINECKE MACIURA LEBLANC**

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401 Bay Street, Suite 2308  
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**Rebecca Durcan**

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Lawyers for the College of  
Naturopaths of Ontario



**DISCIPLINE COMMITTEE OF  
THE COLLEGE OF NATUROPATHS OF ONTARIO**

B E T W E E N:

COLLEGE OF NATUROPATHS OF ONTARIO

- and -

LESLIE EE

**AGREED STATEMENT OF FACTS**

The parties hereby agree that the following facts may be accepted as true by the Discipline Committee of the College of Naturopaths of Ontario (the “College”):

**The Member**

1. Dr. Leslie Yan Wan Ee, ND (the “Member”) registered with the Board of Directors of Drugless Therapy-Naturopathy (the “Board”) on or about March 17, 1998.
2. In July 1, 2015, the Member became a member of the College of Naturopaths of Ontario (the “College”). A copy of the Member’s profile from the College’s registry is attached as **Tab “A”**.
3. The Member has not met the Standard of Practice for Prescribing. As a result, he is not authorized to perform intravenous infusion therapy (IVIT) nor to determine whether the patient’s condition warrants IVIT.
4. IVIT as set out in the standard involves the compounding of one or more substances in a unique substance for use through intravenous injection and it also involves administering substances and/or drugs via an intravenous injection. Both IVIT and the compounding of drugs for the purposes of IVIT are considered

a controlled act under the *Regulated Health Professions Act, 1991* and the *Naturopathy Act, 2007*. A copy of the Standard of Practice on Intravenous Infusion Therapy is attached at **Tab “B”**.

## **Undertaking**

5. When the Member was registered with the Board, he was subject to a disciplinary proceeding that resulted in a voluntary plea to professional misconduct. Pursuant to that plea, the Member signed an Undertaking (the “Undertaking”) on March 5, 2014, a copy of which is attached as **Tab “C”**, agreeing among other things:
  - a. **Paragraph 5:** I shall successfully complete, at my own expense, the next available Board IV Therapy Certification course (the “Course”) and the Board’s IV Therapy examination (the “Examination”) but in any event, I shall successfully complete both the course and the certification examination prior to performing and/or supervising IV Therapy.
6. The Discipline Committee of the Board ordered the Member to comply with the terms of the Undertaking. A copy of the Decision and Reasons of the Discipline Committee dated March 5, 2014 is attached as **Tab “D”**.
7. As noted above, the Undertaking signed by the Member and ordered by the Discipline Committee on March 5, 2014, mandated that until the Member successfully completed the both the Course and the Examination, he could not perform and/or supervise intravenous therapy.
8. Although the Member successfully completed an approved course in IVIT in May 2017, he never passed the Examination. As such, he is still prohibited from performing and/or supervising intravenous therapy.

## **The Member performed and/or supervised intravenous therapy**

### ***Patient SC***

9. Sometime after March 5, 2014 – the date that the Member signed the Undertaking and was ordered by the Discipline Committee to comply with the Undertaking – the Member assisted with a needle insertion while patient SC was receiving IVIT from a nurse and Dr. X, a naturopathic doctor who was authorized to perform and supervise IVIT. The Member admits that he assisted in the performance of IVIT but states that he assisted in order to avoid harm to the patient because Dr. X and the nurse were having difficulty with the needle insertion.

### ***Patient HH***

10. On May 2 and 14, 2014, the Member performed IVIT on HH. When the Member was asked about the administration of IVIT to HH by an agent of the College, the Member stated that he had misinterpreted section 5 of his Undertaking and believed he could assist with the IV until his suspension began. The Member apologized to the College for this incident.
11. It is agreed that, as a result, the Member did not advise HH that he was not authorized to perform and/or supervise IVIT or that he was unable to determine whether her condition warranted the performance of IVIT.

### **The Timeless Health Clinic and the Treatment of Patients NB, ZF, and UP**

12. The Member worked as a Naturopath at the Timeless Health Clinic after his suspension. During this time, the Member saw patients with whom he discussed IV therapy. In some instances, the Member would refer the patient's file to Dr. X, a duly registered Naturopath who was qualified to supervise, delegate, and administer IV therapy.
13. The Member followed a protocol that was in operation by the Clinic and

authorized by Dr. X. That protocol was as follows:

- a. If, when performing a consult with a patient, IV therapy came up as a viable treatment, the Member would refer the patient's file to Dr. X. Dr. X would assess whether IV treatment was indicated, and if it was, Dr. X would fill out an order for the specific combination of substances to be administered through IV. The IV sheet was created on a computer that Dr. X operated. The nurses at the Timeless Health Clinic would then administer the IV therapy.
- b. In respect of three patients, after Dr. X approved and made an order for IV therapy, the Member would relay this information to the nurses on Dr. X's behalf, and provide them with the order document that Dr. X had created. On some occasions, the Member would be present while nurses administered the IV therapy.

#### ***Patient NB***

14. On October 18, 2017, patient NB received IV therapy which was approved by Dr. X. The Member requested the nurse to perform the IVIT and was present during the administration of this therapy by nurses.
15. It is agreed that the Member supervised the administration of IVIT to NB.
16. When interviewed, NB did not recall being informed about a referral to Dr. X for her IVIT, nor did she state the Member advised her that he was not authorized to perform, delegate and/or supervise IVIT or that he was unable to determine whether her condition warranted the performance of IVIT. However, the patient advised that the IVIT was performed by nurses.

