The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #47

Draft Agenda & Materials

May 28, 2025 (2025/26-01)

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

Location: Marriott Downtown at CF Eaton Centre

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.

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

Duty

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

COUNCIL MEETING #47
May 28, 2025
9:00 a.m. to 12:00 p.m.
DRAFT AGENDA

Sect/No.	Action	Item		Page	Responsible
1	**Call to Order and Welcome**				
1.01	Procedure	Call to Order		--	J Sokoloski
1.02	Discussion	"High Five" – Process for identifying consensus		4	
2	**Officer Elections**				
2.01	Election	Council Chair		--	A Parr
2.02	Election	Council Vice Chair		--	
2.03	Election	Officer-at-Large Public member		--	
2.04	Election	Officers-at-Large Professional Members (2)		--	
3	**Consent Agenda**				
3.01	Approval	i.	Draft Meeting Minutes of March 26, 2025	5-10	Chair
		ii.	Draft In Camera Minutes of March 26, 2025	11-12	
		iii.	Committee Reports	13-28	
		iv.	Information Items	29-75	
4	**Approval of Agenda and Conflicts of Interest**				
4.01	Approval	Review of Main Agenda		3	Chair
4.02	Discussion	Declarations of Conflict of Interest		76-77	
5	**Monitoring Reports**				
5.01	Acceptance	Report of the Outgoing Council Chair		78	J Sokoloski
5.02	Acceptance	Report on Regulatory Operations April 1, 2024-March 31, 2025		79-90	A Parr
5.03	Acceptance	Report on Regulatory Operations at April 30, 2025		91-103	A Parr
5.04	Acceptance	Variance Report & Unaudited Financial Statements for Q4		104-114	E Laugalys
6	**Council Governance Policy Confirmation**				
6.01	Discussion	Policy Issues Arising from Monitoring Reports[1]		--	J Sokoloski
6.02	Review	Detailed Review – GP Policies (Terms of Reference)		--	
7	**Regular Business**				
7.01	Decision	Committee Appointments		115-123	Chair
7.02	Decision	Proposed Amendment to the General Regulation – OMP		124-196	J. Quesnelle
7.03	Information	HRTO Matter Update		197-200	A Parr
7.04	Discussion	Review of Regulatory Framework – Approach to Outcomes		201-205	A Parr
8	**Council Education**				
8.01	Education	Program Briefing – Complaints Program		206-210	J Quesnelle
8.02	Education	Program Briefing – Discipline Program		211-217	J Quesnelle
8.03	Education	Briefing - Council Governance Processes		218-222	J Sokoloski
9	**Other Business**				
9.01	TBD			--	
10	**Evaluation and Next Meeting**				
10.01	Discussion	Meeting Evaluation		--	Chair
10.02	Discussion	Next Meeting – July 30, 2025 (Video Conference)		--	
11	**Adjournment**				
11.01	Decision	Motion to Adjourn		--	Chair

[1] Council considers the information provided in the monitoring reports and whether any changes or updates may be required to the Governance policies (Ends, Governance Process, CEO-Council Linkage, Executive Limitations policies)

Zoom Meeting
Council of the College of Naturopaths of Ontario

Using "High Five" to Seek Consensus

Image provided courtesy of Facilitations First Inc.

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

When asked you would show:

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

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

The College of Naturopaths of Ontario

Council Meeting
March 26, 2025

Video Conference
DRAFT MINUTES

Council		
Present		**Regrets**
Dr. Felicia Assenza, ND (6:6)		Dr. Brenda Lessard-Rhead, ND (Inactive) (2:6)
Dr. Amy Armstrong, ND (6:6)		
Mr. Dean Catherwood (5:6)		
Ms. Lisa Fenton (6:6)		
Ms. Sarah Griffiths-Savolaine (6:6)*		
Dr. Denis Marier, ND (6:6)		
Ms. Marjia Pajdakovska (2:2)		
Mr. Paul Philion (6:6)		
Dr. Jacob Scheer, ND (4:6)		
Dr. Jordan Sokoloski, ND (6:6)		
Dr. Erin Walsh (Psota), ND (6:6)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Agnes Kupny, Director, Operations		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel		

1. Call to Order and Welcome

The Chair, Dr. Jordan Sokoloski, ND, called the meeting to order at 9:17 a.m. and welcomed everyone to the meeting. He noted that due to Mr. Andrew Parr's, CEO, illness, Mr. Jeremy Quesnelle, Deputy CEO, Regulation, and Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services, will be speaking on his behalf throughout the meeting.

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

2. Consent Agenda

2.01 Review of Consent Agenda

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

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Erin Psota
SECOND:	Denis Marier
CARRIED.	

3. Main Agenda

3.01 Review of the Main Agenda

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

MOTION:	To approve the Main Agenda as presented.
MOVED:	Lisa Fenton
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Erin Psota
SECOND:	Amy Armstrong
CARRIED.	

4.02 Report on Regulatory Operations from the Chief Executive Officer (CEO)
The Report on Regulatory Operations at February 28, 2025, from the CEO was circulated in advance of the meeting. Mr. Quesnelle provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Regulatory Operations at February 28, 2025, from the Deputy CEO, Regulation on behalf of the CEO.
MOVED:	Paul Philion
SECOND:	Dean Catherwood
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q3
The Variance Report and the Unaudited Financial statements ending December 31, 2024 (Q3) were included in the materials circulated in advance of the meeting. Ms. Agnes Kupny, Director, Operations, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarter. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the third quarter ending at December 31, 2024, as presented.
MOVED:	Denis Marier
SECOND:	Dean Catherwood
CARRIED.	

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

5.01(ii) Council-CEO Linkage Policies
Council members were asked if they had any questions or matters to note with respect to the Council-CEO Linkage policies based on the reports received. No issues were noted at this time.

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

5.02 Detailed Review (as per GP08) – Governance Process Policies (Part 2 - GP18-GP33)
The Chair, Dr. Jordan Sokoloski, ND, a member of the Governance Policy Review Committee (GPRC), gave a presentation regarding GPRC's survey results that were completed by Council members regarding GP18-GP33 in advance of the meeting and supporting information to clarify submitted questions in relation to a given policy. For instance, explaining that 'determine by lot' means that should there be a tie in the election of an officer position, someone will be chosen by random (i.e. shortest straw wins) in reference to GP23.04 - Process for Election of Officers. In addition, he provided a summary of the information within each of the policies and responded to any questions throughout the presentation.

5.03 Revised Committee Structure
The Chair, Dr. Jordan Sokoloski, ND, member of GPRC, provided a detailed overview of the proposal to consolidate and reduce the number of Committees of the Council on behalf of the GPRC as outlined in the Briefing Note, and highlighted the amendments to the related Terms of Reference which were included within the Council's package and responded to any questions that arose during the discussion.

MOTION:	To approve the proposed changes to consolidate and reduce the number of Committees of the Council and the corresponding amendments to the related Terms of Reference as presented.
MOVED:	Dean Catherwood
SECOND:	Denis Marier
CARRIED.	

6. Business
6.01 Annual Operational Plan
A comprehensive Briefing Note and the updated Operational Plan 2025-2028 were circulated to the Council members before the meeting. Ms. Laugalys provided a review of the operational plan and highlighted some projects and activities continuing into the coming fiscal year 2025-2026. She also responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the updated Annual Operational Plan 2025-2028 as presented.
MOVED:	Jacob Scheer
SECOND:	Paul Philion
CARRIED.	

6.02 Annual Capital and Operating Budgets 2025-2026 Fiscal Year
A detailed Briefing Note and the draft Capital and Operating budgets were included in the Council materials circulated before the meeting. Ms. Laugalys and Ms. Kupny highlighted the main components within each program area, i.e., Operations, Volunteer Program and Examinations, during a detailed presentation and responded to any questions or concerns that arose during the discussion that followed.

The Council noted its concerns about the deficit in the budget for all three years and the impact on the College. It recognized that detailed discussions as they relate to discipline could not yet be entertained; however, the Council expressed its views that the College should consider the impact of the deficits on the long-term sustainability of the College.

MOTION:	To accept the Capital and Operating budgets for fiscal year 2025-2026 as presented.
MOVED:	Jacob Scheer
SECOND:	Erin Psota
CARRIED.	

6.03 College Performance Measure Framework Report (CPMF)
Mr. Quesnelle reviewed in detail the CPMF Report for 2024 distributed to Council in advance of the meeting. He informed the Council that once approved, the report will be submitted to the Ministry of Health and uploaded to the College's website for the public's viewing. In addition, he responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To accept the College Performance Measure Framework Report for 2024 as presented.
MOVED:	Denis Marier
SECOND:	Lisa Fenton
CARRIED.	

6.04 Officer/Executive Committee Election Process
A thorough Briefing Note, Governance Process Policy (GP23.04 – Process for Election of Officers) and a document highlighting the roles of the Executive Committee and Officers were circulated to the Council members before the meeting. Ms. Laugalys provided a detailed review of the upcoming election taking place at the May 2025 Council meeting and the required processes to seek nomination to be elected as an Officer/Executive Committee member.

In addition, she congratulated Dr. Denis Marier, ND (District 1) and Dr. Jacob Scheer, ND (District 3) for their re-election to the Council for another three-year term. She also responded to any questions or concerns that arose during the discussion that followed.

7. In-camera Session (Pursuant to paragraph (d) of section 7(2) of the HPPC)
7.01 Motion to Begin In-camera Session
The Chair called the meeting to move to an in-camera session at 10:40 a.m.

MOTION:	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
MOVED:	Paul Philion
SECOND:	Dean Catherwood
CARRIED.	

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

9. Meeting Evaluation and Next Meeting
9.01 Evaluation
The Chair advised the Council members that the newly adopted method to complete the meeting evaluation via a Zoom survey will take place again and that the survey will appear on each Council member's screen.

The Chair asked each Council member to take a few moments to complete the survey. The Chair reviewed the results of the survey, and no areas of concern were raised.

9.02 Next Meeting
The Chair noted for Council that the next regularly scheduled meeting will be held in-person over two days beginning on Tuesday, May 27th, 2025, for a full day and ending on Wednesday, May 28th, 2025, around noon. More information will be provided shortly as the College staff is currently reviewing proposals from potential vendors in the downtown area to host the meeting.

10. Adjournment
10.01 Motion to Adjourn
The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:34 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Denis Marier
SECOND:	Erin Psota

Recorded by: Monika Zingaro
Human Resources Coordinator
March 26, 2025

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

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

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,
(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
(d) personnel matters or property acquisitions will be discussed.

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MEMORANDUM

DATE: May 28, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

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

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

AUDIT COMMITTEE REPORT
Period of March 1, 2025, to April 30, 2025

This serves as the chair report of the Audit Committee for the period March 1, 2025, to April 30, 2025. During the reporting period the Audit Committee did not meet. The committee is scheduled to meeting again in May 2025 to begin the audit for the 2024-2025 fiscal year.

Respectfully submitted,

Shawn Bausch, Acting Chair
May 2025

DISCIPLINE COMMITTEE REPORT
Period of March 1, 2025 to April 30, 2025

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

This report is for the period from 1 March to 30 April 2025 and provides a summary of the hearings held during that time as well as any new matters referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Overview

As of April 30, 2025, there were three ongoing discipline matters before the Committee (DC22-04, DC22-05, and DC25-01).

Discipline Hearings

Discipline matter DC22-04 involving Dr. Michael Prytula, ND

On November 7, 2024, the Panel made findings that the Registrant committed acts of professional misconduct as set out in the Notice of Hearing and issued its Decision and Reasons.

The penalty hearing in this matter was completed on January 27, 2025. Additionally, the Panel held a half-day hearing on April 7, 2025 with respect to the Registrant's motions.

The Panel is currently working on its Decision and Reasons regarding the motions, penalty and costs.

Discipline matter DC22-05 involving Dr. Michael Um, ND

On November 14, 2024, the Panel made findings that the Registrant committed acts of professional misconduct as set out in the Notice of Hearing and issued its Decision and Reasons.

The penalty and costs hearings in this matter were held on March 25 and 31, 2025. The Panel also received the Registrant's motion submissions.

The Decision and Reasons regarding the motions, penalty and costs was issued on May 1, 2025.

New Referrals

One new referral was made to the Discipline Committee from the ICRC on April 17, 2025 regarding Dr. Tina Sestan, ND (DC25-01).

Committee Meetings and Training

There were no Committee meetings held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND, Chair
20 May 2025

EQUITY, DIVERSITY, INCLUSION AND BELONGING COMMITTEE REPORT
Period of March 1, 2025, to April 30, 2025

During the reporting period the Committee held one meeting on April 14, 2025.

College Committees continue to utilize the EDIB Lens Tool. At the April 14th meeting, the Committee discussed the future merging of several College Committees including the EDIB Committee. The Committee also discussed amendments to a draft Land Acknowledgement for future use by the Council and Committees.

The Committee is next scheduled to meet on June 18, 2025, pending the merging of several of College Committees.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-Chair
May 2025

Dr. Shelley Burns, ND
Co-Chair
May 2025

The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE REPORT
Period of March 1 to April 30, 2025

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

The Exam Appeals Committee did not meet during this reporting period.

Respectfully submitted,

Rick Olazabal, ND (Inactive)

Chair

May 1, 2025

The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of March 1, 2025 to April 30, 2025

This serves as the Chair report of the Executive Committee for the period of March 1 to April 30, 2025.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
20 May 2025

GOVERNANCE COMMITTEE REPORT
Period of March 1, 2025, to April 30, 2025

During this last reporting period the Governance Committee met once, on March 6th.

At that meeting, the Committee addressed the following items of business:
1. received information regarding the outcome of District 1 & 3 Council elections;
2. discussed Committee Evaluations (Committee Meeting Questionnaire and 2024 Questionnaire results);
3. discussed Enterprise Risk Management and Volunteer Recruitment; and,
4. discussed the ICW (In Coversation With) Volunteer Program Presenters for May 15th.

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

Respectfully submitted,

Hanno Weinberger
Chair
May 7, 2025

GOVERNANCE POLICY REVIEW COMMITTEE REPORT

For the period March 1, 2025 to April 30, 2025

Meetings and Attendance

During this review period, the Governance Policy Review Committee met on one occasion, via video conference on March 4, 2025. There were no concerns regarding quorum.

Activities Undertaken

At this **March** meeting, the Committee first finalized the policy summaries that had been developed for inclusion in the survey to be sent to and completed by Council members, in preparation for their in-depth review of the Governance Policies—Governance Process (Part Two-GP18-GP33), at their upcoming meeting on March 26, 2025.

The Committee also completed their regular ongoing review of the Governance Policies; on this occasion the second of three sets of Committee Terms of Reference and found no changes to be recommended to Council at that time.

Finally, the Committee reviewed and approved a proposal from staff outlining suggested structural changes involving several Committees for the coming year. The Committee agreed that the proposed approach was a good one which, among other things, would facilitate better use of valuable College volunteer resources.

*In addition to this meeting, the Committee continued to provide leadership of Council's regular Governance Policy Confirmation sessions, on this occasion at the March 26th Council meeting.

Next Meeting Date:
May 6, 2025

Respectfully submitted:

Barry Sullivan
Acting Chair
May 15, 2025.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of March 1 and April 30, 2025

Between March 1 and April 30, 2025, the Inquiries, Complaints and Reports Committee held two regular online meetings – March 6 and April 3.

March 6, 2025: 15 matters were reviewed, ICRC members drafted 3 reports for ongoing maters and approved 3 Decisions and Reasons.

April 3, 2025: 9 matters were reviewed, ICRC members drafted 6 reports for ongoing investigations and approved 1 Decision and Reasons.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
May 15th, 2025

IVIT Inspection Committee Report
Period of March 1st to April 30th, 2025

Committee Update

The Inspection Committee has met twice by teleconference on March 27th, and April 24th, 2025.

Inspection Outcomes

Part I inspections

- two pass with no recommendations
- five passes with a total of 24 recommendations
- one pass with one condition and nine recommendations

Part II inspections

- one pass with no recommendations
- one pass with 2 recommendations
- three passes with one condition and a total of 25 recommendations
- one pass with 2 conditions and 3 recommendations

5-year inspections – there were no preliminary 5-year inspection outcomes for this time period

Inspection Outcomes to Submissions – There were five premises that made a submission and received a final outcome of a pass since the conditions had been met. Two premises received a final outcome of a pass with conditions since no submission had been made. Two final outcomes were deferred to the next meeting pending additional information from the premises.