#### ***Patient ZF***

17. In August 2016, ZF attended at the clinic for IVIT. Patient ZF met with the Member, received treatment from the nurses, and then met with the Member again. The Member's chart indicates that the IV treatment was referred to and

approved by Dr. X. The Member asked the nurse to perform the IV.

18. It is agreed that the Member supervised the provision of IVIT to ZF.

19. When interviewed, ZF did not recall being informed about a referral to Dr. X for IVIT, nor did she state the Member advised her that he was not authorized to perform, delegate and/or supervise IVIT or that he was unable to determine whether her condition warranted the performance of IVIT. However, the patient advised that the IVIT was performed by nurses.

### ***Patient UP***

20. On February 23, 2017, March 11, 2017, May 3, 2017, June 29, 2017, July 27, 2017, September 1, 2017, and January 25, 2018, UP attended at the clinic for IVIT. On each occasion she would meet with the Member to discuss her urine results, receive the IVIT from the nurses, provide another urine sample, and then meet with the Member again. Invoices in UP's chart indicate that Dr. X was responsible for authorizing IV treatment.

21. It is agreed that the Member supervised the provision of IVIT to UP. It is agreed that by requesting a nurse to perform IVIT he was responsible for the supervision of the IVIT as set out in section 16(1) of the General Regulation (Ontario Regulation 168/15) made under the *Naturopathy Act, 2007*.

22. When interviewed, UP did not recall being informed about a referral to Dr. X for IVIT, nor did she state the Member advised her that he was not authorized to perform, delegate and/or supervise IVIT or that he was unable to determine whether her condition warranted the performance of IVIT. However, the patient advised that the IVIT was performed by nurses.

### ***Patient AM***

23. In January 2018 an undercover investigator called the clinic where the Member was working and asked to make an appointment with the Member. The

investigator said she was interested in receiving the Adrenal Fatigue IV and the Immune Boosting IV. The receptionist said that the Member did not perform IVIT himself but that she would contact the Member for his availability. An appointment was made for January 25, 2018 under the alias AM. The receptionist said that there would be an assessment with the Member ahead of the IV Therapy and that a nurse would insert the needle. As noted above, the Member had not met the Standard of Practice for Prescribing and had not passed the Examination. As such, he did not have the knowledge, skill or judgment to make an assessment to determine whether the AM's condition warranted the performance of IVIT or to perform IVIT.

24. On January 25, 2018 AM arrived at the clinic. A receptionist provided her with intake forms. A separate woman attended and obtained the investigator's BP and oxygen saturation levels. The investigator was asked to provide a urine sample. Once this was completed the Member greeted the investigator and brought her to the consultation room. The Member reviewed the forms and asked the investigator to describe her symptoms. After a discussion the Member asked if the investigator wanted to see if she was a candidate for Adrenal IV. The investigator confirmed she was. The Member proceeded to explain Adrenal IV and described some risks. The Member explained why she was asked to provide a urine example and BP and confirmed that she was a good candidate. The Member proceeded to say that "we" have adrenal formulas for different body parts. The investigator asked about frequency and the Member said "I usually recommend people do an IV once a month." The Member confirmed that if she felt a stinging sensation she could alert the nurse or the two doctors. When the investigator said she wanted to do it that day the Member confirmed that a nurse would be present throughout the treatment. The Member said the nurse would inject and that he had only done so on two difficult patients.

25. The investigator asked if the Member was going to watch and supervise her IV therapy.



26. The Member replied, “Yes, I am going to watch and supervise.”

27. At no point in time did the Member advise AM that he was not authorized to perform, and/or supervise intravenous therapy or that he was unable to determine whether her condition warranted the performance of IVIT.

### **Correspondence between the Member and the College re Course and Exam**

28. On November 17, 2015, Andrew Parr, Registrar & CEO of the College (the “Registrar”), sent a letter to the Member confirming that, pursuant to the Order, three months of the Member’s suspension may be remitted if he successfully completed the remedial training specified in paragraphs 4, 5, and 6 of the Undertaking.

29. The Registrar confirmed that the Member completed the remedial training specified in paragraphs 4 and 6 of the Undertaking, but that the Course and Examination had not been offered since the date of the Undertaking. The Registrar advised that in fairness to the Member, the final three months of the Member’s suspension (November 15, 2015 up to and including February 14, 2016) would be remitted. The Member was still required to complete the Course and Examination. Further, in the letter the Registrar reminded the Member that under the General Regulation, members cannot practice IVIT until they have met the Standards of Practice for IVIT and Prescribing. A copy of the letter dated November 17, 2015 is attached as **Tab “E”**.

30. On October 14, 2016, the Registrar sent a letter to the Member reminding him of his obligations under paragraph 5 of the Undertaking. The Registrar noted that the Member may not have been able to register for the Examination offered on July 17, 2016 as it was overbooked. The Registrar requested an update from the Member regarding his registration status for the next available Course and Examination. A copy of the letter dated October 14, 2016 is attached as **Tab “F”**.

31. After the Member did not immediately respond, On January 6, 2017, Natalia Vasilyeva, Complaints & Discipline Coordinator at the College (“Ms. Vasilyeva”),

emailed the Member further to the Registrar's October 14, 2016 letter. Ms. Vasilyeva requested that the Member advise her whether he was registered for the Course and Examination.

32. On January 9, 2017, the Member responded to Ms. Vasilyeva's email and advised her that he did not see a Course offered in the near future. The Member requested that Ms. Vasilyeva provide upcoming dates.