Two type 1 occurrences were reviewed for referrals to emergency, no further action was required.

Respectfully submitted,
Dr Sean Armstrong ND
Chair
May 19th, 2025

PATIENT RELATIONS COMMITTEE REPORT
Period of March 1, 2025 to April 30, 2025

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

The Committee is next scheduled to meet on May 14, 2025 where it intends to begin the development of a new workplan.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
May 2025

QUALITY ASSURANCE COMMITTEE REPORT

For the period March 1, 2025 to April 30, 2025

Meetings and Attendance

Since the date of our last report to Council in March, the Quality Assurance Committee met on two occasions, via videoconference, on April 8th and April 22nd. The previously scheduled March meeting had been deferred due to absence of quorum.

Activities Undertaken

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

In addition, at its **April 8th** meeting the Committee, after considering a presentation by staff, approved their recommendations with respect to the implementation of the Peer and Practice component of the Quality Assurance Program for 2025/26. It was also noted once again that while assessments would continue to be completed virtually, exceptions would continue to be made for those requiring an in-person assessment.

The Committee also reviewed and made determinations with respect to one CE Reporting amendment request and three Registrant submissions on how they had addressed the discrepancies identified in their Peer and Practice Assessments.

Finally, the Committee accepted the recommendations of staff after considering their presentation on the Group I CE Reporting Cycle results.

In addition, at its **April 22nd** meeting, staff provided the Committee with an overview of the newly developed Online Self Assessment and CE Reporting System, including a demonstration as to how the system will work and how staff intend to provide information on its usage for the upcoming reporting cycle. Committee members offered several suggestions with respect to its operational format.

The Committee also had a discussion with respect to the pending combination of the Quality Assurance Committee with the Inspections Committee.

Next Meeting Date
May 20, 2025.

Respectfully submitted by,

Barry Sullivan, Chair,
May 15, 2025

RC COMMITTEE REPORT
Period of March 1, 2025 to April 30, 2025

At the time of this report, the Registration Committee met twice on March 18, 2025 and April 15, 2025.

Class Change Applications - Inactive to General Class (over two years)
The Committee reviewed one class change application for a registrant seeking to return to the General class under subsection 10(6)(i) of the Registration Regulation, having been Inactive for over two years.

Registration Policy Review
The committee discussed and provided feedback regarding the currency requirement of the registration policy.

Applications For Registration
The Committee reviewed one application for registration under section 15(2)(a) of the Health Profession's Procedural Code (the Code), in relation to subsection 7(1), 7(3), 3(1)(vi) and 3(2) of the Registration Regulation to determine eligibility for registration with the College.

Currency for Reinstatement
The Committee reviewed one request to reinstate a General class certificate of registration, under 10(6)(i) of the Registration Regulation, the registrant having been inactive (suspended) for over2 years.

Exam Remediation – Ontario Prescribing & Therapeutics Examination
The Committee reviewed and set a plan of remediation for one candidate who had made two unsuccessful attempts at the Ontario Prescribing & Therapeutics Examination, in accordance with the Prescribing and Therapeutics Program & Examination Policy.

Exam Remediation – Ontario Clinical (Practical) Examination
The Committee reviewed and set a plan of remediation for one candidate who had made two unsuccessful attempts at the Ontario Clinical (Practical) Examination, in relation to subsection 5(4)(b) of the Registration Regulation.

Respectfully submitted,

Danielle O'Connor ND
Chair
May 14, 2025

RISK COMMITTEE REPORT
Period of March 1, 2025, to April 30, 2025

This serves as the chair report of the Risk Committee for the period March 1, 2025, to April 30, 2025. During the reporting period the Risk Committee did not undertake any activities. The Committee will meet again in May to accept the Risk Register for presentation to Council at their July 2025 meeting.

Respectfully submitted,

Dr. Shelley Burns, ND
Chair
May 2025

STANDARDS COMMITTEE REPORT
Period of March 1, 2025 to April 30, 2025

During the reporting period the Committee did not have any meetings scheduled.

The Committee is next scheduled to meet on May 7, 2025 where it intends to finalize its review of the consultation feedback and amendments to the Standards.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
May 2025

MEMORANDUM

DATE: May 21, 2025

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

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

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

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

No.	Name	Description
1.	Grey Areas (No. 301 & 302)	Gray Areas is a monthly newsletter and commentary from our legal firm, Steinecke Maciura LeBlanc on issues affecting professional regulation. The issues for this past quarter are provided to Council in each Consent Agenda package.
2.	Legislative Update (Mar & Apr 2025)	This is an update provide by Julie Maciura to the members of the Health Profession Regulators of Ontario (HPRO). The updates identify legislation or regulations pertaining to regulations that have been introduced by the Ontario Government.
3.	Policy Amendments	The Council amended the Terms of Reference for the Statutory Committees delegating them the authority to oversee the administration of their relevant programs. As such, the Committees are now authorized to amend Program Policies, however, these must be disclosed to the Council.

No.	Name	Description
		In this section, amendments to the Examinations Accommodations Policy and the Ontario Clinical (Practical) Examination Blueprint - Acupuncture.
4.	Consultation on Specialization	In May 2025, the College released a preliminary consultation on the classes of registration as a fact-finding exercise. The consultation will run through to late June 2025. A copy is enclosed.

STEINECKE MACIURA LEBLANC

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

sml-law.com/resources/grey-areas/

Wrestling with Witness Weaknesses

Natasha Danson

April 2025 - No. 301

Hearing panels often make credibility assessments. Many times, the finding is based on the most reliable evidence even though no witness was "lying". Events might not have been observed closely. Memories might have faded. Motivation might have tainted the witness' recollection. However, sometimes one of the witnesses is simply not being candid.

In the English case of *Hindle v The Nursing And Midwifery Council* [2025] EWHC 373 (Admin), the Court gave guidance on managing this type of challenging credibility conundrum. Four nursing colleagues working at a boarding school jointly submitted a "collective grievance" containing a "blizzard of allegations" against their manager to both their employer and the managing nurse's regulator. The allegations included verbal and physical abuse of students, breaching confidentiality, dishonesty with management, and record keeping failures. Upon being notified of the complaint, the managing nurse took sick leave and eventually left her employment by "mutual agreement".

The regulator brought 32 allegations of misconduct against the managing nurse. Except for acknowledging some minor administrative deficiencies, the managing nurse's defence was that the complaining nurses "had created a catalogue of fabricated and exaggerated allegations against her, to rid themselves of a manager with whose decisions they disagreed and whose job they thought should have gone to one of them." Once the managing nurse was gone from the position, the complaining nurses were less eager to assist in either of the employer's or regulator's investigations or at the discipline hearing. In fact, one of them had to be summonsed to testify.

The hearing panel found that about half of the allegations were proven and that the managing nurse's fitness to practise was impaired (i.e., worthy of protective sanctions). Her registration was suspended for six months and an interim suspension pending appeal was also imposed. By the time the Court rendered its decision, the managing nurse had been suspended for 13 months.

The Court reversed the finding on the basis that the credibility findings were not justified. In particular, the Court noted the following issues with the hearing panel decision:

1. **Need for reasons.** Where, as here, the evidence is so strikingly inconsistent, it was insufficient for the hearing panel to summarize the conflicting evidence and prefer one version over the other. An explanation was required as to why one version was accepted and the other was not.

2. **Assessment of Overall Credibility.** The assessments of credibility were separated for each finding. The Court said:

   > The Panel's approach of considering each charge individually in a silo, and its failure to assess the overall credibility and reliability of each of the Complainant Nurses, led the Panel to ignore an important relevant consideration when assessing whether the burden of proof had been met in respect of each charge. The fact that those witnesses appeared to have given incorrect accounts in relation to certain of the charges that the Panel had found 'not proved' was simply ignored when the Panel was considering whether it could rely on those witnesses' evidence as satisfying the NMC's [regulator's] burden of proof in respect of other allegations. In the circumstances of this case, it was not rationally open to the Panel to simply ignore that matter by taking the rigidly siloed approach that it did.

A troubling (but far from only) example was that contemporaneous video evidence demonstrated that a specific allegation of physically mishandling a student was incorrect. While acknowledging that witnesses can be unreliable on some issues and reliable on others, the Court said:

> Yet there is nothing within the Reasons to suggest that the Panel then asked itself whether, and how, the apparent unreliability of the Complainant Nurses' version of this incident should influence the view taken of the reliability of the Key Witnesses' factual evidence generally, including in relation to the charges for which no contemporaneous objective evidence was available. In my judgment, this was a significant gap in the Panel's reasoning in relation to those charges.

While it is not obligatory in every case to analyze the overall credibility of key witnesses, in this case the Court concluded it was necessary.

3. **Collusion.** The hearing panel failed to adequately address the concern that the complaining nurses had not only made a "collective grievance", but they had also collaborated in the formulation of their specific concerns. Despite denying it, there were substantial indications that collusion had occurred. The hearing panel wrongly characterized this concern as whether there was "a conspiracy to deceive" without considering the other possible impact of the collusion on the credibility of the complaining nurses' testimony.

4. **Addressing Inconsistencies.** The hearing panel did not adequately address the inconsistencies in the complaining nurses' evidence. For example, in at least one instance, a complaining nurse stated that she was present for an incident when other compelling evidence indicated she was not. Similarly, one of the complaining nurses was inconsistent

as to whether she had burned or shredded contemporaneous notes (either of which would be disturbing). Also, a complaining nurse denied applying for the managing nurse's job after it became available, while other documented evidence indicated that she had.

5. **Evasiveness.** When cross-examined on several points, some of the complaining nurses were evasive. In fact, at least one of the complaining nurses refused to answer questions on cross-examination (and the hearing panel did not compel her to answer). In another instance, a complaining nurse indicated that the managing nurse had posted a "bullying", "aggressive" or "intimidating" note; but when confronted with the actual note which could not reasonably be characterized in that way, she continued to insist that it was.

6. **Inferences.** The Court was also concerned about some of the inferences made by the hearing panel. For example, the fact that the managing nurse was frustrated by a particular student did not corroborate a finding that she had shouted at them.

The Court accepted a characterization that the complaining nurses engaged in a "witch-hunt". The Court said: "Their collective grievance, though copied to the NMC [regulator], was not truly motivated by a concern to protect the public interest."

Some other issues addressed by the Court include the following:

a) **Proving Standards of Practice.** For borderline issues, such as how to document certain events, the regulator should have provided objective evidence of the professional expectation through a written policy or a formal opinion of an accepted standard of practice that applied.

b) **Delay and Over-Charging.** The Court was critical of the regulator proceeding with 32 allegations, not all of which were serious, for almost six years. The Court noted that the managing nurse had worked without concern for 4.5 years after the complaint was made and lost that position because the regulator's proceedings were taking so long.

c) **Interim Suspension Pending Appeal.** While the interim suspension order was not before the Court, it noted:

> Against this background, it is very difficult to understand why the Panel considered an interim suspension order to be "*necessary for the protection of the public*" and "*otherwise in the public interest*", as the relevant section of its Reasons asserted it to be. The Panel's reasoning (such as it was) evinces no consideration of the severity of the potential impact on the Appellant of an 18-month interim suspension order, its intrinsic potential to disincentivise her from appealing, or the risk of unfairness if her appeal ultimately succeeded but she had, in the meantime, been suspended from practising for a prolonged period. Those considerations ought, in my view, to be expressly thought about, and carefully weighed, by a Panel when it is considering whether to impose an interim suspension order. The Panel should also be clear as to the nature of the harm it fears could occur, absent the contemplated interim suspension order. Absent such careful weighing of the competing interests at play, it is hard

> to see how a Panel could properly decide that the imposition of an interim order was necessary and proportionate.

Panels making credibility findings, particularly where the competing version of events are so dramatically different, should consider and address the weaknesses in the witnesses' evidence.

This article was originally published by Law360 Canada, part of LexisNexis Canada Inc.

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Book Review: "The Licensing Racket" – Part 1

Erica Richler

May 2025 - No. 302

Rebecca Haw Allensworth of Vanderbilt Law School has published a thought-provoking book on professional regulation (licensing) in the United States: *The Licensing Racket: How We Decide Who is Allowed to Work & Why it Goes Wrong* (Cambridge: Harvard University Press, 2025). While the approach in the US is different in several respects from that in Canada, there are lessons in her book for regulators in this country.

Allensworth argues that the licensing system in the US is broken and needs fixing. Relying on a systematic review of licensing bodies in the US, and illustrating her findings through real world examples, she presents two major themes in the book. First, licensing creates barriers, often unnecessary, to entering the profession and these barriers result in a monopoly. Second, licensing creates systemic challenges for regulatory boards to adequately protect the public.

Barriers to Entry

Allensworth begins by describing the broad scope of licensing in the US, estimating that about 20 percent of workers cannot practice their occupation without a licence. She also provides an analysis of the theory of professional regulation (e.g., to address information asymmetry) and its economic impact (e.g., licensing reduces the number of providers, resulting in scarcity of services, and creates a premium for the cost of services) resulting in marginalized communities having difficulty in accessing the services.

She describes licensing boards as private professional associations "dressed up in governmental clothing." The majority of board members are from the profession, often recently retired from serving in the professional association. They are funded by licensing fees which are often kept too low to properly fund their activities. Being practising members of the profession means that they generally do not have regulatory expertise (that a state bureaucrat would usually possess). Government oversight of the regulator, while possible, is often perfunctory. She observed repeated instances when board members let down their guard and viewed licensees as their "constituents" or "stakeholders."

In attending board meetings and reviewing board decisions, Allensworth observed a pattern of boards applying strict entry standards but not going nearly far enough in disciplining dangerous practitioners. “It may be hard to get into the club of the professionally licensed, but once you’re in, you’re in.”

Entry standards achieve three rewards for members of licensed occupations: reduced competition (but increased compensation); increased prestige (sometimes called credibility, legitimacy, or identity); and control and autonomy over their work. Once regulation is achieved, entry requirements (e.g., amount of education, hours of experience, and fees) only “rachet” one way, which is up.

Barriers to entry take various forms:

> One overlooked barrier raised by licensing is the bureaucratic thicket that must be traversed to get a license. An applicant has to learn all the rules and deadlines in her state, obtain official documents from testing companies, educational institutions, and sometimes courts, all in the proper notarized format and by the sometimes draconian deadlines.

Other barriers include inappropriately strict educational, language proficiency, and criminal record requirements.

These barriers have contradictory implications. They generally provide an advantage to privileged demographics (e.g., white males) but also provide an opportunity for less privileged demographics (e.g., racialized women) to achieve economic advances if they can obtain a licence.

The focus on barriers to entry (vs. protection of the public) was reinforced by statistical analysis. For the professions reviewed (health professions were excluded for this aspect of the analysis) complaints about service quality or safety were much more likely to come from the public than from other licensees. In contrast, complaints about unlicensed practice were much more likely from licensees than from the public. Also, the likelihood of enforcement action against those practising without a licence was significantly higher than that against licensees for quality or safety concerns.

The discussion regarding turf wars (“dressed up in health and safety concerns”) will ring familiar to Canadian regulators. “Unsurprisingly, most turf wars are less about safety and more about exclusivity.” Allensworth describes the tactics used by various professions to expand turf (e.g., teach it in school) or resist encroachments upon turf (e.g., enforce title protection, issue cease and desist letters). Innovation is discouraged by turf battles.

Some of Allensworth’s extended illustrations are particularly informative. For example, in a chapter about the COVID pandemic, she describes how the turf war between physicians and nurses revealed barriers that led to real world consequences. The death rate in jurisdictions that had fewer restrictions on nurses, especially nurse practitioners, was materially lower than jurisdictions with more rigid rules.

As noted, Allensworth makes the important point that boards composed largely of part-time practitioners may be familiar with the profession but often have little regulatory expertise. However, for many Canadian regulators, this gap is at least partially filled by staff and organizations of regulators. Allensworth’s observation is that US boards often address this gap by relying on professional associations (e.g., to draft standards), taskforces dominated by professional groups, adopting private industry standards of practice, using testing organizations often affiliated with advocacy organizations, and deferring to professional educational institutions that benefit from high

educational and continuing education requirements.

Our sense is that Canadian regulators need to resist the complacency she describes as existing in US licensing boards. However, there are several differences between the US context, as outlined by Allensworth, and the Canadian experience which may, at least partially, address the concerns. For example:

- Canada appears to have fewer regulated professions and occupations per jurisdiction than many US states. Most Canadian jurisdictions have fewer than 50 such regulators, rather than hundreds.
- Most Canadian jurisdictions have made a concerted effort to separate professional regulators from associations. Membership in a professional association is generally voluntary, and they usually have fewer numbers than their regulatory counterparts.
- While licensure still exists for many professions in Canada, legislatures are increasingly using other regulatory mechanisms such as title protection, or a narrower list of restricted acts, which reduces the monopolistic effect of professional regulation.
- While there are exceptions, at least some third-party providers of regulatory-related services such as examinations and registration candidate assessments, are either affiliated with the regulator or independent of professional associations and advocacy organizations.
- Many Canadian regulators are beginning to adopt some form of competency-based selection for their boards or councils, and some have higher proportions of public appointees to boards and discipline committees than those in the US as described by Allensworth.
- Many regulators have independent oversight bodies such as appeal boards and fairness commissioners. Some even have superintendents. At a minimum, there is a government department to whom they report and need approval for most major policy regulations or by-laws. In addition, there are judicial appeals and reviews available, which seem to be relied upon regularly (although the latter is likely also accessible in the US).

In part 2 of this article, we will look at the second theme of Allensworth's book, ineffective public protection. We will also review some reforms that she proposes.

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From Julie Maciura

In This Issue

Ontario Bills

(www.ola.org)

The Legislature returns on April 14, 2025.

Commencement Orders

(https://www.ontario.ca/laws Source Law – Commencement Orders)

There were no relevant commencement orders this month.

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

There are no relevant proposals pending.

Bonus Features

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

Controlled Acts and Criminal Offences

A senior osteopathic practitioner and instructor knew that performing an internal vaginal procedure was a "controlled act" that was not permitted to him under the *Regulated Health Professions Act* of Ontario. Osteopathic practitioners are not recognized under that statute. (As an aside, the title "osteopath" is a protected title under the *Medicine Act, 1991*.) Despite the fact that osteopathic practitioners were prohibited by law from performing internal vaginal procedures, the procedure was taught at his osteopathy school, and he regularly performed it on patients. One of the patients he performed the procedure on was a student at the school. While he was not her teacher, he did provide her with private tutoring and mentoring. She was also his patient. In 2013 he recommended an internal procedure which he performed in a "clinical" manner. Later she went to the police, and he was charged with sexual assault. There was disagreement as to the degree of voluntariness of the consent by the student/patient. Another issue was whether the procedure was carried out in a sexualized manner.

In *R. v. Morelli*, 2025 ONCJ 111 (CanLII), the Court dismissed the charge. Even though the osteopathic practitioner performed the internal procedure knowing that it was contrary to provincial law, the Court found that alone did not convert it to touching of a sexual nature:

> In my view, when I look at the case in its totality, while the fact that he was not permitted by statute to perform this treatment is one factor to consider, the remainder of the evidence presented at trial all supports a finding that Mr. Morelli was engaging in a treatment that was recognized by the profession, that was reasonable in the circumstances and one that Mr. Morelli honestly and legitimately believed was the appropriate treatment. Moreover, in my view, Mr. Morelli conducted the treatment in a purely clinical fashion. I am therefore left in a reasonable doubt that the conduct that makes up the *actus reus* of the offence was sexual in nature. Mr. Morelli is therefore not guilty of the offence of sexual assault.

The Court went on to find that, in the circumstances, the osteopathic practitioner "had an honestly held belief that A.M. was consenting, and his belief is objectively reasonable. I therefore find that the Crown has not proven beyond a reasonable doubt the lesser included offence of assault."

The court noted that two years after the incident, the osteopathy community decided to stop seeking status as a regulated health profession and advised osteopathic practitioners to cease doing controlled acts. The school stopped teaching the performance of internal procedures. The case report contains no indication that enforcement or restraining orders had been sought against the practitioner under the *Regulated Health Professions Act*.

Targeting Regulatory Staff Is Costly

Applicants for registration often become frustrated when the regulator probes into areas of concern relating to their professional suitability (sometimes called "good character"). In *Howell v. Cullen*, 2025 ONSC 1449 (CanLII), the Court said that those frustrations should not be taken out on the staff of the regulator through a civil lawsuit.

There the applicant had older criminal findings "relating to narcotics, weapons, and assault." The regulator delayed its decision on whether the applicant should be registered, seeking additional information:

> Mr. Howell became dissatisfied with how RIBO [the regulator] was processing his application for registration. He issued a statement of claim naming Tracy Cullen, the Manager of Licencing at RIBO, as the defendant. He seeks $3.7 million for defamation. He describes the harm he has suffered as including stress, depression and anxiety, and insomnia.

The Court dismissed the action as frivolous and vexatious and ordered him to pay $15,000 in costs to Ms. Cullen:

> The legislature provided a statutory immunity for all RIBO employees acting in good faith and within the scope of their employment. Mr. Howell does not plead any facts that suggest that Ms. Cullen would not enjoy statutory immunity from his lawsuit. The evidence is uncontested that Ms. Cullen was just doing her job in the public interest, which brings her squarely within the protection afforded by the *Act*. …. To the extent that Mr. Howell has concerns about the registration process at RIBO, he could have and should have raised them with the RIBO Qualification and Registration Committee or appealed the QRC decision to the Divisional Court. What he cannot do is sue an employee of RIBO for just doing her job. [citations omitted]

Suing regulatory staff can come at a steep financial price.

Collaboration Is Not Conspiracy

In order to better protect the public, regulators of professions often collaborate with other regulators or government officials that have overlapping mandates. Most commonly, this collaboration is with the police: *British Columbia College of Nurses and Midwives v Lemay*, 2025 BCSC 256 (CanLII). But not always.

A recent court decision found that such collaboration is not presumptively improper: *Moore v. Glick et al.,* 2025 ONSC 1725 (CanLII). There, a plaintiff was suing representatives of the regulator who had obtained a court order shutting down his illegally-operated retirement home. The plaintiff was also suing a government official responsible for providing home care services who had assisted the regulator.

Among the many claims made, was that the representatives of the regulator and the government official had conspired for an improper purpose to shut the plaintiff down. In particular, the plaintiff alleged that the government official, Nieson, "became upset because the plaintiff questioned the quality of work done by Personal Support Workers ("PSWs") and spoke to his Member of Parliament about payment models for PSWs." The plaintiff alleged that Nieson approached the regulator and conspired with its representatives to misuse the regulator's authority in order to harm his business. This conspiracy allegedly included "duping" the plaintiff into accepting a quadriplegic resident who required certain care services that could only be provided at a licensed retirement home. The plaintiff alleged that the regulator was aware of the plan to move the resident into the home and intentionally stayed silent in order to obtain evidence against the plaintiff for operating an unlicensed retirement home. The conspiracy also allegedly included providing misleading information or deceptive evidence in the court application.

The Court held that the specific facts of the alleged bad faith on the part of Nieson and the representatives of the regulator needed to be pleaded in the applicant's material for court. Bad faith could not be assumed simply because Nieson and the regulator's staff worked together in the regulator's enforcement proceeding. The bald assertions above were inadequate to constitute particulars of bad faith and the Court dismissed this claim.

Several other defences were relied upon by the Court in dismissing the other claims, including:

- The claim is an abuse of process and frivolous and vexatious for making a collateral attack on the previous court orders to shut down the retirement home;
- The plaintiff cannot rely on evidence from the regulatory proceedings that the legislation says cannot be used in civil proceedings;
- The statutory immunity provision protected the individuals for actions taken in good faith (where no factual particulars of bad faith were alleged);
- The pleading disclosed no cause of action; and
- Absolute immunity applies to the allegedly false affidavit evidence filed in the regulatory proceedings.

It is not improper for regulators and government officials to collaborate when dealing with a risk to the public interest.

Prior Complaints and Prior Findings

When a discipline panel applies criminal sentencing principles at the penalty stage of a hearing, it is considered an aggravating factor to have previously been found to have engaged in criminal behaviour. In those circumstances, a more severe penalty can be imposed. For this principle to apply fully there must have been a formal finding made before the most recent conduct. There is some evolution of these principles in the criminal law sphere, but that is the "classic" approach to the issue.

However, a key difference between "classic" criminal sentencing principles and professional disciplinary sanctions is illustrated where a discipline panel considers the previous complaints history of the registrant. A screening committee's disposition of a complaint with a warning or remedial action (e.g., educational measures) is not a formal finding. It also does not always occur before the most recent conduct before the discipline committee. However, the discipline panel can still consider the prior complaint disposition in a discipline hearing when crafting a sanction that effectively protects the public.

In *Dhaliwal v. College of Veterinarians of Ontario*, 2025 CanLII 22518 (ON SCDC), a veterinarian had been found to have engaged in professional misconduct in three separate proceedings. There was one appeal encompassing all three matters. The allegations related to informed consent, surgical issues and, in two cases, record keeping. When imposing sanction, the hearing panel considered the veterinarian's complaints history, including prior warnings to ensure that he had obtained fully informed consent from clients and to improve his record keeping.

The Court found that there was no error in the Discipline Committee considering the extensive complaints history and multiple warnings issued to the veterinarian: "It did not treat these as aggravating factors but simply as confirmation of the need to impose TCLs [terms, conditions, and limitations]." The Court accepted that the veterinarian had ignored and failed to heed prior advice and warnings such that specific restrictions were required to "increase the prospect of successful remediation".

Other points made in the decision include:

- A two-stage referral of a complaint to discipline is acceptable. Stage one is a referral in principle. Stage two is approval of formal specified allegations prepared by legal counsel.
- Legal counsel's advice on the wording of the specified allegations is protected by solicitor-client privilege.
- Where undue delay is alleged, the discipline panel can take into account delays created by the registrant bringing multiple motions and registrant's counsel failure to respond promptly to requests to schedule hearing dates.

- Upon making a finding of misconduct, the discipline panel has the authority to impose an interim suspension pending the sanctions phase of the hearing under the authority of the *Statutory Powers Procedure Act*.

A registrant's prior complaints history can be used to fashion an effective sanction so long as it is not treated as an "aggravating factor" warranting more severe punishment.

Particulars for Interim Orders

Procedural fairness and expediency are often competing concepts when it comes to whether an interim order should be imposed to protect the public while a disciplinary investigation and hearing are pending.

An Alberta Court balanced these concepts in *Basaraba v College of Chiropractors*, 2025 ABKB 176 (CanLII). The chiropractic regulator received information that a chiropractor had inappropriately touched patients without informed consent and, in fact, faced criminal charges for sexual assault relating to one of them. An interim order was issued requiring supervision by another regulated health professional. The regulator received additional information that the chiropractor may not have fully complied with the supervision order and that more sexual assault charges had been filed. The regulator gave notice that it was seeking an interim suspension but declined to provide the chiropractor with any particulars about the alleged non-compliance so as not to compromise the pending investigation. An interim suspension was issued relying heavily on the non-compliance concern.

The Court set aside the interim suspension for lack of procedural fairness: "the allegation that he breached the supervision condition was devoid of every detail that would have allowed him to prepare an intelligent response."

The Court accepted that in order to protect the public interim orders must be imposed expeditiously:

> … I do not find or suggest that he was entitled to the level particularity or disclosure that would be required in advance of a final disciplinary hearing. Rather, I find that the Applicant was entitled to that basic level of particularity that would have enabled him to prepare a meaningful and intelligent response to the allegations….
>
> I have also taken into account the legitimate, and indeed, paramount concerns of the Complaints Director and the Committee respecting the protection of the public. Those concerns were acute given the criminal charges that had been laid against the Applicant. Had I been convinced by the Respondent that the Complaints Director's vagueness was

> necessary to protect the public, then my conclusion might well have been different. But since it is readily apparent that sufficient particularity could have been achieved by the introduction of a few additional words or sentences, I have not been so convinced.

While the Court also accepted that, at times, disclosure of particulars can be limited in order to preserve the integrity of the investigation, that requirement had not been established in this case:

> Further, the Respondent's professed reliance upon "good investigative practice" rings hollow given that redacted copies of the underlying reports were provided to the Applicant less than 30 days after the suspension was imposed, and before any investigative interview had been conducted.

The Court indicated that it was open to the regulator to recommence the interim suspension process, so long as a fair procedure was followed.

Scope of a Complaint and Protection of Witnesses

The Ontario Judicial Council (OJC) has provided some guidance on interpreting the scope of a complaint when disciplinary allegations are subsequently made. Regional Senior Justice Paul Currie was charged criminally with assault. As a result, a formal complaint was made to the OJC. Despite the criminal charges being withdrawn, an investigation was conducted and specified allegations were referred to a hearing before the OJC. The specified allegations included an allegation of sexual misconduct, something that the letter of complaint did not mention. RSJ Currie sought to confine the hearing to the specific concerns raised in the letter of complaint.

In an interim ruling, the hearing panel declined to so limit the scope of the hearing. The panel concluded that the inclusion of the sexual misconduct concerns was appropriate because they were "similar or related to the allegations in the complaint letter" and "directly relate to the allegations in the letter of complaint".

The OJC panel also banned publication of information that would identify the primary witness (who was not the formal complainant). Further the panel ruled as follows:

> We direct that, to the extent that counsel for RSJ Currie proposes to cross-examine the primary witness on other sexual activity or proposes to introduce records in relation to which the primary witness has a reasonable expectation of privacy, counsel must give reasonable notice of the particulars of such proposed evidence in writing to presenting counsel and counsel for the primary witness. This notice is required so that any concerns about admissibility may be addressed by the panel in advance of such evidence being

called or tendered at the hearing. Any ruling we make may be revisited if circumstances change in the course of the primary witness's testimony.

See: *Re RSJ Currie*, 2025 OJC 1 https://www.ontariocourts.ca/ocj/files/ojc/decisions/2025-currie-interim-EN.pdf

Administrative Monetary Penalties

Regulators are increasingly using administrative monetary penalties (AMP) as a tool to encourage compliance with professional obligations. Typically, AMPs are imposed for objective breaches of published expectations, such as record keeping requirements, where little judgment is necessary to determine if there was non-compliance. The AMP is usually not for a large amount. The breach is generally determined by regulatory staff (rather than a a discipline committee) without a hearing. The registrant then has the option of an appeal / hearing / review if they believe there was no breach or that the amount imposed was unreasonable.

The legal regulator for British Columbia imposed a $5,000 AMP on a lawyer for failing to properly verify the identity of a client for whom the lawyer had received trust funds. The Court set aside the AMP because the regulator had not provided a clear opportunity for the lawyer to respond to the concern before imposing the AMP. The Court also found that the regulator had misinterpreted its own rules. For failing to acknowledge its own mistake, the regulator was required to pay the lawyer $5,000 in costs.

See: *Samarakoone v The Law Society of British Columbia*, 2025 BCSC 492 (CanLII).

Assurances of Confidentiality Are Not Always Binding

An Ontario court upheld the discipline for police officer who posted materials containing "profane, abusive or insulting language" in a virtual suggestion box. The suggestion box was "established to get input about the EDI initiatives of the Durham Regional Police Service. The online welcome page said that the purpose was to seek input, feedback and advice from people at all levels about areas in which the Service could improve and to affect positive change in the Service. It said that it was 100% anonymous and completely confidential. The submission page clearly stated that the suggestion box was not a tool to submit internal complaints or grievances."

The police officer argued that using the admittedly inappropriate posts to discipline him was an abuse of process, including entrapment, and a breach of privilege because of the assurances of confidentiality. The Court said it was reasonable for the tribunal to act on the posts because they

were clearly outside of the purpose of the suggestion box. See: *Kent v. Durham Regional Police Service*, 2025 ONSC 1732 (CanLII).

High Profile Decision on the Freedom of Expression of a Nurse

A BC nursing regulator discipline panel has issued a long-awaited decision about a nurse who was alleged to have made derogatory statements about transgender people. The panel determined that statements made where the registrant identified herself as a nurse would result in a finding of misconduct. However, findings were made where the registrant did not identify herself as a nurse. Part of the rationale was the freedom of expression rights under the *Canadian Charter of Rights and Freedoms*. The decision is 115 pages long.

See: *British Columbia College of Nurses and Midwives v Hamm*.

From Julie Maciura

In This Issue

Ontario Bills

(www.ola.org)

Bill 2, Protect Ontario Through Free Trade Within Canada Act, 2025 *(government bill, passed second reading, ordered to the Standing Committee on Finance and Economic Affairs)* – Bill 2 is intended to increase labour mobility for regulated professionals. If enacted, the As of Right initiative will be expanded to other health professions (from the existing four). An applicant with good standing registration elsewhere in Canada could begin to practice immediately in Ontario while awaiting the outcome of their expedited application for registration (or in some cases without any need for registration). Current restrictions on the practice settings in Ontario in which they are allowed to practise (e.g., in such places as hospitals) will likely be loosened. Consultation will also begin on making the As of Right initiative available to licensed US health practitioners, such as physicians and nurses. Apparently, the Bill will also expand this approach to non-health professions. Regulators will be consulted, and regulations drafted before changes are implemented. (See p.6 for more information.)