33. On January 10, 2017, Ms. Vasilyeva responded to the Member's email and provided a link to the Ontario Association of Naturopathic Doctors website where the Course was provided. Ms. Vasilyeva also included a link to the College's Examination schedule and advised the Member that he would need to register for the Examination separately from the Course.

34. On January 12, 2017, the Member responded to Ms. Vasilyeva's email and advised that he would register once registration opened on January 23, 2017. A copy of the email correspondence dated January 6 to 12, 2017 is attached as **Tab "G"**.

35. On February 14, 2017, the Member emailed Ms. Vasilyeva and confirmed that he was registered for the Course offered in April 2017. On February 15, 2017, Ms. Vasilyeva responded to the Member's unrelated inquiries. A copy of the email correspondence dated February 14 to 15, 2017 is attached as **Tab "H"**.

36. On March 29, 2017, Ms. Vasilyeva emailed the Member to advise him that the registration for the May 7, 2017 Examination was now open. Ms. Vasilyeva provided a link for the Examination registration.

37. On March 31, 2017, the Member replied to Ms. Vasilyeva's email and advised her that he was unable to register for the Examination as a result of other financial obligations. The Member advised that he hoped to register for the May 7, 2017 Examination or, if there was no room left in the May 7, 2017 Examination, for the next available Examination. A copy of the email correspondence dated March 29 to 31, 2017 is attached as **Tab "I"**.

38. On April 19, 2017, Ms. Vasilyeva emailed the Member and reminded him that the Undertaking required that he complete the “first available” Course and Examination. Ms. Vasilyeva noted that the College had offered two sittings of the Examination since the Member signed the Undertaking. Ms. Vasilyeva advised the Member that registration for the May 7, 2017 Examination was now closed. Ms. Vasilyeva recommended that the Member complete the next available Course and register for the November 26, 2017 Examination. Ms. Vasilyeva reminded the Member that breaching an undertaking is a serious matter which may constitute professional misconduct.

39. On April 19, 2017, the Member replied to Ms. Vasilyeva’s email and advised that he would complete the Course over the following two weekends and register for the November 26, 2017 Examination. A copy of the email correspondence dated April 19, 2017 is attached as **Tab “J”**.

40. It is agreed that the Member completed the Course as required in April 2017, and that he complied with the requirement that he take the first available Course.

41. On December 22, 2017, Ms. Vasilyeva emailed the Member requesting an update regarding the Examination. The Member replied to Ms. Vasilyeva’s email and advised her that he did not complete the November 26, 2017 Examination as he was preparing to go to the World Orchid Conference in Ecuador. The Member advised that he would sign up for the next available Examination in 2018 and asked if that was okay. A copy of the email correspondence dated December 22, 2017 is attached as **Tab “K”**.

### **The Member did not complete the next available Examination**

42. It is agreed that despite agreeing to complete the “next available” Examination, and despite the fact that this was ordered by the Discipline Committee, the Member did not do so.

43. It is agreed that the Member wrote and completed the May 27, 2018 Examination but did not pass. The Member did not register for the December 2018

Examination.

### **Admissions of Professional Misconduct as Registrant of the Board**

44. It is agreed that the conduct which occurred from March 5, 2014 to June 30, 2015 constitutes misconduct pursuant to subsection of 30(1) of Ontario Regulation 278, R.R.O. 1990, as defined in Professional Misconduct/Incompetence established by the Board:

- a. **Paragraph 1** - Contravention of any provision of the *Drugless Practitioners Act* and its regulations, of the *Food and Drug Act* and its regulations, or any other act regulating the practice of Drugless Therapy-Naturopathy;
- b. **Paragraph 2(r)** - Conduct an act relevant to the practice of naturopathic medicine that, having regard to all the circumstances, would reasonably be regarded by naturopathic doctors as unprofessional or incompetent; and
- c. **Paragraph 2(w)** - Contravening standards of practice or guidelines of practice set by the Board, specifically:
  - i. **BDDT-N's Standards of Practice,**
    - 1. **2.1** –Each naturopathic doctor shall have knowledge of and comply with the laws and regulations governing the practice of naturopathic medicine in the jurisdiction of practice; and
    - 2. **2.6** -Each naturopathic doctor shall deal honestly with all patients, colleagues...and refrain from giving any false, incomplete or misleading information.

### **Admissions of professional misconduct as Member of the College**

45. It is agreed that the conduct which occurred post July 1, 2015 constitutes professional misconduct pursuant to section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act*,

1991(the “Code”) as set out in one or more of the following paragraphs of section 1 of Ontario Regulation 17/14 made under the *Naturopathy Act, 2007*:

- a. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession), specifically:
  - i. **3(1) para 6, of the General Regulation** - The member must have the knowledge, skill and judgment, i. to perform the controlled act safely and ethically, and ii. to determine whether the patient’s condition warrants performance of the controlled act;
  - ii. **s. 5(4) of the General Regulation** - It is a standard of practice of the profession that a member may only perform a controlled act described in subsection (1) if he or she has successfully completed, (a) a course on prescribing that has been approved by the Council; and (b) an examination on prescribing that is administered or approved by the Council;
  - iii. **s. 5(5) of the General Regulation** - Where the administration of a substance referred to in paragraph 2 of subsection (1) is by intravenous injection, it is a standard of practice of the profession that a member may only perform the controlled act if he or she has successfully completed, in addition to the requirements under clauses (4) (a) and (b), (a) a course on administering a substance by intravenous injection that is approved by the Council; and (b) an examination on administering a substance by intravenous injection that is administered or approved by the Council;
  - iv. **Scope of Practice Standard;**
  - v. **Consent Standard;**
  - vi. **IVIT Standard;** and
  - vii. **Performing Authorized Acts.**
- b. **Paragraph 8** (Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member’s knowledge, skill or judgment); and