Bill 7, Health Care is Not for Sale Act (Addressing Unfair Fees Charged to Patients), 2025 *(private members bill, passed first reading)* – Bill 7 would amend the *Regulated Health Professions Act* and other legislation to prevent the charging of unfair fees to patients.

Commencement Orders

(https://www.ontario.ca/laws Source Law – Commencement Orders)

There were no relevant commencement orders this month.

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Regulated Health Professions Act – Proposed regulations will be developed under the heading: Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions, as follows:

1. Expand the "As of Right" rules to additional out-of-province regulated health professions. This would allow more professionals to work as soon as they arrive in Ontario and are awaiting the registration process with an Ontario health regulatory college.
2. Remove current practice setting restriction. This would allow professionals to work in more settings.
3. Expand the "As of Right" rules to include American-licenced physicians and nurses who are seeking to live and work in the province. This would remove provincial barriers and allow them to work up to six-months while they await registration with the College of Nurses of Ontario or the College of Physicians and Surgeons of Ontario.
4. Automatically recognize another provincial/territorial certificate of registration (licences) as a valid Ontario certificate of registration when the professional is practising in Ontario, beginning with nurses and physicians. This means that a nurse or physician who is qualified to practice in another province or territory and who meets certain conditions would no longer have the administrative burden of applying for a certificate of registration in Ontario.

Comments were due by April 30th.

Bonus Features

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

Possible Regulatory Responses to Exam Cheating

There are daunting challenges for regulators facing the possibility that there may have been cheating on a licensing exam, especially by multiple candidates. It is rare that direct evidence of such attempts exists (although, depending on the type of scheme employed, strong statistical evidence may be available). The regulator needs a reliable method of distinguishing the suspected participants from the remainder of the cohort who were not involved in the cheating. There is almost always significant time pressure to release the exam results. All of these pressures exist even before the regulator must face the thorny problem of choosing an appropriate remedy for the suspected participants.

The Ontario Court of Appeal has provided guidance on the latter question, at least, in *Afolabi v. Law Society of Ontario*, 2025 ONCA 257 (CanLII).

The regulator obtained compelling evidence that one of their licensing exams was compromised; the evidence included copies of illicit answer keys. Statistical evidence suggested that 150 candidates had “anomalous” results consistent with engaging in “prohibited activities” in relation to the exam.

The regulator notified the relevant candidates of the concerns and the actions it was contemplating and gave them repeated opportunities to make written submissions.

The regulator then took several steps including:

- Voiding the applicants' examination results.
- Deeming the applicants to not meet the requirements for licensure. The legislation contained a provision authorizing this where an applicant provided false or misleading information on their application.
- Advising the applicants that they could not reapply for licensure for a period of one year and that, if they did reapply, the issue of their good character could be raised.
- Notifying other regulators of the concerns.

The lower court accepted that the voiding of the examination results was an administrative action that was appropriately done on the basis of allowing only written submissions from the candidates. However, it ruled that nullifying in their entirety the candidates' applications for licensure involved making credibility findings and imposing consequences that could only be done at a hearing, which had not been provided.

The Court of Appeal ruled that both voiding the exam results and nullifying the application could appropriately be accomplished through a written process alone. Licensure is an administrative process. The legislative scheme as a whole suggested that hearings were not required in order to make licensure decisions. While the applicants would face significant consequences, the decision was not analogous to a disciplinary finding or even a determination that the applicants were not of good character. The regulator had not created an expectation that a hearing would be offered. Given that the regulator processed hundreds of applications for licensure a year, it was reasonable for the regulator to choose a written procedure for such matters (excluding a formal finding that an applicant was not of good character, for which the legislation expressly required a hearing).

Of significance in the decision is the legislative provision permitting the regulator to deem that licensure requirements were not met where the applicant provided false or misleading information. Regulators with such provisions in their legislation have been reluctant to employ them since the decision in *Haramic v. College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (Registrar)*, 2017 ONSC 5668 (CanLII), in which the Court suggested that a hearing-type procedure was likely required, at least when action was being taken against current registrants. In light of *Afolabi*, more regulators may now be seeking to add such provisions to their registration regulations or by-laws.

The candidates will now be required to restart their applications for licensure from the beginning, potentially facing more intense scrutiny.

The *Afolabi* decision reinforces the authority of regulators to deal expeditiously with applicants who are suspected of cheating in a licensing exam or similar evaluation.

Standards and Sanctions

Two of the more challenging issues with which discipline tribunals cope are determining whether a registrant's conduct fell below accepted standards of practice and, where a finding of misconduct is made, the appropriate sanction to impose. Justice Watson of Alberta's highest court has made extensive comments on these two issues.

In *Dr Ignacio Tan III v Alberta Veterinary Medical Association*, 2025 ABCA 119 (CanLII), a veterinarian was found to have failed to maintain the standards of practice (e.g., surgery, drug dispensing, record keeping) in respect of several animals. In addition, his belittling interactions with staff were found to be unprofessional. The sanction included a 30-day suspension, fines adding up to $29,000, a reprimand, and terms, conditions and limitations that involved remediation, restrictions and "surveillance".

Justice Watson began with an extended discussion regarding the standard of review that courts should apply to decisions of tribunals with expertise (e.g., as to standards of practice). While such tribunals should not use their expertise as a substitute for expert opinion, their expertise in appreciating the issues is part of the context in assessing whether their decision contained a palpable and overriding error. The role of the Court, therefore, is "to decide if a decision of the Council is reasonable when considered in its context. This Court is not empowered to re-try the facts nor to re-determine matters of special knowledge without reference to expert opinion evidence." Justice Watson indicated that a tribunal's role is to assess the expert evidence as to whether the standard of practice was not met, including weighing any evidence of divergent schools of thought.

Justice Watson rejected the argument that the regulator should have published precise standards of practice before a finding could be made: "In sum, the scientific and philosophical dimensions of professional misconduct rested on experience, knowledge and common sense and could be the subject of general professional understanding. There is no requirement in law for precise rules about every professional default of the appellant before a charge could be founded on such a deficit."

In terms of sanction, Justice Watson made several points in upholding the decision:

- Delay: "Delay is not generally a factor in assessing the gravity of the guilty findings nor of the degree of responsibility of the member. But it can be a factor in assessing the impact of the adverse findings and the sanctions when seen in context. Delay may also be mitigating if it involves collateral or ancillary negative consequences for the member which aggravate the impact on him beyond what would be a predictable result of the misconduct. Delay might also be relevant if the member put the delay to beneficial use to upgrade his professional capacities and improve his insights and perspectives."
- Totality: Justice Watson held that the discipline and appeal tribunals considered whether imposing many fines resulted in a cumulative one that was excessive. In the circumstances, especially since there were several categories of misconduct and as a message needed to be sent to the veterinarian and the profession, the total fine was appropriate.
- Remediation: Justice Watson also rejected the argument that unfairness was created by having a regulatory staff person, who had been involved in the prosecution, administering the

remedial and surveillance components of the sanction. There was an absence of evidence capable of dislodging an assumption of professionalism on the part of the staff person.

Interestingly, the majority members of the Court, while agreeing with the decision, did not adopt Justice Watson's reasons. They simply found that there was evidence to support the tribunal's findings and that no error was made in formulating the sanction.

As of Right Registration

The first substantive Bill of the new Ontario government relates to free trade. However, it is unclear how Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025*, will affect Ontario professional regulators. Much is left to the regulations. Indeed, the technical briefing released by the government at the time of its introduction provides greater clarity on many points than the Bill itself. The technical briefing indicates that many of the details remain to be developed and contains the only explicit indication that the Bill might also be expanded to US-licensed health practitioners.

Features of the Bill (as it applies to professions), include the following:

1. Regulations will enable the government to designate professions in other jurisdictions to receive almost automatic registration in Ontario.
2. For at least some of these professions, upon providing evidence of good standing in their originating jurisdiction, an applicant can practice without registration for a period of six months.
3. The regulator must publish additional information about applications by out-of-province applicants.
4. Timelines for processing applications for registration under the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* are reduced by referencing calendar days rather than business days. Similar timelines are likely for professions whose mobility requirements are set out in other statutes.
5. Regulations can be made requiring regulators to publish enhanced reports to designated monitors about their labour mobility activities.
6. It will be an offence for professionals to knowingly make false representations under these provisions.
7. There will be an extremely strong immunity provision for regulators acting under these provisions even if they allegedly act in bad faith. Many regulators now will have two immunity provisions to cite if they are sued. The provision will also apply in some circumstances where individuals are seeking a legal remedy other than damages (e.g., specific performance, injunction, or declaration).
8. The authority to make, delegate, or incorporate by reference regulations will be extremely broad.

Regulators will want to monitor these developments closely and participate in any consultation opportunities.

Piercing the Quality Assurance Bubble

An effective quality assurance program must operate in a bubble of confidentiality. To ensure full and candid participation by registrants, registrants need to be confident that information they disclose through the quality assurance process will not end up being used against them in a discipline hearing or a civil lawsuit. Most statutes provide strong confidentiality protections for quality assurance information.

However, does that assurance of protection also apply to the regulator? In *Madryga v College of Physicians and Surgeons of British Columbia*, 2025 BCSC 728 (CanLII), the Court's answer was: not always. A patient with permanent, painful injuries had been receiving high doses of opioids for decades. He was fully compliant with the treatment protocols and all indications were that he was not misusing the medication. As part of its quality assurance activities, the regulator developed a Prescription Review Program (PRP) to reduce the harm to the public from opioids. As a result of the PRP, the patient's physicians reduced the patient's prescriptions for opioids, telling the patient that their registration was otherwise in jeopardy. The patient sued the regulator for improperly inserting itself into the medical care he was receiving from his physicians.

The issue before the Court was whether the patient could obtain the communications between the regulator and his physicians to establish the extent of the College's interference in his care. The regulator refused, pointing to very broadly worded confidentiality provisions in the regulator's governing legislation. The Court agreed that those provisions provided a blanket prohibition preventing access to the records. The provisions could not be interpreted to only protect the information from being used against the physicians.

However, the Court found that the blanket prohibition was contrary to the role of the courts guaranteed under section 96 of the Canadian constitution. The patient was challenging whether the PRP went beyond the scope of the regulator's governing legislation. The patient was alleging that rather than protecting the public by regulating physicians, the regulator was using the PRP to direct the care of an individual patient, thereby depriving him of his right to liberty and security of the person under section 7 of the *Canadian Charter of Rights and Freedoms*. The Court could not rule on that argument without seeing the communications between the regulator and the patient's physicians. As a result, the Court overrode the confidentiality provisions to a limited extent so as to require disclosure of the relevant documents.

Once the documents are disclosed, the Court will be able to adjudicate on the ultimate issues of whether the regulator exceeded its jurisdiction in respect of the patient's care and whether the regulator's conduct deprived the patient of his right to liberty and security of the person under section 7 of the *Canadian Charter of Rights and Freedoms*.

The decision leaves the confidentiality bubble intact for the physicians, but not always for the regulator.

Maximum Exam Attempts

The Federal Court has upheld a regulator's ruling that, after four unsuccessful attempts of the registration examination, the applicant must redo the educational program. It found that the rule was permitted by the legislation and was a reasonable measure to protect the public. The Court also found that the level of procedural fairness required for exam attempts was at the low end of the spectrum. The applicant's concerns about the administration of the exam (e.g., late start, not offered his preferred time slot, not granting more time to compensate for a washroom break, wishing future success in the notification letter) did not cause unfairness. The applicant was informed of the process and rules.

See: *Ramizi v. College of Immigration and Citizenship Consultants*, 2025 FC 692 (CanLII).

Online Degrees May Not Be Equivalent

Rejecting an online degree as equivalent to an in-person training program is not discriminatory. The credentialling body used by Canadian legal regulators required the applicant to obtain two more years of in-person education to meet the educational qualifications for registration. "The Applicant submitted that he was discriminated against because he was Polish, a mature student and because he had family obligations". The Court said: "The Tribunal reasonably found that mode of study was not a protected ground under the [*Human Rights*] *Code*." It was not a proxy for the place of origin, age and family status grounds.

See: *Petrykowski v. Federation of Law Societies of Canada*, 2025 ONSC 2307 (CanLII).

Confidentiality Provisions Cannot Be Used to Prevent Review of a Regulator's Jurisdiction

A BC court has limited the confidentiality protections of quality assurance information. A patient challenged the physician regulator's Prescription Review Program as improperly interfering with his medical care by forcing his personal physicians to reduce needed pain medication for a long-standing, permanent injury that is otherwise untreatable. The physicians told the patient that they had to reduce his opioid dosage by over 80% to avoid repercussions with their regulator. The patient wanted access to the communications between the regulator and his physicians to prove that the regulator exceeded its jurisdiction. The Court said that, despite the broad wording of the confidentiality provisions, the Court needed access to those communications in order to rule on the regulator's jurisdiction. More to come.

See: *Madryga v College of Physicians and Surgeons of British Columbia*, 2025 BCSC 728 (CanLII).

Large Fines May Not Be Punitive

A $200,000 administrative monetary penalty (AMP) is not punitive. A director of a publicly traded company shared information with an outsider for "personal business reasons" (i.e., to obtain a trusted perspective on a pending transaction). Unbeknownst to the director, the outsider used the

information for insider trading. The securities tribunal held that the director had engaged in "tipping" by disclosing the information privately without adequate safeguards. The Court dismissed the director's appeal because "tipping" does not require intent. Also, freedom of expression rights are reduced for commercial speech. The Court also found that a $200,000 AMP, restrictions for three to four years, and payment of $150,000 in costs was protective and not punitive. This determination was based in part on "the need to deter Mr. Kraft given his failure to acknowledge the seriousness of his conduct when given the opportunity and given his statement that there is little here for him to be contrite about".

See: *Kraft v. Ontario (Securities Commission)*, 2025 ONSC 2266 (CanLII).

The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Examination Accommodations	Policy No. EX08.01
		Page No. 1

Intent/Purpose	To provide a policy governing the handling of exam accommodation requests for examinations administered or authorized by the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the *Naturopathy Act, 2007.*
	Applicant	Means an individual who has made a formal application to the College for a certificate of registration.
	Biomedical Examination	Means a Council approved registration examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in the General class, emergency class or Inactive class, which demonstrates to the public that the holder is a registrant of the College, registered in the class set out on the certificate and identifies whether there are any terms, conditions or limitations (TCLs) placed on the certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical (Practical) Examinations	Means Council approved clinical practical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Clinical Sciences Examination	Means a Council approved examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the RHPA.
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.

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Deputy CEO, RCS	Means the Deputy Chief Executive Officer, Registrant and Corporate Services.
Disability	Means that as defined in section 10(1) of the OHRC.
Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, a religious requirement, a pregnancy or breastfeeding related need as outlined in this policy.
Examination Materials	Means examination documents in any medium submitted or used by College staff, exam proctors, examiners or agents of the College for scoring or grading purposes.
Examinations	Means the Biomedical Examination, the Clinical (Practical) Examinations, the Clinical Sciences Examination, the Jurisprudence Examination, the IVIT Examination and the Prescribing and Therapeutics Examination.
Functional Limitation	Means restrictions in an individual's functioning that hinder the ability to perform tasks or activities.
Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a registrant's competencies to perform IVIT safely, competently and ethically.
Jurisprudence Examination	Means a Council approved Jurisprudence learning module, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
OHRC	Means the Ontario Human Rights Code, R.S.O. 1990.
Prescribing & Therapeutics Examination	Means a two-part examination approved by the Council of the College that includes both written and oral components which tests a registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.
Registrant	Means an individual as defined in section 1(1) of the Code.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for setting plans of exam remediation and all registration matters as set out in the Code.
Registration Regulation	Means Ontario Regulation 84/14.

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	Regulated Health Professional	Means a member of a Canadian self-governing health profession as established pursuant to Schedule I of the RHPA or equivalent provincial legislation outside of Ontario.
	RHPA	Means the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.
	Supporting Documentation	Means official records provided by a court, tribunal, educational institution, licensing or regulating body, other government sanctioned organization, religious leader, or Regulated Health Professional qualified to make an assessment, which provides details surrounding the outcome of an event or the need for accommodation.
	Undue Hardship	Means the point at which granting an accommodation would impose an unreasonable cost to the College or create a health and safety concern.
General	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the OHRC, and the College's Examinations Policy.
	Fundamental Principles	The College manages the receipt and review of requests for exam accommodation(s) in accordance with the following fundamental principles: 1. Accommodation requests received from any candidate, in accordance with this policy, will be considered within the framework of the OHRC to ensure the candidate is provided with a fair and equal opportunity to sit examinations. 2. Accommodation requests will be considered on an individual basis and provided in a manner that reflects the nature and extent of the identified need, while respecting the dignity and independence of the candidate. 3. The College's duty to accommodate a substantiated need for accommodation is limited only by undue hardship.
	Confidentiality	Health information disclosed to the College for the purposes of seeking exam accommodation(s) is kept confidential in accordance with s. 36 of the Code.
	Use of Information	Use of disclosed accommodation information by the College is limited to the following: • Assessment of requests for exam accommodation by the CEO or their designate. • Consideration of applications for initial registration with the College under subsection 3(4) of the Registration Regulation by the CEO and a panel of the Registration Committee.

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- Consideration of capacity to practise naturopathy as a registered naturopathic doctor by the CEO and a panel of the Inquiries, Complaints and Reports Committee.

Accommodations	Requests	To ensure candidates are provided fair and equal opportunity to sit a College examination, accommodation requests received from any candidate will be considered within the framework set out by the OHRC.
	Decision-maker	Through this policy, the CEO delegates all decision-making relating to examination accommodation requests to the Deputy CEO, RCS.
	Request Fees	While accommodation requests made to the College do not incur a fee, candidates are responsible for any fees associated with obtaining documentation to support their request.
	Timeframe for Request to the College	Requests for accommodation must be received no later than 30 calendar days prior to the registration deadline for the exam session where accommodation is being sought. Requests received after this period cannot be considered; however, candidates may apply for a deferral of the entire examination under the College's Examinations Policy.
	Accommodation Requests for Multiple Examinations	To streamline the accommodations request and review process for candidates requiring accommodation(s) for multiple College examinations, candidates may submit one request, with supporting documentation, prior to their first sitting of a College examination, setting out all required accommodations for each of the examinations where accommodation is being sought. In instances where a candidate's ongoing need for accommodation exceeds their supporting documentation's window of validity, or where new accommodation needs have arisen, candidates will be required to submit a new accommodation request with supporting documentation, in accordance with this policy.
	Form of Accommodation Request	Requests for accommodation must be submitted on the College's Exam Accommodation Request form, which requires the following information from the candidate. • The reason for the request, i.e., the type of accommodation • Specific details about the required accommodation(s) • The candidate's written authorization for the College to contact the provider of any supporting documentation.
Supporting Documentation	General Requirements	At point of submission, supporting documentation must provide the anticipated length of time that the candidate will require accommodation(s) based on the supporting documentation provider's assessment.

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Window of Validity	The window of validity for supporting documentation will be informed by information provided within supporting documentation specific to the anticipated length of time that accommodation is needed. Candidates will be advised of their supporting documentation's window of validity as part of the decision on their accommodation request.

Disability Accommodation – Additional Documentation Requirements	In addition to the general requirements, documentation supporting a candidate's accommodation request due to a disability must:
	• Be provided by a Regulated Health Professional who:
	  • has or has had a practitioner/patient relationship with the candidate,
	  • has performed an assessment of the disability, and
	  • Is qualified and authorized, within their regulated scope of practise, to assess and/or diagnose such disabilities.
	• Be provided on the Health Professional Recommendation form which provides the title, professional credentials and relevant qualifications of the Regulated Health Professional who has made the assessment.
	• Provides information regarding:
	  • the candidate's functional limitations as they relate to the candidate's accommodation needs.
	  • the accommodation(s) being recommended; and
	  • how the recommended accommodation(s) assist(s) in mitigating the candidate's functional limitations.
	• Candidates seeking additional writing time to complete an examination due to a cognitive disability must also provide a recent (i.e., completed or updated no more than 5 years from the date of the accommodation request) psychological or psycho-educational assessment report.

Religious Accommodation – Additional Documentation Requirements	In addition to the general requirements, documentation supporting a candidate's accommodation request due to religious requirements must: • be provided by the candidate's religious leader • provide information regarding how the requested accommodation relates to the candidate's religious requirements, and • provide information regarding the religious holiday if the request is for an alternate examination date due to religious observance.
Pregnancy Related Accommodation – Additional Documentation Requirements	In addition to the general requirements, documentation supporting a candidate's accommodation request due to a pregnancy-related condition or issue must: • Be provided by a Regulated Health Professional who: • has or has had a patient/practitioner relationship with the candidate, and

- is qualified to assess the pregnancy related condition or issue (i.e., has appropriate training, holds a relevant professional credential or designation, and has the scope of practise, as authorized to that profession).
- Be provided on the Health Professional Recommendation form which provides the title, professional credentials and relevant qualifications of the Regulated Health Professional who has made the assessment.
- Provide information regarding:
  - the candidate's functional limitations as they relate to the candidate's accommodation needs.
  - the accommodation(s) being recommended; and
  - how the recommended accommodation(s) assist(s) in mitigating the candidate's functional limitations.

	Breastfeeding Accommodations – Documentation Requirements	While supporting documentation from a Regulated Health Professional is not required, requests for scheduling accommodations to permit a candidate to breastfeed or express breast milk in between examination components will be considered in the context of the overall exam day schedule, feasibility of the request in comparison to the time constraints of each exam component and any health and safety measures in place at the time of exam registration which may restrict the number of individuals permitted onsite during the examination. Requests must: • be in writing, • provide information which addresses the frequency and duration of feedings or expressions, and • acknowledge and understand that any individual named by the candidate to provide onsite childcare at the exam will be restricted to a designated area, for a specific period and must undergo all screening requirements mandated by the exam facility and/or the College for entry on exam day.
Review of Accommodation Requests	General	The Deputy CEO. RCS will review requests for accommodation on an individual basis and will make a final determination. In their review, consideration will be given to: whether supporting documentation substantiates the requested accommodation, and whether the granted accommodation(s) will appropriately address the needs of the candidate without causing undue hardship. As deemed necessary, further information or documentation may be requested by the Deputy CEO, RCS to make a determination on the accommodation request. Where a substantiated need for accommodation, arising from a permanent physical disability, prevents a candidate from completing part or all of the physical demonstration components of either the Manipulation or Acupuncture Clinical (Practical) Examinations, and

where the candidate signs an Acknowledgement and Undertaking with the CEO agreeing to restrict their practice should they be issued a certificate of registration, the Deputy CEO, RCS may adjust the scoring rubric to exclude those components from the overall examination total for the purposes of determining a pass/fail of the examination.

Notice of Decision

Candidates are advised of the decision on their accommodation request within 30 calendar days of the submission date unless the Deputy CEO, RCS do not have all necessary information to effectively evaluate the accommodation request. In such instances the candidate is notified of the additional time needed for a decision to be rendered.

In instances where the particular form of accommodation being requested cannot be granted, the Deputy CEO, RCS will, wherever possible, provide the candidate with terms for an alternate form of accommodation.

Review of Decision of the College

If a request for accommodation is denied and the candidate believes the request has not been handled in accordance with this policy, the individual may:

- seek a review of the decision by the CEO by doing so in writing and providing submissions.

Nothing in this policy prevents an individual seeking accommodation from submitting a complaint to the Human Rights Tribunal of Ontario.

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Examination Blueprint: Acupuncture

Core Competencies in Acupuncture

Candidates will be required to demonstrate current knowledge of:

- relevant anatomy with respect to acupuncture;
- Western and traditional Chinese medicine indications and possible contraindications;
- assessment and naturopathic diagnosis of Zang-Fu syndromes;
- needling technique including appropriate depth and angulation;
- appropriate needle disposal;
- safety concerns, cautions, and contraindications.

Clinical Exam Format: Practical

Each candidate will randomly select one (1) patient case card which:

- describes the patient's presenting symptoms and any pertinent medical/physical information, along with tongue and pulse observations;
- lists four possible Zang-Fu syndromes;
- lists four acupuncture point sets of possible acupuncture points for treatment.

Each candidate will have fifteen (15) minutes to:

- choose the most appropriate Zang-Fu syndrome for their selected case;
- choose the most appropriate set of acupuncture points from the point lists provided;
- describe the location of each acupuncture point using anatomical and traditional Chinese medicine terms of reference;
- provide at least one (1) traditional Chinese medicine and one (1) Western general indication, along with any applicable contraindications, for each point;
- locate each of the four points on their exam partner using the blunt end of a wooden cotton swab;
- needle two of the four points, as instructed by the examiner.

Each candidate will be assessed on:

- selection of the correct Zang-Fu syndrome; candidates must be familiar with the following:

  LUNG: Qi deficiency, Yin deficiency, Heat, Wind-Cold
  LARGE INTESTINE: Damp-Heat, Dryness
  STOMACH: Yin deficiency, Cold, Fire, Food Retention
  SPLEEN: Qi deficiency, Cold Damp, Damp Heat Invasion, Qi Sinking, Yang deficiency, Blood deficiency, Spleen Unable to Govern Blood
  HEART: Qi deficiency, Yang deficiency, Yin deficiency, Blood deficiency, Fire, Phlegm Fire, Blood Stagnation
  SMALL INTESTINE: Qi Stagnation
  BLADDER: Cold, Damp Heat, Damp Cold
  KIDNEY: Yang deficiency, Yin deficiency, Essence deficiency
  PERICARDIUM: Qi Stagnation, Blood Stasis
  GALL BLADDER: Damp Heat
  LIVER: Yin deficiency, Blood deficiency, Yang Rising, Wind Agitating, Qi Stagnation, Liver Fire
  BI SYNDROMES: Wind, Heat, Cold

Correct point selection: candidates must be familiar with the following points:

Lung (LU) 1, 2, 3, 4, 5, 7, 9, 10, 11
Large Intestine (LI) 1, 4, 5, 10, 11, 14, 15, 17, 20
Stomach (ST) 1, 7, 8, 17, 25, 29, 30, 34, 35, 36, 37, 38, 40, 41, 42, 44, 45
Spleen (SP) 1, 3, 4, 6, 8, 9, 10, 15, 21
Heart (HT) 1, 2, 3, 5, 7, 8, 9
Small Intestine (SI) 1, 3, 4, 8, 9, 10, 11, 12, 13, 15, 16, 17, 19
Urinary Bladder (BL) 1, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 40, 44, 52, 53, 57, 60, 62, 67
Kidney (KI) 1, 2, 3, 6, 7, 10, 13, 14, 16, 27
Pericardium (PC) 1, 3, 5, 6, 7, 9
Triple Energizer/Triple Burner/Triple Warmer (TE) 1, 3, 4, 5, 6, 10, 13, 14, 15, 16, 17, 19, 21, 23
Gall Bladder (GB) 1, 2, 12, 14, 20, 21, 24, 25, 26, 28, 29, 30, 33, 34, 37, 39, 40, 41, 43, 44
Liver (LR) 1, 2, 3, 4, 5, 7, 8, 13, 14
Conception Vessel (CV) 1, 2, 3, 4, 5, 6, 8, 12, 13, 14, 15, 17, 21, 22, 24
Governing Vessel (GV) 1, 2, 3, 4, 8, 9, 10, 14, 20, 24, 28

Extra points –

Head and Neck: Sishencong, Yintang, Taiyang, Bitong, Anmian, Dingchuan
Back: Huatuojiaii, Yaoyan
Arm and Hand: Shixuan, Baxie, Jianneiling, Yaotongxue
Abdomen: Zigong XZue, Bafeng
Leg and Foot: Biochongwo, Heding, Xiyan

- the ability to identify the points noted above, including location and knowledge of relevant anatomy;
- knowledge indications and contraindications for the points noted above;
- clean technique, including clean field set-up, proper hand hygiene and site preparation;
- safe and proper needling technique including appropriate needle gauge selection, patient positioning, proper insertion, depth and angulation, needle removal and appropriate disposal;
- professionalism, including patient interaction.

Clinical Exam Format: Written Addendum

Each candidate will have ten (10) minutes to complete a short written exam, consisting of five (5) short answer questions pertaining to:

- safety concerns;
- cautions;
- contraindications;
- the handling of emergencies

This exam provides ten percent (10%) of the entire Acupuncture examination score.

Exam Results

A “pass”/”fail” result is issued to candidates.

Study References:

- Fundamentals of Chinese Acupuncture (Ellis, Wiseman, and Boss);

Commented [TL1]: Updated to include points also in the Ontario Clinical Sciences Exam

- Clean Needle Technique Manual for Acupuncturists (National Acupuncture Foundation);
- Fundamentals of Naturopathic Clinical Acupuncture, CCNM Press (Neemez)
- *A Proposed Standard International Acupuncture Nomenclature*, World Health Organization, Geneva, 1991;
- College Standard of Practice for Acupuncture;
- Related Standards on: Consent, Emergency Preparedness, and Infection Control

Naturopathic Specialties
Preliminary Consultation

Introduction

As part of its strategic plan for 2023-2027, the Council of the College of Naturopaths of Ontario established as a strategic objective that Naturopathic Doctors are trusted because they are effectively regulated. The Council set out several priorities in support of this objective, including that "the College examines the regulatory model to maximize the public protection benefit to Ontarians."

As a part of this review, the College may consider both changes to the existing regulations made under the *Naturopathy Act, 2007,* as well as enacting new regulations under its regulation making authority.

In line with these considerations, the College of Naturopaths of Ontario is undertaking a preliminary consultation on the potential for establishing a program for naturopathic specialties.

At this time, the College seeks the input of its registrants, the public, and system partners on whether the Council should consider changes to the current approach to the classes of regulation as set out in the Registration Regulation made under the *Naturopathy Act, 2007*. A decision to proceed with changes to the classes of registration has not yet been made, and all feedback will be brought forward in any subsequent decision-making process by the Council of the College.

Background

Over the course of the first decade as the regulatory authority for naturopathic doctors in Ontario, several questions have arisen with respect to the regulation of the naturopathic profession in Ontario. One of those questions that emerged even prior to proclamation of the *Naturopathy Act, 2007* was whether NDs in Ontario should be permitted to specialize.

Currently, Naturopathic Doctors in Ontario are not permitted to indicate that they specialize within the practice of the profession. Doing so, could result in an investigation by the College for professional misconduct under paragraph 31 of section 1 of the Professional Misconduct Regulation (Ontario Regulation 17/14) which states:

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

> 31. Inappropriately using a term, title or designation indicating or implying a specialization in the profession.

Although indicating that one specializes is not allowed, it is permitted for an ND to focus their practice in specific areas and to advertise the "focus of their practice." This preliminary consultation is seeking input on whether the College should alter or remove the prohibition in the Professional Misconduct Regulation and institute a program for specialization.

Regulation Making Authority

If the Council of the College, in consultation with the Ministry of Health, were to propose changes to enable specialization, the authority to do so rests in section 95(1) of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991* which states:

Regulations

> 95 (1) Subject to the approval of the Lieutenant Governor in Council and with prior review of the Minister, the Council may make regulations,
>
> (e) defining specialties in the profession, providing for certificates relating to those specialties, the qualifications for and suspension and revocation of those certificates and governing the use of prescribed terms, titles or designations by members indicating a specialization in the profession;

Supporting Documentation

In line with the intent of this consultation, a supporting document has been created, providing greater context for the questions that a program of specialization might raise. As this is a preliminary consultation on this topic, these documents have not been vetted or approved by the Council of the College. The documents include:

Name	Description
White Paper – Naturopathic Specialization	This document sets out various issues a program of specialization would raise. It sets out seven areas of consideration on which the College is seeking input from the public, the profession and system partners.

Consultation Areas

Through this consultation, the College is seeking feedback in 10 specific areas of consideration. In support of this, an online form is available for individuals and organizations to provide feedback.

Consideration 1: General Approach to Specialization.
Consideration 2: Criteria for Naturopathic Specialty Program.
Consideration 3: Other criteria for specialization.
Consideration 4: Naturopathic Specialties.
Consideration 5: Impact on Regulation of the Profession.
Consideration 6: Feedback on Classes Considerations.

Consideration 7: Drugs, substances and lab tests.

Feedback

The College is seeking feedback from all registrants, the public, naturopathic organizations, and other regulatory bodies. Feedback may be provided through the College's online submission form or by written letter or email.