- c. **Paragraph 46** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

### **Acknowledgement**

46. By this document, the Member states that:

- a. He understands fully the nature of the allegations made against him;
- b. He has no questions with respect to the allegations against him;
- c. He admits to the truth of the facts contained in this Agreed Statement of Facts and Admission of Professional Misconduct and that the admitted facts constitute professional misconduct;
- d. He understands that by signing this document he is consenting to the evidence as set out in the Agreed Statement of Facts and Admission of Professional Misconduct being presented to the Discipline Committee;
- e. He understands that by admitting the allegations, he is waiving his right to require the College to prove the allegations against him at a contested hearing;
- f. He understands that the decision of the Committee and a summary of its reasons, including reference to his name, will be published in the College's annual report and any other publication or website of the College;
- g. He understands that any agreement between him and the College with respect to the penalty proposed does not bind the Discipline Committee; and
- h. He understands and acknowledges that he is executing this document voluntarily, unequivocally, free of duress, free of bribe, and that he has been advised of his right to seek legal advice.


In light of the Agreed Facts and Admission of Professional Misconduct, the College and the Member submit that the Discipline Committee should find that the Member has committed professional misconduct.

All of which is respectfully submitted.

Signed this 3<sup>rd</sup> day of April, 2020

  
\_\_\_\_\_  
Dr. Leslie EE, ND  
Member

Signed this 3<sup>rd</sup> day of April, 2020

  
\_\_\_\_\_  
Andrew Parr, CAE  
Registrar & CEO  
College of Naturopaths of Ontario

DISCIPLINE COMMITTEE OF THE  
COLLEGE OF NATUROPATHS  
OF ONTARIO

**AGREED STATEMENT OF FACTS**

**STEINECKE MACIURA LEBLANC**

Barristers & Solicitors  
401 Bay Street  
Suite 2308  
Toronto, ON M5H 2Y4

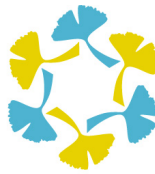
**Rebecca Durcan**

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Lawyers for the College of Naturopaths  
of Ontario







The College of Naturopaths of Ontario

This is **Exhibit # 3**  
In **CONO vs. Leslie Ee**  
Held on **April 7, 2020**

# Standard of Practice

## Scope of Practice

### Introduction

The intent of this standard is to advise Members with respect to the expectations concerning Members as providers of naturopathic services and as responders to general health-related questions.

### Definitions

Act: means the *Naturopathy Act, 1990*.

Controlled Act: means any diagnostic or therapeutic procedure listed in section 27(2) of the Regulated Health Professions Act (RHPA) that is authorized to certain regulated health professionals in providing patient care.

DPRA: means the *Drug and Pharmacies Regulation Act, 1990*.

Public Domain: means any diagnostic or therapeutic procedure other than those listed in section 27(2) of the RHPA that any regulated health professional may utilize in the course of providing care.

RHPA: means the *Regulated Health Professions Act, 1991*.

## 1. Scope of Practice

*The practice of naturopathy is the assessment of diseases, disorders and dysfunctions and the naturopathic diagnosis and treatment of diseases, disorders and dysfunctions, using naturopathic techniques to promote, maintain, or restore health.*

## 2. Controlled Acts

*In the course of engaging in the practice of naturopathy, a Member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:*

- 1. Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.*
- 2. Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.*
- 3. Administering, by injection or inhalation, a prescribed substance.*
- 4. Performing prescribed procedures involving moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.*
- 5. Communicating a naturopathic diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses*

*naturopathic techniques.*

6. *Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples.*
7. *Prescribing, dispensing, compounding or selling a drug designated in the regulations.*

### **3. Diagnostic and Therapeutic Procedures**

*A Member shall take reasonable steps to ensure that any proposed diagnostic or therapeutic procedure to be used for the benefit of a patient relates to the naturopathic scope of practice.*

*In order to perform a diagnostic or therapeutic procedure, a Member shall:*

- *achieve, maintain and be able to demonstrate clinical competency (e.g., examination, certification, or proof of training) in the diagnostic or therapeutic procedure.*

*A Member shall obtain the patient's consent to the use of the diagnostic or therapeutic procedure, consistent with Standard of Practice for Informed Consent, that is:*

- *fully informed;*
- *voluntarily given;*
- *related to the patient's condition and circumstances;*
- *not obtained through fraud or misrepresentation; and*
- *evidenced in a written form signed by the patient or otherwise documented in the patient health record.*

*If a proposed diagnostic or therapeutic procedure does not fall within the naturopathic scope of practice and the knowledge, skill and judgment of a member, a Member should not use the diagnostic or therapeutic procedures in their professional capacity.*

### **4. Responding to General Health-Related Questions**

*A Member is restricted from treating or advising outside the naturopathic scope of practice, when it is reasonably foreseeable that serious bodily harm may result by section 30 (1) of the RHPA as follows:*

*30 (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them.*

*In responding to general health-related questions by patients that relate to controlled acts outside the naturopathic scope of practice (such as questions relating to a drug as defined in the DPRA not authorized to the profession, performing surgery and administering vaccinations), a member shall:*