All feedback must include the name of the individual submitting the feedback for validity purposes. Anonymous submissions will not be considered and will not be retained by the College.

Feedback can be provided to the following addresses:

Written correspondence by mail:	College of Naturopaths of Ontario 10 King Street East, Suite 1001 Toronto, ON M5C 1C3
Written correspondence by facsimile:	(416) 583-6011
Written correspondence by e-mail:	general@collegeofnaturopaths.on.ca
On-line form:	On-line Feedback Form

Time

Consultation will begin on or about May 14, 2025, and will conclude on or about June 27, 2025.

Our Thanks

The College thanks everyone for reviewing these consultation materials and providing feedback.

Andrew Parr, CAE
Chief Executive Officer

WHITE PAPER
NATUROPATHIC SPECIALIZATION

Over the course of the first decade as the regulatory authority for naturopathic doctors in Ontario, several questions have arisen with respect to the regulation of the naturopathic profession in Ontario. One of those questions that emerged even prior to proclamation of the *Naturopathy Act, 2007* was whether NDs in Ontario should be permitted to specialize.

This White Paper will explore many of the questions surrounding allowing specialization of the profession. Readers are reminded that **this is a fact-finding process** directed by the Council of the College; no decision has been made to act on any questions posed in this document. At the end of this consultation, the College Council will be informed of the consultation and the outcomes to provide direction on next steps, if any.

General Background to Specialization

Preliminary research suggests that specialization first emerged in medicine in the 19th century. It is understood that specialization emerged out of the broad scope of knowledge the medical profession had amassed and the degree to which the medical knowledge had itself become specialized such that one individual could not know all aspects of the profession. In 1929 the Royal College of Physicians and Surgeons of Canada (RCPSC) was established which resulted in the first two specializations being established, general medicine and general surgery.[1] As medical knowledge continued to grow, so too did the number of specializations available in the medical profession. Today, the RCPSC supports over 93 specialties, subspecialties, and areas of focused competency.[2]

Today in Ontario, four regulated health professions allow specialization, medicine, nursing, dentistry, and chiropractic. A fifth profession, Kinesiology, has established a framework to permit specialization but no specialties have yet been recognized.

General Approach to Specialization

Most of the professions approach specialization as an additional body of knowledge that is separate and distinct from that required at entry-to-practice to the profession. This is true for chiropractic, dentistry, and nursing. For example, to qualify for certification in nursing, an applicant must have 1,950 hours of experience in the nursing specialty or 300 additional hours of education

[1] Introduction to the Health Workforce in Canada – Physicians and Surgeons, Hadden, Lindsay, p4
[2] Ibid.

and 1,000 hours of experience.[3] In other words, they must be registered with their provincial regulatory authority and practicing the profession prior to gaining specialization. Similarly, the regulators in Ontario do not necessarily set the competencies necessary to become specialized but rather recognize certain certifying bodies for the purposes of allowed specialization. For example, certification examinations for nursing are delivered by the Canadian Nurses Association.

Medicine is slightly different in terms of how one becomes specialized. Medical school is typically accessed following completion of a university undergraduate degree, and the typical program is four-years, following which the first part of the entry examination (MCCQE) is completed. This is followed by a residency program in the desired specialty that lasts between two and six years. After the first year of residency, individuals must complete the second part of the MCCQE exam. Before being able to practice independently, individuals must have successfully completed their residency program and certifying examination offered by the CFPC for family medicine or RCPSC for all other specialties.[4]

Similarly to the nursing profession, chiropractors must attain post-graduate qualification in one or more areas of specialties and be recognized by the affiliated College as a fellow. The competencies for the specialties are set by the individual specialty Colleges and recognized by the Canadian Chiropractic Association. Individual provincial regulators then determine whether the specialty will be recognized.

In dentistry, specialties are recognized by the Canadian Dental Regulatory Authorities Federation (CDRAF). The CDRAF recognizes the Royal College of Dentists of Canada National Dental Specialty Examination as the body governing access to the specialties. The provincial regulatory bodies then allow their registrants to advertise that they are specialized in one of these approved areas.

Consideration 1: If CoNO were to consider developing an approach to allow or enable naturopathic specialization, should it do so on its own, in concert with the other naturopathic regulatory authorities in Canada or through the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA)?

Criteria for Specialties

The Canadian Dental Regulatory Authorities Federation established a Process for Recognition of a New Dental Specialty in April 2021. That process sets out four criteria for a specialty:

[3] Canadian Nurses Association website, Initial Certification
[4] Introduction to the Health Workforce in Canada – Physicians and Surgeons, Hadden, Lindsay, pps 9-11.

- **Sponsoring Organization** – the specialty must originate from a sponsoring organization that is reflective of the specialty.
- **Body of Knowledge** – the specialty must be a distinct and well-defined field which requires unique knowledge, skills, and competencies beyond the scope of practice of a general dentist and distinct from any other recognized specialty.
- **Need and Value** – the specialty must directly benefit and improve oral health care and a substantial public need and demand for the specialty must be identified.
- **Advanced Education** – University based education programs of at least two years beyond pre-doctoral curriculum must be available.

Although the College of Kinesiologist of Ontario does not recognize any specialties, the Council has established a framework for doing so. The criteria include:

- **Defined scope** – the scope of the specialty requires advanced knowledge and skills that are recognized as part of the scope of practice of kinesiology and cannot be adequately represented to the public through the use of the Registered Kinesiologist title.
- **Evidence of Need** – the applicant must document through evidence and studies that they actively contribute to the new knowledge in the field, actively contribute to professional education, actively contribute to research of the profession, and provide kinesiology services for the public not being met by general practitioners.
- **Impact on existing practice** – recognition of the specialty will lead to advancements in practice, research and technology that serve the public interest by enabling more informed decision-making.
- **Advanced education and training** – the organization must be accredited and must provide advanced education and training beyond that which is attained in the four- or five-year kinesiology degree.

Consideration 2 – If an approach to specialization were to be developed, which if any, of the following criteria should be included in the program?

- **Sponsoring organization** – that there is a sponsoring organization that oversees the education and certification of training in the specialization.
- **Body of Knowledge** – that there is a body of knowledge that is separate, distinct and in addition to the education and training of competencies for entry-to-practice.
- **Need and Value** – there is evidence through research studies that the area of specialization will contribute to the overall health of Ontarian/Canadians, provide naturopathic services not provided through general naturopathic practitioners and contributes to research for the profession.
- **Impact** – Evidence that the specialties will lead to advancements in practice, research, and technology without causing undo harm (financial or otherwise) to the general practice. In

other words, both the specialty(ies) and general practice can co-exist and support each other.

- **Advanced education and training** – the specialty must provide advanced education and training beyond that which is attained in the entry-to-practise naturopathic education program that is accredited by CNME.

Consideration 3 – Given that naturopathic medicine is a broad primary care profession, are there other criteria that should be considered within a program of naturopathic specialization?

Naturopathic Experience

Preliminary research suggests that there is no formal process for recognition of specialties in naturopathy in North America, although both the Association of Accredited Naturopathic Medical Colleges (AANMC) and the American Association of Naturopathic Physicians (AANP) recognize the following organizations that provide education and certification in specialty areas:

- American Association of Naturopathic Midwives
- Endocrinology Association of Naturopathic Physicians
- Gastroenterology Association of Naturopathic Physicians
- Homeopathic Academy of Naturopathic Physicians
- Institute of Naturopathic Generative Medicine
- Oncology Association of Naturopathic Physicians
- Pediatric Association of Naturopathic Physicians
- Psychiatric Association of Naturopathic Physicians
- National Association of Environmental Medicine

Many of these organizations are affiliates of the AANP.

An in-depth analysis has not been undertaken of each of these organizations; however, in general terms, most establish the additional education and training required to obtain a certification in the specialty supported by the organization and most deliver a certifying examination. This is not dissimilar to the approach taken by many of the other regulated health professions, such as nursing, chiropractic, and dentistry.

Consideration 4: Which, if any, of the following do you believe would meet the criteria set out in consideration 2 to enable the establishment of it as a specialty?

- Endocrinology
- Gastroenterology
- Homeopathy

- Generative
- Oncology
- Pediatrics
- Environmental
- Psychiatric*
- Midwifery*.

***Caveat**

Notwithstanding Consideration 4, it is noted for readers that the legislative framework set out in the *Regulated Health Professions Act, 1991*, in particular the controlled or restricted acts set out in section 27(2), may impact the ability of certain specialties to be recognized even should a program be established. For example, paragraph 12 of section 27(2) establishes "Managing labour or conducting the delivery of a baby" as a controlled act. This controlled act is not authorized to the naturopathic profession in Ontario. As such, naturopathic midwifery may not be eligible for specialty status due to the legislation. This is assuming naturopathic midwifery is similar to the midwifery profession in Ontario and would perform these controlled acts.

A second example might be a psychiatric specialization as treating by means of a psychotherapy technique is also a controlled act not authorized to Naturopathic Doctors in Ontario.

These are some of the issues that would have to be considered should such a program be established in Ontario.

Impact on Regulation of the Profession

The prior consultation undertaken by the College explored several considerations with respect to the classes of registration, extended classes, and potential rostering concepts. We thank all who provided their feedback, all of which is being assembled for future consideration of the College and its Council.

A specialization program may also present alternative options to some of the approaches discussed in that earlier consultation. For example, rather than developing one or more "extended classes" of registration for those who meet the Standards of Practice for Therapeutic Prescribing and/or Intravenous Infusion Therapy, might these be assigned to a specialty within the practice? Might this also be true for certain controlled acts that are performed only by a small percentage of the profession, e.g., internal examinations and naturopathic manipulation?

Consideration 5: Should a program of specialization be considered as an alternate approach to the earlier discussions of extended classes of registration and rostering?

Consideration 6: Which of the following might be considered a specialty within the profession:

- Therapeutic prescribing
- IVIT
- Internal examinations
- Naturopathic manipulation.

A further area where a specialty program might impact the regulation of the profession relates to the drugs, substances and laboratory tests authorized to the profession. Given that most professions see specialization as an area of education and training above that for access to the profession, it may be possible to consider that access to some drugs and substances is provided only to those who have attained a specialization.

Consideration 7: If a specialization program were to be developed, should the drugs and substances authorized to the profession and the list of laboratory tests that can be ordered be further adapted to reflect this program?

An important note about Consultation Feedback

Through these consultations, the College is seeking the thoughts and opinions of the profession and the public. We are also seeking the opinion of our system partners, including the associations and the educational program. While the College respects all feedback it receives, an organization releasing documentation for use by the profession in creating a mass response to these preliminary consultations is counterproductive.

On the issues being raised, we are seeking to engage the profession and to hear from registrants using the ideas and creativity you may be able to bring to the equation. Having registrants reiterate the organization's position does not provide the College with the information we seek. It does, however, create a divide between the profession and the College when it is not necessary to do so.

Registrants may not always understand the reality, which is that while the College regulates the profession, it is also part of the profession. One of the conditions to regulation was and remains that the profession can provide the resources needed to support both a regulatory body and a professional association. The College needs registrants to support the College's work. Again, regulatory decisions are not made by the staff of the College but by the Committees established in the legislation and these are populated by the profession and the public.

In closing, we invite the profession and the public to review this consultation document and provide your opinion including those that may differ, in whole or in part, from the collective opinion of the profession.

The College of Naturopaths of Ontario

Conflict of Interest
Summary of Council Members Declarations 2025-2026

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

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

> ***16.01 Definition***
> For the purposes of this article, a conflict of interest exists where a reasonable person would conclude that a Council or Committee member's personal or financial interest may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, and direct or indirect.

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

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

The following potential conflicts have been declared by the Council members for the period April 1, 2025, to March 31, 2026.

Elected or Appointed Positions

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

Interests or Entities Owned

Council Member	Interest	Explanation
Dr. Brenda Lessard-Rhead, ND (inactive)	Partner of BRB CE Group	I am a partner of the business BRB CE Group, which provides continuing education courses for Naturopathic Doctors, through live conferences as well as online recorded webinars and audio recordings.

Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
None		

Existing Relationships

Council Member	Interest	Explanation
None		

Council Members

The following is a list of Council members for the 2025-26 year and the date the took office for this program year[1], the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received	Any Declarations Made
Dr. Felicia Assenza, ND	May 28, 2025	May 2, 2025	None
Dr. Amy Armstrong, ND	May 28, 2025	May 5, 2025	Yes
Dean Catherwood	May 28, 2025	May 1, 2025	None
Lisa Fenton	May 28, 2025	May 2, 2025	None
Sarah Griffiths-Savolaine	May 28, 2025		
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 28, 2025	May 9, 2025	Yes
Dr. Denis Marier	May 28, 2025	April 30, 2025	None
Marija Pajdakovska	May 28, 2025	April 29, 2025	None
Paul Philion	May 28, 2025	April 29, 2025	None
Dr. Jacob Scheer, ND	May 28, 2025	April 29, 2025	None
Dr. Jordan Sokoloski, ND	May 28, 2025	May 2, 2025	None
Dr. Erin Walsh (Psota), ND	May 28, 2025	May 2, 2025	None

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

Updated: May 9, 2025

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

The College of Naturopaths of Ontario

Report from the Council Chair
Period of March 1, 2025 to April 30, 2025

This is the sixth and final Chair's Report for the current Council cycle and provides information for the period from March 1, 2025 to April 30, 2025.

In the last period there were no meetings with system partners held. The next meeting with the OAND senior leadership will take place in June and will involve both the new CEO of the OAND and the new CoNO Council Chair. The OAND Chair Dr. Audrey Sasson, ND and I met earlier this month for one of our regularly scheduled meetings.

I want to thank Council for all of your support during my tenure as your Chair. It has been a privilege to learn from and work with you all and I have grown as a leader and as a person from the experience. I am proud of what we have been able to accomplish over the last 3 years and look forward to supporting the new Chair as they transition to this role.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair
20 May 2025

REGULATORY OPERATIONS REPORT
HIGHLIGHTS

The Regulatory Operations Report provides data for April 1, 2024, to March 31, 2025, inclusive. As such, it represents the completion of the full fiscal/planning year for 2024-25. In order to prepare this report, staff completed a review of the full data set which has resulted in minor adjustments for several of the individual months within the report to ensure the final year end data is accurate.

1.1 Registration

At the end of March 2025, the College had 1910 registrants, 23 of whom were suspended (in both the General and Inactive classes). The College had 1887 registrants in good standing among the General, Inactive, and Life registrant classes. The emergency class was not opened during this reporting period.

Over the course of the year, the Registration team handled 39 suspensions, 26 reinstatements, 18 resignations, 11 revocations and 42 class changes. They also handled professional corporations including 13 new certificates of authorization having been issued, renewal of 124 corporations and the dissolution of two corporations.

On February 14, 2025, the College launched the annual renewal process for registrants with a 98% completion rate by the March 31, 2025 deadline. This is consistent with prior years.

1.2 Entry-to-Practice

A total of 69 new applications for a certificate of registration were received in this program year and 75 certificates were issued while one application was denied. There are four applications on-going at the end of the program year compared to 11 at the end of the prior year.

1.3 Examinations

Over the course of the program year, 11 examination sittings covering both entry-to-practise and post-registration standards were delivered. In total, 502 candidates sat these examinations; however, only two examination appeals were received, both of which were granted by the Examination Appeals Committee.

1.4 Patient Relations

No new applications for funding for counselling and therapy were received by the Patient Relations Committee in this program year. One approved funding application remained active for funding and a total of $5,091 was paid in funding.

1.5 Quality Assurance

A total of 152 Peer and Practice Assessments were required to be completed during the year, of which 150 were completed with 2 matters being referred to ICRC for failure to comply with the program requirements.

1.6 Inspection Program

At the end of the program year, a total of 162 premises are registered to provide IVIT procedures (compounding for or the administration of IVIT) of which 20 were newly registered and 16 were deregistered upon their request.

A total of 35 new premises inspections were conducted (19 Part I and 16 Part II) and of the 17 Five-Year Anniversary inspections that were to be completed, 10 were completed as scheduled and the remaining seven were among the group of deregistered premises. Notwithstanding the volume of inspections, no premises failed their inspections outright although 14 Five-Year inspections were passed with conditions which have since been rectified.

Over the year, 17 Type 1 Occurrence Reports were received in the period, none of which were deemed by the Inspection Committee to warrant further action under the program.