- *Advise the patient that the performance of the act is outside the naturopathic scope of practice and refer the patient to a health professional who has the act within his/her scope of practice;*
- *Respond in a professional, accurate and balanced manner in the context of providing primary health care to the patient consistent with the naturopathic scope of practice; and*
- *Encourage the patient to be an active participant in his/her own health care which allows the patient to make fully informed decisions concerning his/her health care.*

## 5. Offences

*40 (1) Every person who contravenes subsection ... 30 (1) is guilty of an offence and on conviction is liable,*

- *(a) for a first offence, to a fine of not more than \$25,000, or to imprisonment for a term of not more than one year, or both; and*
- *(b) for a second or subsequent offence, to a fine of not more than \$50,000, or to imprisonment for a term of not more than one year, or both.*

## 6. Mandatory Referral

*A member is required under Ontario Regulation 168/15 to make a referral to another regulated health professional under the following circumstances:*

- 1. If a patient's life is or may be at risk, it is a standard of practice of the profession that the member shall immediately call emergency services to transfer the patient to a hospital.*
- 2. If the patient's condition prevents the member from communicating a naturopathic diagnosis because the condition is beyond the scope of practice of the profession, it is a standard of practice of the profession that the member shall refer the patient to,*
  - a) a member of the College of Physicians and Surgeons of Ontario;*
  - b) a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class; or*
  - c) a member of a another health profession College where the patient's condition would fall within that member's scope of practice under his or her health profession Act.*
- 3. If treatment of the patient's condition is beyond the scope of practice of the profession, it is a standard of practice of the profession that the member shall refer the patient to,*
  - a) a member of the College of Physicians and Surgeons of Ontario;*
  - b) a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class; or*
  - c) a member of another health profession College where the patient's condition would fall within that member's scope of practice under his or her health profession Act.*
- 4. If the treatment of the patient's condition requires diagnostic, monitoring or treatment related technology that is beyond the scope of practice of the profession, it is a standard of practice of*

*the profession that the member shall refer the patient to,*

- a) a member of the College of Physicians and Surgeons of Ontario; or*
  - b) a member of another health profession College where the diagnostic, monitoring or treatment related technology would fall within that member's scope of practice.*
5. *If the patient or the patient's authorized representative asks the member to refer the patient to another member or a member of another health profession College, it is a standard of practice of the profession that the member shall immediately make the referral in accordance with the request of the patient or his or her authorized representative.*
6. *It is a standard of practice of the profession that the member must immediately refer the patient to a member of the College of Physicians and Surgeons of Ontario or a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class if the patient's laboratory test result from a laboratory licensed under the Laboratory Specimen Centre Collection Licensing Act is a critical value test result.*
7. *It is a standard of practice of the profession that the member must refer the patient to a member of the College of Physicians and Surgeons of Ontario or a member of the College of Nurses of Ontario who holds a certificate of registration as a registered nurse in the extended class if the response of a patient to the treatment offered by a member is not adequate and is not likely to improve based on alternative treatments available from the member, or if the patient's condition significantly deteriorates and is likely to continue to do so without a referral.*

## **7. Implications of Failure to Comply**

*A member is reminded that they may be the subject of an inquiry, complaint or report concerning the provision of naturopathic services or discussions related to general health-related questions from patients.*

*The Inquiries, Complaints and Reports Committee (ICRC), composed of elected (naturopath), appointed (public) and non-council (naturopath) committee members will review any inquiry, complaint or report to determine the member's compliance with all regulations and relevant standards of practice including this policy.*

*In exercising its discretion, the ICRC may consider if the discussions with the patient relating to general health-related questions were consistent with this policy, the regulations and standards of practice of the profession.*

## **8. Legislative Context**

*In addition to the legislative provisions outlined above, members are reminded that the following are acts of professional misconduct under Ontario Regulation 17/14 (Professional Misconduct):*

- 1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.*
- 3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic or other health-*

*related purpose except,*

- *i. with the informed consent of the patient or the patient's authorized representative, or*
  - *ii. as required or authorized by law.*
4. *Failing to reveal the exact nature of a substance or treatment used by the member following a request by a patient or a patient's authorized representative to do so.*
  7. *Recommending or providing treatment that the member knows or ought to know is unnecessary or ineffective.*
  8. *Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment.*
  9. *Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the Regulated Health Professions Act, 1991, when the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is beyond his or her scope of practice.*
  10. *Performing a controlled act that the member is not authorized to perform.*
  11. *Performing a controlled act that was delegated to the member by another person unless the member has the knowledge, skill and judgment to perform the controlled act.*
  23. *Failing to keep records in accordance with the standards of the profession.*
  26. *Making a claim respecting a drug, substance, remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.*
  27. *Permitting the advertising of the member or his or her practice in a manner that is false or misleading or that includes statements that are not factual and verifiable.*
  36. *Contravening, by act or omission, a provision of the Act, the Regulated Health Professions Act, 1991 or the regulations under either of those Acts.*
  37. *Contravening, by act or omission, a law if,*
    - *i. the purpose of the law is to protect or promote public health, or*
    - *ii. the contravention is relevant to the member's suitability to practise.*
  48. *Failing to make reasonable attempts to collaborate with the patient's other relevant health care providers respecting the care of the patient, where such collaboration is necessary for the patient's health, unless the patient refuses to consent.*