1.7 Complaints and Reports

In March 2025, 2 new complaints were received bringing the total complaints for the year to 18 and five new Registrar investigations were initiated bringing the total for the year to 11. The volume of new ICRC activities was 29, which is about average for the College. A total of 21 investigations were completed, none of which resulted in referrals to the Discipline Committee.

At the end of the year, there were 26 ongoing matters before the ICRC.

1.9 Hearings

At the end of the program period, there were two ongoing matters before panels of the Discipline Committee, both are contested hearings that began in the prior fiscal year. No new referrals were made to the Discipline Committee by the ICRC.

There were no fitness to practise hearings held in this program year.

1.10 Regulatory Guidance and Education

Regulatory Guidance
At the end of the year, the College had responded to 600 regulatory guidance inquiries. The three most frequent areas of inquiry were fees and billing, record keeping and scope of practice.

Regulatory Education
There was one Regulatory Education Program session held in March 2025 for which 239 individuals registered and 160 (67%) attended. A total of eight sessions were held in the program year and 1,414 individuals attended. A total of 980 individuals registered to view the recorded sessions from the year.

Consultation Program

The consultation on classes of registration was initiated in March 2025. At the end of the program year, it remained open for feedback.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
May 2025

Regulatory Activity	Openin	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.1 Regulatory Activity: Registration														
Registrants (Total)														**1910**
General Class (Total)														**1699**
In Good Standing	*1652*	*8*	*15*	*0*	*-7*	*0*	*-1*	*0*	*19*	*12*	*5*	*-2*	*-15*	*1686*
Suspended	*15*	*-1*	*-2*	*0*	*0*	*0*	*0*	*1*	*0*	*-1*	*-2*	*1*	*2*	*13*
Inactive Class (Total)														**180**
In Good Standing	*164*	*-1*	*-7*	*1*	*6*	*1*	*4*	*0*	*-1*	*1*	*0*	*-1*	*3*	*170*
Suspended	*8*	*1*	*2*	*0*	*0*	*0*	*0*	*-1*	*0*	*0*	*0*	*0*	*0*	*10*
Emergency Class (Total)														***0***
In Good Standing	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Suspended	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Life Registrants														*31*
In Good Standing	*28*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*2*	*31*
Suspended	0	0	0	0	0	0	0	0	0	0	0	0	0	*0*

Changes in Registration Status Processed (Total)														**136**
Suspensions		21	7	1	1	0	0	2	0	0	1	3	3	39
Resignations		1	0	1	2	0	0	0	0	0	1	3	10	18
Revocations		0	6	0	0	0	0	1	0	1	2	1	0	11
Reinstatements		19	1	1	1	0	0	1	0	0	1	1	1	26
Class Changes (Total)														42
General Class to Inactive Class		0	0	1	6	1	4	0	0	3	3	3	12	33
Inactive Class to General Class		0	0	0	0	0	1	0	1	0	2	1	1	6
Any Class to Life Registrant Status		0	0	0	0	0	0	0	0	0	0	1	2	3
Emergency Class to General Class		0	0	0	0	0	0	0	0	0	0	0	0	0

Regulatory Activity	Openin	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Professional Corporations (Total)														**137**
New applications approved		1	1	2	2	0	2	1	1	1	0	1	1	13
Resigned/Desolved		0	1	0	1	0	0	0	0	0	0	0	0	2
Revoked		0	0	0	0	0	0	0	0	0	0	0	0	0
PC Renewals in 2024-25														
Not Yet Renewed in this period	126													0
Renewed		7	8	11	9	8	10	7	11	15	16	11	11	124
Revoked		0	0	0	0	0	0	0	0	0	0	0	0	0
Resigned/Dissolved		0	1	0	1	0	0	0	0	0	0	0	0	2

1.2 Regulatory Activity: Entry-to-Practise														
Total ETP Applications On-Going														**4**
On-going applications from prior period(s)	11													
New applications received		15	1	3	1	2	1	16	18	7	3	1	1	69
Certificates issued		8	16	2	1	2	2	2	18	13	6	3	2	75
Certificates declined		0	0	0	0	0	0	0	0	0	0	0	1	1
Applications Currently before the Registration Committee														**0**
New referrals		0	0	1	1	0	1	0	0	0	0	2	1	6
Decisions Issued		0	0	1	1	0	1	0	0	0	0	2	1	6
Registration Committee Outcomes														**6**
Approved		0	0	1	1	0	0	0	0	0	0	1	0	3
Approved – TCLs		0	0	0	0	0	0	0	0	0	0	0	0	0
Approved – Exams required		0	0	0	0	0	0	0	0	0	0	0	0	0
Approved – Education required		0	0	0	0	0	1	0	0	0	0	1	0	2
Denied		0	0	0	0	0	0	0	0	0	0	0	1	1
Prior Learning and Recognition Program Activities in Process														**0**
New applications received		0	0	0	0	0	0	0	0	0	0	0	0	0
Decisions rendered on applications		0	0	0	0	0	0	0	0	0	0	1	0	1

Regulatory Activity	Openin	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.3 Regulatory Activity: Examinations														
Examinations Conducted														
Ontario Clinical Sciences Examination														
Exam sittings scheduled		0	0	0	0	1	0	0	0	0	0	1	0	2
Exam sittings held		0	0	0	0	1	0	0	0	0	0	1	0	2
Number of candidates sitting exam		0	0	0	0	87	0	0	0	0	0	39	0	126
Ontario Biomedical Examination														
Exam sittings scheduled		0	0	0	0	0	1	0	0	0	0	0	1	2
Exam sittings held		0	0	0	0	0	1	0	0	0	0	0	1	2
Number of candidates sitting exam		0	0	0	0	0	84	0	0	0	0	0	46	130
Ontario Clinical Practical Examination														
Exam sittings scheduled		0	0	0	1	0	0	1	0	0	0	1	0	3
Exam sittings held		0	0	0	1	0	0	1	0	0	0	1	0	3
Number of candidates sitting exam		0	0	0	69	0	0	35	0	0	0	15	0	119
Ontario Therapeutic Prescribing Examination														
Exam sittings scheduled		1	0	0	0	0	1	0	0	0	0	0	0	2
Exam sittings held		1	0	0	0	0	1	0	0	0	0	0	0	2
Number of candidates sitting exam		47	0	0	0	0	48	0	0	0	0	0	0	95
Ontario Intravenous Infusion Examination														
Exam sittings scheduled		0	1	0	0	0	0	0	0	1	0	0	0	2
Exam sittings held		0	1	0	0	0	0	0	0	1	0	0	0	2
Number of candidates sitting exam		0	19	0	0	0	0	0	0	13	0	0	0	32
Examination Appeals														
Ontario Clinical Sciences Examination Appeals (Total)														0
Appeals Granted		0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Denied		0	0	0	0	0	0	0	0	0	0	0	0	0
Ontario Biomedical Examination Appeals (Total)														2
Appeals Granted		0	0	1	0	0	0	0	0	1	0	0	0	2
Appeals Denied		0	0	0	0	0	0	0	0	0	0	0	0	0
Ontario Clinical Practical Examination Appeals (Total)														0
Appeals Granted		0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Denied		0	0	0	0	0	0	0	0	0	0	0	0	0

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

Exam Questions Developed (Total)														**171**
CSE questions developed	0	0	97	0	0	0	0	0	0	0	0	0	0	97
BME questions developed	0	0	0	0	74	0	0	0	0	0	0	0	0	74

1.4 Regulatory Activity: Patient Relations														
Funding applications														
New applications Received														0
Funding application approved	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Funding application declined	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Active Files														**1**
Funding Provided	$0	$0	$1560	400	$710	$461	$0	$560	$0	$0	$0	$1,400	$0	$5,091

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)														2
Pool selected by QAC														150
Deferred, moved to inactive or retired (removed from		0	-3	-9	0	-1	0	0	0	0	0	0	0	-13
Assessments ordered by QAC, i.e. outside of random pool		1	0	0	7	5	2	0	0	0	0	0	0	15
Total Number of Assessment for the Year.														152
Completed (Y-T-D)		0	0	0	1	16	30	56	28	5	11	3	0	150

Quality Assurance Committee Reviews														
Assessments reviewed by Committee		0	0	0	0	1	0	2	0	5	0	0	0	**11**
Satisfactory Outcome		1	0	0	0	0	0	2	0	5	0	0	0	8
Ordered Outcome (SCERP, TCL, etc.)		2	0	0	0	1	0	0	0	0	0	0	0	3

Regulatory Activity	Openin	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
CE Reporting														
Number in group		0	0	0	0	0	530	0	0	0	0	0	0	530
Number received		0	0	0	0	0	519	11	0	0	0	0	0	530
Number of CE Reports with deficiencies		0	0	0	0	0	0	73	15	0	0	0	0	88
QAC Referrals to ICRC		0	0	1	0	0	0	0	0	0	1	0	0	2
1.6 Regulatory Activity: Inspection Program														
Registered Premises (Total Current)														**162**
Total Registered from prior year (as of May 1)														158
Newly registered		5	0	2	0	3	2	0	4	0	1	1	2	20
De-registered		3	3	1	0	1	1	0	1	1	3	0	2	16
Inspections of Premises														
New Premises														
Part I Completed		4	1	2	2	1	3	0	3	0	1	0	2	19
Part II Completed		1	2	2	0	0	0	3	2	1	3	1	1	16
5-year Anniversary Inspections														
Premises requiring 5-year inspection														17
Completed		0	0	1	1	1	1	2	3	1	0	0	0	10
Inspection Outcomes														
New premises-outcomes (Parts I & II)														
Passed		3	4	3	0	4	5	0	7	0	2	1	5	34
Pass with conditions		4	1	3	0	2	0	0	0	0	2	0	3	15
Failed		0	0	0	0	0	0	0	0	0	0	0	0	0
5-year Anniversary Inspection Outcomes														
Passed		2	0	0	0	0	1	0	1	0	2	0	2	8
Pass with conditions		1	1	0	0	2	2	0	2	0	4	0	2	14
Failed		0	0	0	0	0	0	0	0	0	0	0	0	0

Regulatory Activity	Openin	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Type 1 Occurrence Reports (Total Reported)														**17**
Patient referred to emergency		0	1	1	1	1	2	2	1	2	0	1	0	12
Patient died		0	0	0	0	0	0	0	0	1	0	0	0	1
Emergency drug administered		0	1	1	0	0	0	0	1	0	0	0	1	4
Type 2 Occurrence Reports (Outstanding)														**0**
Total Reports Required to be filed.		0												168
Reports Received		149	19	0	0	0	0	0	0	0	0	0	0	168
1.7 Regulatory Activity: Complaints and Reports														
Complaints and Reports (Total On-going)														**26**
Complaints carried forward from prior period(s)														13
Reports carried forward from prior period(s)														5
New Complaints		2	4	0	3	1	0	1	3	2	0	0	2	18
New Reports		0	2	0	1	1	0	0	0	0	0	2	5	11
Matters returned by HPARB		0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints completed		3	1	0	2	1	1	0	2	1	2	0	2	15
Reports completed		1	0	1	1	0	1	0	0	1	0	0	1	6
Files in Alternate Dispute Resolution (In process)														**0**
ADR Files from Prior Period														1
New files referred to ADR		0	0	0	0	0	0	0	0	0	0	0	0	0
Files resolved at ADR		1	0	0	0	0	0	0	0	0	0	0	0	1
ICRC Outcomes (files may have multiple outcomes)														
Take no further action		0	0	0	0	1	0	0	1	0	1	0	0	3
Letter of Counsel		0	1	0	1	0	0	0	0	1	1	0	0	4
Oral Caution		0	0	0	3	0	0	0	0	1	0	0	0	4
Specified Continuing Education and Remediation		3	0	0	0	0	0	0	1	0	0	0	0	4
Letter of Counsel & SCERP		0	0	0	0	0	1	0	0	0	0	0	1	2
Oral Caution & SCERP		0	0	1	0	0	1	0	0	0	0	0	1	3
Acknowledgement & Undertaking		0	0	0	2	0	0	0	0	0	0	0	1	3
Referral to Fitness to Practise Committee		0	0	0	0	0	0	0	0	0	0	0	0	0
Referral to Discipline Committee		0	0	0	0	0	0	0	0	0	0	0	0	0
Frivolous & Vexatious		0	0	0	0	0	0	0	0	0	0	0	0	0
Resolved through ADR		1	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawn by Complainant		0	0	0	0	0	0	0	0	0	0	0	0	0

Regulatory Activity	Openin	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
Interim Orders (Currently In Place)														**2**
Orders issued in prior period														2
New Interim Orders - TCLs Applied		0	0	0	0	0	0	0	0	0	0	0	0	0
New Interim Orders - Suspended		0	0	0	0	0	0	0	0	0	0	0	0	0
Interim Orders Removed		0	0	0	0	0	0	0	0	0	0	0	0	0
Summary of concerns (files may have multiple concerns)														
Advertising/Social Media		0	1	0	1	1	0	0	2	0	0	1	5	11
Billing and Fees		1	0	0	0	0	0	1	1	1	0	0	1	5
Communication		0	0	0	1	0	0	1	0	0	0	0	1	3
Competence/Patient Care		2	2	0	3	1	0	0	1	1	0	1	1	12
Fraud		0	0	0	0	0	0	0	0	0	0	0	0	0
Professional Conduct & behaviour		0	1	0	1	0	0	0	2	0	0	0	2	6
Record Keeping		0	0	0	0	0	0	0	0	0	0	0	1	1
Sexual Abuse/Harassment/Professional Boundaries		0	0	0	1	0	0	0	0	0	0	0	0	1
Delegation		0	0	0	0	0	0	0	0	0	0	1	0	1
Unauthorized Practice/Scope of Practice		0	3	0	0	1	0	0	0	0	0	1	4	9
Failure to comply with an Order		0	0	0	0	0	0	0	0	0	0	0	0	0
Inappropriate/ineffective treatment		0	0	0	0	0	0	0	1	0	0	0	1	2
Conflict of Interest		0	0	0	0	0	0	0	0	0	0	0	2	2
Lab Testing		0	0	0	0	0	0	0	0	0	0	0	2	2
QA Program Compliance		0	0	0	0	1	0	0	0	0	0	1	0	2
Cease & Desist Compliance		0	0	0	0	0	0	0	0	0	0	0	0	0
Failure to Cooperate		0	0	0	0	0	0	0	0	0	0	0	0	0
Practising while Suspended		0	0	0	0	0	0	0	0	0	0	0	0	0
Unprofessional/Unbecoming Conduct		0	0	0	0	0	0	0	0	0	0	0	0	0
Breach of Privacy		0	0	0	0	0	0	0	2	0	0	0	0	2
1.8 Regulatory Activity: Unauthorized Practitioners														
Cease and Desist Letters (Unsigned/Outstanding)														**9**
Letters Outstanding from Prior Period														3
Letters Issued		2	0	1	0	1	0	1	3	0	1	0	1	10
Letters signed back by practitioner		1	0	0	0	1	1	0	0	0	0	0	1	4

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

Regulatory Activity	Openin	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.10 Regulatory Activity: Regulatory Guidance & Education														
Regulatory Guidance														
Inquiries Received (Total)														**600**
E-mail		33	39	26	38	24	28	30	25	13	38	29	25	348
Telephone		16	41	31	21	14	22	22	19	4	27	18	17	252
Most Common Topics of Inquiries														
Telepractice		3	11	4	5	4	3	2	2	0	1	2	1	38
Record Keeping		1	7	5	6	3	3	3	8	1	4	4	4	**49**
Scope of Practice		4	11	8	5	3	5	1	1	0	4	1	5	**48**
Injections		1	3	3	2	2	0	2	1	0	0	0	0	14
Patient Visits		0	1	0	4	1	3	1	0	0	1	2	1	14
Delegations and Referrals		5	6	4	4	2	2	1	0	0	5	2	0	31
Laboratory Testing		4	3	1	3	3	3	4	4	3	9	3	3	43
Consent and Privacy		5	3	1	2	1	1	3	1	1	2	4	3	27
Conflict of Interest		1	1	2	2	1	1	3	1	2	0	1	1	16
Prescribing		1	0	2	5	2	3	4	3	3	3	1	3	30
Fees and Billing		1	4	9	5	6	6	4	3	1	6	2	5	**52**
Inspection Program		4	2	3	1	0	3	1	1	0	3	2	1	21
Endorsements		0	1	0	1	0	2	1	1	0	0	0	1	7
Graduates working for NDs		3	3	0	0	0	1	0	0	1	1	0	1	10
Continuing Education		1	2	0	0	3	3	2	0	0	1	0	1	13
Advertising		1	6	7	0	0	1	1	2	1	5	1	1	26
Notifying Patients when Moving		3	1	0	1	0	1	0	6	0	3	0	0	15
Completing Forms and Letters for Patients		1	1	0	2	1	0	2	1	0	2	2	2	14
Registration and CPR		0	4	0	1	1	3	1	1	1	0	3	2	17

Regulatory Education Program														
Live Sessions														
Session Delivered	0	1	1	1	1	1	0	0	1	0	1	0	1	8
Registrations	0	252	302	236	321	309	0	0	185	0	228	0	239	2072
Attendees	0	164	202	161	206	195	0	0	165	0	161	0	160	1414
Recorded Sessions														
Registrations	0	16	14	41	150	146	202	16	157	156	34	33	**15**	980

Regulatory Activity	Openin	April '24	May '24	Jun '24	Jul '24	Aug '24	Sep '24	Oct	Nov	Dec	Jan '25	Feb	Mar '25	YTD
1.11 Regulatory Activity: HPARB Appeals														
Registration Committee Decisions before HPARB														**0**
Appeals carried forward from prior period														0
New appeals filed with HPARB	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Files where HPARB rendered decision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HPARB Decisions on RC Matters														
Upheld	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Returned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overturned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ICRC Decisions before HPARB (Total current)														**4**
Appeals carried forward from prior period														3
New appeals filed with HPARB		2	0	0	0	0	0	0	0	0	0	0	0	2
Files where HPARB rendered decision		0	0	0	0	0	0	0	0	0	0	0	1	1
HPARB Decisions on ICRC Matters														
Upheld		0	0	0	0	0	0	0	0	0	0	0	1	1
Returned		0	0	0	0	0	0	0	0	0	0	0	0	0
Overturned		0	0	0	0	0	0	0	0	0	0	0	0	0

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

REGULATORY OPERATIONS REPORT
HIGHLIGHTS

This is the first summary of the Regulatory Operations Report for the program year April 1, 2025 to March 31, 2026. Given this reflects only one month of the program year, the data set will be small.