## **Related Standards**

Communicating a Diagnosis  
 Compounding  
 Consent  
 Dispensing  
 Fees and Billing  
 Injection

Internal Examinations  
Intravenous Infusion Therapy  
Performing Authorized Acts  
Prescribing  
Record Keeping  
Recommending Non-Scheduled Substances  
Selling

## **Legislative Framework**

[Naturopathy Act, 2007](#)

[Professional Misconduct Regulation](#)

[General Regulation](#)

[Regulated Health Professions Act, 1991](#)

[Drug and Pharmacies Regulation Act, 1990](#)

[Health Care Consent Act, 1996](#)

### ***Disclaimer***

*In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.*







The College of Naturopaths of Ontario

This is **Exhibit # 4**

In **CONO vs. Leslie Ee**

Held on **April 7, 2020**

# Standard of Practice:

## Consent

### Introduction

The intent of this standard is to inform Members of their obligations with respect to consent.

### Definitions

**Capacity:** a person is deemed capable with respect to an intervention/decision if the person is able to understand the information relevant to making a decision about the intervention, and able to appreciate the reasonably foreseeable consequences of a decision, or lack of decision. People:

- are presumed capable unless there is information to lead the Member to think otherwise;
- may be capable with respect to one intervention/decision but not another;
- may be capable with respect to an intervention/decision at one time and incapable at another.

**Consent:** to acquiesce, agree, approve, assent and give permission to some act or purpose.

**Consent and Capacity Board:** an independent agency that deals with disputes over treatment decisions where a patient has been deemed not to be capable.

**Informed Consent:** a phrase used in law to indicate that the consent given by a person has been based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.

**Substitute Decision-maker:** a person who makes decisions for someone who is incapable of making his/her own decisions, and who is authorized to give or refuse consent to an intervention on behalf of a person who is incapable of making a decision with respect to the intervention. See Appendix I.

## 1. Informed Consent

*Consent is an ongoing process and not a singular event. To be valid, consent must be informed.*

*The Member has a duty to ensure the patient has sufficient information to make valid decisions about his/her care.*

### Performance Indicators

The Member ensures that consent is obtained prior to:

- obtaining a case history;
- performing a physical examination/testing;
- initiating treatment;
- collecting personal health information in accordance with the *Personal Health Information Protection Act, 2004*.

To be valid, consent:

- relates to the proposed intervention;
- is informed;
- is voluntary;
- is not obtained through fear, misrepresentation or fraud.

The Member appropriately documents the discussion in the patient chart. Patients need to understand and appreciate the reasonable foreseeable consequences of their decisions, in order to give informed consent.

The Member ensures that the patient or substitute decision-maker understands the following with respect to the proposed course of action:

- the nature of the intervention;
- its expected benefits;
- the material risks and side effects;
- available reasonable alternatives;
- the likely consequences of not receiving the intervention;
- any associated costs; and
- the right to withdraw consent.

The Member discloses risks or side effects that are likely to occur as well as risks and side effects that can result in significant harm or death even though they are unlikely to occur.

The Member answers questions or addresses any special concerns of the patient or substitute decision-maker.

The Member ensures that the patient or substitute decision-maker understands the professional status of those providing professional services.

## 2. Consent to Assessment and Treatment

*The Member ensures that informed consent is obtained from the patient or substitute decision maker at the start of and throughout the assessment and treatment process.*

### Performance Indicators

The Member discusses the following with the patient or substitute decision-maker as appropriate:

- scope and reason for the assessment and treatment;
- associated costs;
- the purpose and nature of the assessment and treatment including whether information will be obtained from other individuals;
- the potential benefits and limitations of the assessment and treatment and the likely consequences of not receiving the intervention;
- the expected outcomes of the assessment and treatment;
- the right of the patient or substitute decision maker to withdraw consent at any time.

The Member:

- provides an opportunity for the patient or substitute decision maker to ask questions and responds to them in a manner that helps the patient or substitute decision-maker understand.

### 3. Determining Capacity

*The Member when obtaining consent, ensures that the patient understands the information provided and is capable of giving consent to assessment and/or treatment.*

#### Performance Indicators

The Member:

- Assumes that the patient is capable of providing consent, unless there is information that would lead the member to think otherwise;
- Considers factors that may indicate that the patient is incapable;
- Utilizes interpreters, if necessary, to ensure that the patient understands the consent process;
- When there is an indication to do so, follows a process to determine capacity:
  - Gathers objective and subjective information to determine the patient's capacity to give consent;
  - Analyzes the information gathered to determine the ability of the patient to make the required assessment and/or treatment decision;
  - Does not make presumptions of incapacity based on:
    - Diagnosis of a psychiatric or neurological condition;
    - Communication impairment;
    - Disability;
    - Refusal of intervention;
    - Age;
    - Acute or Chronic Health Status;
    - The fact that there is a guardian or substitute decision-maker in place
- Engages the patient in a collaborative approach regarding the capacity process;
- Upon determining incapacity, communicates to the patient the finding of incapacity, the reasons and his/her right of a review of this finding with the Consent and Capacity Board;
- Upon determining incapacity, takes reasonable measures to confirm the substitute decision-maker, and informs the patient that the substitute decision-maker will make the final decision related to the naturopathic services;
- Utilizes the hierarchy of substitute decision-makers (Appendix 1), if a substitute decision-maker has not been identified;
- Involves the patient in discussions with the substitute decision-maker whenever possible.