1.1 Registration

Registrants

As of April 30, 2025, the College had 1688 registrants who held a General class certificate of registration in good standing and 171 registrants held an Inactive class certificate of registration in good standing. There were also 31 Life Registrants. Although these numbers reflect the post-renewal period which began on February 14, 2025 and concluded on March 31, 2025, it will not reflect any suspensions issued due to lack of payment of fees or providing the information return. Those will occur in May 2025.

Suspensions in April were primarily due to failure to maintain professional liability insurance.

Professional Corporations

In April 2025, one new application for a certificate of authorization for a professional corporation was approved and 9 of the 137 existing corporations renewed. Renewals occur on the anniversary date of the issuance of the initial certificate of authorization.

1.2 Entry-to-Practice

Applications for Registration

There were 13 new applications for registration in April 2025 and seven certificates issued. A total of 10 applications currently remain in process.

Referrals to the Registration Committee

In April 2025 there were no referrals of applications to the Registration Committee and no referrals were on-going from the prior year.

1.3 Examinations

One examination sitting was held for the Ontario Therapeutic Prescribing Examination in April 2025. A total of 49 candidates sat the examination.

1.6 Inspection Program

Premises

In April 2025, six new premises were registered under the Inspection Program, however, one existing premises was de-registered. Six new premises, Part I inspections

were delivered, and one premises completed Part II of the inspection. The inspection outcomes indicate nine outcomes, two of which were pass with conditions and seven with a pass. The number is out of balance as the two that originally passed with conditions would have later pass unconditionally.

Occurrence Reports
No Type 1 Occurrence reports were received in April and 149 of the 173 premises filed their annual Type 2 Occurrence Reports. It is noted that 76 of these were received in March; however, reporting was deferred to April to match with the proper program year. The deadline for filing is May 1, 2025 and 24 were outstanding.

1.7 Complaints and Reports

Complaint and Reports Data
Twenty-six complaints and CEO Investigations were in process and carried forward from the prior program year. One new complaint was received in April and one of each of a complaint file and CEO Investigation file were completed by the ICRC in April. One of these matters has been referred to the Discipline Committee for a hearing. There was no referral to the Fitness to Practice Committee.

Interim Orders
The ICRC did not impose any interim orders in April 2025; however, two such orders remain in place from the prior years.

1.9 Hearings

There are presently two ongoing matters before panels of the Discipline Committee, both are contested hearings that began in the 2023-24 program year, continued in 2024-25 and will conclude in 2025-26.

Council will recall that there are essentially three stages to a discipline hearing. The first on the substance of the allegations made against a registrant, the second on penalty, if findings are made in stage 1 and whether any costs are awarded to the College for the investigation and the hearings.

In November 2024, both matters completed stage 1 and findings of professional misconduct were made against both registrants. The panels of the Discipline Committee then moved on to stages 2 and 3. One of those matters resulted in Decision and Reasons on Stages 2 and 3; however, these have not been reported to the Council out of an abundance of caution so as to not be seen to be interfering with the second matter. Once Decisions and Reasons are released in the second matter, the Council will be fully briefed on the outcomes.

1.10 Regulatory Guidance and Education

Regulatory Guidance
During this period, 44 inquiries were received under the Regulatory Guidance Program, a number that is consistent with prior reporting periods. The areas of inquiry illustrate a high degree of diversity in the nature of the inquiries.

Regulatory Education

No Regulatory Education Programming was delivered in April; however, 14 registrations for the recorded sessions were received in April 2025.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
May 2025

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
1.1 Regulatory Activity: Registration													
Registrants (Total)													**1915**
General Class (Total)													**1703**
In Good Standing	*2*												*1688*
Suspended	*2*												*15*
Inactive Class (Total)													**181**
In Good Standing	*1*												*171*
Suspended	*0*												*10*
Emergency Class (Total)													***0***
In Good Standing	*0*												*0*
Suspended	*0*												*0*
Life Registrants													*31*
In Good Standing	*0*												*31*
Suspended	0												*0*

Changes in Registration Status Processed (Total)													**11**
Suspensions	6												6
Resignations	0												0
Revocations	1												1
Reinstatements	3												3
Class Changes (Total)													1
General Class to Inactive Class	1												1
Inactive Class to General Class	0												0
Any Class to Life Registrant Status	0												0
Emergency Class to General Class	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
Professional Corporations (Total)													**139**
New applications approved	1												1
Resigned/Desolved	0												0
Revoked	0												0
PC Renewals in 2024-25													
Not Yet Renewed in this program year													129
Renewed	9												9
Revoked	0												0
Resigned/Dissolved	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
Total ETP Applications On-Going													**10**
On-going applications from prior period(s)													
New applications received	13												13
Certificates issued	7												7
Certificates declined	0												0
Applications Currently before the Registration Committee													**0**
New referrals	0												0
Decisions Issued	0												0
Registration Committee Outcomes													**0**
Approved	0												0
Approved – TCLs	0												0
Approved – Exams required	0												0
Approved – Education required	0												0
Denied	0												0
Prior Learning and Recognition Program Activities in Process													**1**
New applications received	0												0
Decisions rendered on applications	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
1.3 Regulatory Activity: Examinations													
Examinations Conducted													
Ontario Clinical Sciences Examination													
Exam sittings scheduled	0												0
Exam sittings held	0												0
Number of candidates sitting exam	0												0
Ontario Biomedical Examination													
Exam sittings scheduled	0												0
Exam sittings held	0												0
Number of candidates sitting exam	0												0
Ontario Clinical Practical Examination													
Exam sittings scheduled	0												0
Exam sittings held	0												0
Number of candidates sitting exam	0												0
Ontario Therapeutic Prescribing Examination													
Exam sittings scheduled	1												1
Exam sittings held	1												1
Number of candidates sitting exam	49												49
Ontario Intravenous Infusion Examination													
Exam sittings scheduled	0												0
Exam sittings held	0												0
Number of candidates sitting exam	0												0
Examination Appeals													
Ontario Clinical Sciences Examination Appeals (Total)													0
Appeals Granted	0												0
Appeals Denied	0												0
Ontario Biomedical Examination Appeals (Total)													0
Appeals Granted	0												0
Appeals Denied	0												0
Ontario Clinical Practical Examination Appeals (Total)													0
Appeals Granted	0												0
Appeals Denied	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
0ntario Therapeutic Prescribing Examination													0
Appeals Granted	0												0
Appeals Denied	0												0
Ontario Intravenous Infusion Examination Appeals (Total)													0
Appeals Granted	0												0
Appeals Denied	0												0

Exam Questions Developed (Total)													**0**
CSE questions developed	0												0
BME questions developed	0												0

1.4 Regulatory Activity: Patient Relations													
Funding applications													
New applications Received													0
Funding application approved	0												0
Funding application declined	0												0
Number of Active Files													**1**
Funding Provided	$280												$280

1.5 Regulatory Activity: Quality Assurance													
Peer & Practice Assessments (Remaining for Year)													130
Pool selected by QAC													130
Deferred, moved to inactive or retired (removed from	0												0
Assessments ordered by QAC, i.e. outside of random pool	0												0
Total Number of Assessment for the Year.													130
Completed (Y-T-D)	0												0

Quality Assurance Committee Reviews													
Assessments reviewed by Committee													**0**
Satisfactory Outcome	0												0
Ordered Outcome (SCERP, TCL, etc.)	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
CE Reporting													
Number in group	0												0
Number received	0												0
Number of CE Reports with deficiencies	0												0
QAC Referrals to ICRC	0												0
1.6 Regulatory Activity: Inspection Program													
Registered Premises (Total Current)													**167**
Total Registered from prior year (as of April 1)													162
Newly registered	6												6
De-registered	1												1
Inspections of Premises													
New Premises													
Part I Completed	6												6
Part II Completed	1												1
5-year Anniversary Inspections													
Premises requiring 5-year inspection													12
Completed	0												0
Inspection Outcomes													
New premises-outcomes (Parts I & II)													
Passed	7												7
Pass with conditions	2												2
Failed	0												0
5-year Anniversary Inspection Outcomes													
Passed	0												0
Pass with conditions	0												0
Failed	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
Type 1 Occurrence Reports (Total Reported)													**0**
Patient referred to emergency	0												0
Patient died	0												0
Emergency drug administered	0												0
Type 2 Occurrence Reports (Outstanding)													**24**
Total Reports Required to be filed.													173
Reports Received	149												149
1.7 Regulatory Activity: Complaints and Reports													
Complaints and Reports (Total On-going)													**25**
Complaints carried forward from prior period(s)													16
Reports carried forward from prior period(s)													10
New Complaints	1												1
New Reports	0												0
Matters returned by HPARB	0												0
Complaints completed	1												1
Reports completed	1												1
Files in Alternate Dispute Resolution (In process)													**1**
ADR Files from Prior Period													0
New files referred to ADR	1												1
Files resolved at ADR	0												0
ICRC Outcomes (files may have multiple outcomes)													
Take no further action	0												0
Letter of Counsel	0												0
Oral Caution	0												0
Specified Continuing Education and Remediation	0												0
Letter of Counsel & SCERP	0												0
Oral Caution & SCERP	1												1
Acknowledgement & Undertaking	0												0
Referral to Fitness to Practise Committee	0												0
Referral to Discipline Committee	1												1
Frivolous & Vexatious	0												0
Resolved through ADR	0												0
Withdrawn by Complainant	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
Interim Orders (Currently In Place)													**2**
Orders issued in prior period													2
New Interim Orders - TCLs Applied	0												0
New Interim Orders - Suspended	0												0
Interim Orders Removed	0												0
Summary of concerns (files may have multiple concerns)													
Advertising/Social Media	1												1
Billing and Fees	0												0
Communication	0												0
Competence/Patient Care	1												1
Fraud	0												0
Professional Conduct & behaviour	0												0
Record Keeping	0												0
Sexual Abuse/Harassment/Professional Boundaries	0												0
Delegation	0												0
Unauthorized Practice/Scope of Practice	0												0
Failure to comply with an Order	0												0
Inappropriate/ineffective treatment	0												0
Conflict of Interest	0												0
Lab Testing	0												0
QA Program Compliance	0												0
Cease & Desist Compliance	0												0
Failure to Cooperate	0												0
Practising while Suspended	0												0
Unprofessional/Unbecoming Conduct	0												0
Breach of Privacy	0												0
1.8 Regulatory Activity: Unauthorized Practitioners													
Cease and Desist Letters (Unsigned/Outstanding)													**2**
Letters Issued	0												0
Letters signed back by practitioner	1												1

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
Injunctions from Court													
Injunctions in place from prior year(s)													2
Applications Outstanding from prior year													0
New Applications Filed	0												0
Applications approved by the Court	0												0
Applications denied by the Court	0												0
1.9 Regulatory Activity: Hearings													
Matters Referred by ICRC													
Referrals to the Discipline Committee (Total)													**3**
Referrals from prior period													2
New referrals	1												1
Matters concluded	0												0
Referrals to the Fitness to Practise Committee (Total)													**0**
Referrals from prior period													0
New referrals	0												0
Matters concluded	0												0
Disciplinary Matters													
Pre-hearing conferences													
Outstanding from prior year													0
Scheduled	0												0
Completed	0												0
Discipline hearings													
Ongoing from Prior Year													2
Contested hearing completed	0												0
Uncontested heartings completed	0												0
Outcomes of Contested Matters													
Findings made	0												0
No findings made	0												0
FTP Hearings													
Finding of incapacitated	0												0
No finding made	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
1.10 Regulatory Activity: Regulatory Guidance & Education													
Regulatory Guidance													
Inquiries Received (Total)													**44**
E-mail	27												27
Telephone	17												17
Most Common Topics of Inquiries													
Telepractice	2												2
Record Keeping	4												**4**
Scope of Practice	2												2
Injections	2												2
Patient Visits	3												3
Delegations and Referrals	0												0
Laboratory Testing	2												2
Consent and Privacy	3												**3**
Conflict of Interest	2												2
Prescribing	3												**3**
Fees and Billing	2												2
Inspection Program	0												0
Endorsements	1												1
Graduates working for NDs	2												2
Continuing Education	0												0
Advertising	1												1
Notifying Patients when Moving	3												**3**
Completing Forms and Letters for Patients	0												0
Registration and CPR	0												0

Regulatory Education Program													
Live Sessions													
Session Delivered	0												0
Registrations	0												0
Attendees	0												0
Recorded Sessions													
Registrations	14												14

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
1.11 Regulatory Activity: HPARB Appeals													
Registration Committee Decisions before HPARB													**0**
Appeals carried forward from prior period													0
New appeals filed with HPARB	0												0
Files where HPARB rendered decision	0												0
HPARB Decisions on RC Matters													
Upheld	0												0
Returned	0												0
Overturned	0												0
ICRC Decisions before HPARB (Total current)													**4**
Appeals carried forward from prior period													4
New appeals filed with HPARB	0												0
Files where HPARB rendered decision	0												0
HPARB Decisions on ICRC Matters													
Upheld	0												0
Returned	0												0
Overturned	0												0

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD
1.12 Regulatory Activity: HRTO Matters													
Matters filed against the College													
Matters in progress from prior period(s)													1
New matters													0
Matters where HRTO rendered a decision													0
HRTO Decisions on Matters													
In favour of applicant													0
In favour of College													0

MEMORANDUM

DATE:	May 21, 2025
TO:	Council members College of Naturopaths of Ontario
FROM:	Agnes Kupny Director, Operations
RE:	Variance Report – Q4 Unaudited Financial Statements

I am pleased to provide the Variance Report and Unaudited Financial Statements of the College of Naturopaths of Ontario (the College) as of the fourth quarter (Q4) of our 2024-2025 fiscal year.

Statement of Financial Position

The Statement of Financial Position gives a snapshot of the organization's financial standing as of March 31, 2025.

At the end of the fourth quarter, the balance of the College's Operating Fund (chequing account) was $1,804,443.53. This represents a significant increase compared to prior quarters and is attributable to the receipt of registration fees toward the end of March, in advance of the March 31, 2025, renewal deadline. During Q1 to Q3, the College's Savings account held a higher balance to earn interest; however, approximately $350,000 was transferred from the Savings account to the Operating Fund in January and February to ensure sufficient liquidity for payroll and operational expenses. As a result, the interest-bearing balance decreased by the same amount in Q4.

Accounts Receivable had a balance of $1,656,880.37, primarily attributable to 771 registrants enrolling in the pre-authorized payment plan, which allows registrants to pay their 2025-26 