### 4. Record Keeping

*The Member documents the consent process.*

#### Performance Indicators

In addition to the College's Standard of Practice for Record Keeping, the Member documents:

- that a discussion regarding consent took place and the patient understands the proposed assessment or treatments and their risks, limitations and benefits;
- any modifications to the consent;
- when consent was obtained through the use of an interpreter, alternate means of communication, or a substitute decision maker; the identity of the interpreter or substitute decision maker, the legal entitlement of the

substitute decision maker as applicable (documentation on file, copy of Power of Attorney for personal care provided, etc.);

- that the patient withdrew consent, why he/she did so, and what specifically was withdrawn.

Documentation can take either of the following forms:

- a note in the patient record; and
- a consent form, that is dated, signed, and witnessed.

## Related Standards

Acupuncture  
Compounding  
Dispensing  
Fees and Billing  
Inhalation  
Injection  
Internal Examinations  
IV Infusion Therapy  
Manipulation  
Record Keeping

## Legislative Framework

[General Regulation](#)

[Health Care Consent Act, 1996](#)

[Personal Health Information Protection Act, 2004](#)

[Professional Misconduct Regulation](#)

## Approval

**Original Approval Date:** October 15, 2012

**Latest Amendment Date:** December 6, 2017

### **Disclaimer**

*In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.*

## Appendix I

The Health Care Consent Act, 1996 defines the hierarchy of substitute decision-makers as:

- the incapable person's guardian if the guardian has authority to give or refuse consent to the treatment;
- the incapable person's attorney for personal care, if the power of attorney confers authority to give or refuse consent to the treatment;
- the incapable person's representative appointed by the Consent and Capacity Board if the representative has authority to give or refuse consent to the treatment;
- the incapable person's spouse or partner (which need not be a sexual partner);
- a child or parent of the incapable person, or a children's aid society or other person who is lawfully entitled to give or refuse consent to the treatment in the place of the parent. This does not include a parent who has only a right of access and is not lawfully entitled to give or refuse consent to treatment. If a children's aid society or other person is lawfully entitled to give or refuse consent to the treatment in the place of the parent, this paragraph does not include the parent;
- a parent of the incapable person who has only a right of access;
- a brother or sister of the incapable person;
- any other relative of the incapable person;
- as a last resort, the Public Guardian and Trustee.





The College of Naturopaths of Ontario

This is **Exhibit # 5**  
In **CONO vs. Leslie Ee**  
Held on **April 7, 2020**



# Standard of Practice:

## Performing Authorized Acts

### Introduction

The intent of this standard is to advise Members on how to establish and maintain appropriate therapeutic relationships and professional boundaries with patients.

The intent of this standard is to advise Members of the statutory requirements to perform the following authorized acts safely, ethically and competently.

- Putting an instrument, hand or finger beyond the labia majora but not beyond the cervix.
- Putting an instrument, hand or finger beyond the anal verge but not beyond the rectal-sigmoidal junction.
- Administering, by injection or inhalation, a prescribed substance.
- Performing prescribed procedures involving moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
- Taking blood samples from veins or by skin pricking for the purpose of prescribed naturopathic examinations on the samples.

This Standard does not apply to the authorized acts listed below. Please refer to the specific Standards of Practice for more information on the following authorized acts:

- Communicating a naturopathic diagnosis identifying, as the cause of an individual's symptoms, a disease, disorder or dysfunction that may be identified through an assessment that uses naturopathic techniques.
- Prescribing, dispensing, compounding or selling a drug designated in the regulations

This Standard does not apply to Acupuncture, which is an exempted act.

### Definitions

**Authorized Act:** means a whole or part of a controlled act set out in subsection 27(2) of the Regulated Health Professions Act that is authorized to the profession in subsection 4(1) of the Naturopathy Act.

**Exempted Act:** means a whole or part of a controlled act that is not authorized to the profession but may be performed by Naturopathic Doctors via an exemption in the Regulated Health Professions Act, 1991.

## 1. Competency

*The Member has the knowledge, skill and judgment necessary to perform the authorized act safely, ethically and competently, and to determine whether the patient's condition warrants the performance of the authorized act.*

### Performance Indicators

Prior to performing an authorized act, the Member will:

- achieve and maintain all prerequisites required for performing the procedure;
- fulfill all requirements for maintenance of competence for performing the procedure (e.g., continuing education, College of Naturopath's Quality Assurance Program).

## 2. Assessment and Treatment

*Before performing an authorized act, the Member determines whether or not the patient's condition warrants the performance of the authorized act.*

*The Member performs an authorized act in accordance with all of the standards of practice of the profession.*

### Performance Indicators

The Member performs an authorized act within the context of the Naturopathic Doctor-patient relationship;

Before performing an authorized act, the Member:

- records the patient's health history;
- informs the patient about:
  - the purpose of the authorized act;
  - the risks inherent in performing it;
  - alternative treatments that the Member knows or ought to know are available within the practice of the profession;
  - treatments that the member knows or ought to know are available to the patient if he or she were to be treated by a member of another College under the Regulated Health Professions Act, 1991.
- receives an informed consent.

Before performing an authorized act, the Member determines whether or not the patient's condition warrants the performance of the procedure, having considered:

- the known risks and benefits to the patient of performing the authorized act;
- the predictability of the outcome;
- the safeguards and resources available in the circumstances to safely manage the outcome of performing the authorized act; and
- other relevant circumstances specific to the patient.

The Member ensures appropriate infection control procedures are in place at all times and that the authorized act is performed in an environment that is clean, safe, private and comfortable for the patient.

## Related Standards

Acupuncture  
Collecting Clinical Samples  
Communicating a Diagnosis  
Compounding  
Consent  
Delegation  
Dispensing  
Infection Control  
Inhalation  
Injection



Internal Examinations  
IV Infusion Therapy  
Manipulation  
Point of Care Testing  
Prescribing  
Record Keeping  
Selling  
Therapeutic Relationships and Professional Boundaries

## **Legislative Framework**

[Naturopathy Act, 2007](#)

[General Regulation](#)

[Professional Misconduct Regulation](#)

[Quality Assurance Regulation](#)

[Regulated Health Professions Act, 1991](#)

### ***Disclaimer***

*In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.*



**DISCIPLINE COMMITTEE OF  
THE COLLEGE OF NATUROPATHS OF ONTARIO**

B E T W E E N:

COLLEGE OF NATUROPATHS OF ONTARIO

- and -

LESLIE EE

**JOINT SUBMISSION AS TO PENALTY AND COSTS**

The College of Naturopaths of Ontario and Dr. Leslie Ee, ND (the “Member”) agree and jointly submit that the Discipline Committee make an order:


1. Requiring the Member to appear before the panel to be reprimanded immediately following the hearing of this matter.
2. Directing the Registrar to suspend the Member’s certificate of registration for a period of six months, on a schedule to be set by the Registrar, two (2) months of which shall be remitted if the Member complies with the provisions of paragraph 3(a) through 3(c) no later than September 30, 2020.
3. Directing the Registrar to impose the following specified terms, conditions and limitations on the Member’s certificate of registration:
  - a. Requiring that the Member unconditionally pass, and at his own expense, a course in ethics, no later than December 31, 2020;

- b. Requiring that the Member successfully complete, to the satisfaction of the Registrar and at his own expense, the College Jurisprudence Course, no later than December 31, 2020;
  - c. Requiring that the Member write an essay between 1000-1500 words in length, and provide it to the Registrar, no later than one month from the date of completing the Ethics and Jurisprudence courses, that shall be published by the College at a time and in a format determined by the Registrar, on the following issue:
    - i. The lessons he learned during the investigation and hearing and in completing the ethics and Jurisprudence, courses; and
  - d. Prohibiting the Member from performing and/or supervising intravenous therapy.
- 4. For greater certainty, the Member's obligation to comply with the proposed terms, conditions and limitations on his certificate of registration contained in paragraph 3 is not relieved by serving the entire suspension referred to in paragraph 2 above.
- 5. Requiring the Member to pay of fine of not more than \$350 to the Minister of Finance within two months of the hearing of this matter.
- 6. The Member shall pay the College's costs fixed in the amount of \$6,500 payable on a schedule determined by the Registrar.
- 7. The Member acknowledges that this Joint Submission as to Penalty and Costs is not binding upon the Discipline Committee.
- 8. The Member acknowledges and understands that he is executing this document voluntarily, unequivocally, free of duress, free of bribe, and that he has been advised of his right to seek legal advice.




All of which is respectfully submitted,

Signed this 5<sup>th</sup> day of April, 2020

  
\_\_\_\_\_  
Dr. Leslie Ee, ND  
Member

Signed this 3<sup>rd</sup> day of April, 2020

  
\_\_\_\_\_  
Andrew Parr, CAE  
Registrar, College of Naturopaths of  
Ontario

DISCIPLINE COMMITTEE OF THE  
COLLEGE OF NATUROPATHS  
OF ONTARIO

**JOINT SUBMISSION AS TO PENALTY  
AND COSTS**

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Lawyers for the College of Naturopaths  
of Ontario





DISCIPLINE COMMITTEE OF  
THE COLLEGE OF NATUROPATHS OF ONTARIO

BETWEEN:

COLLEGE OF NATUROPATHS OF ONTARIO

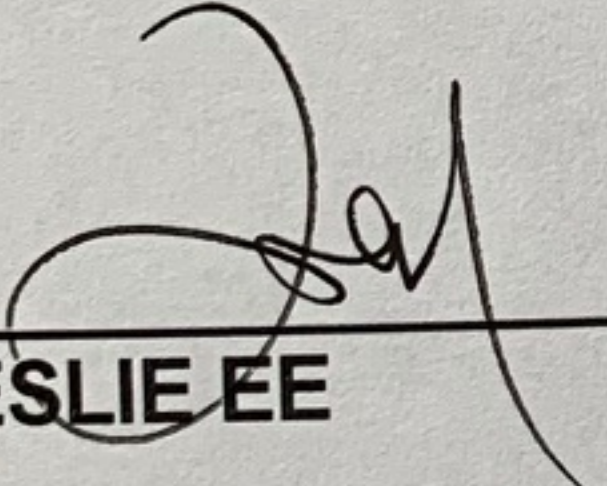
- and -

LESLIE EE

NOTICE OF WAIVER

The undersigned hereby waives all rights of appeal pursuant to section 70 of the *Health Professions Procedural Code* of the *Regulated Health Professions Act, 1991* with respect to the findings and the order of a reprimand made by the Discipline Committee of the College of Naturopaths of Ontario on April 7, 2020.

Dated at Toronto, Ontario this 3<sup>rd</sup> day of April, 2020.

  
\_\_\_\_\_  
LESLIE EE

\_\_\_\_\_  
Witness  
Name of Witness: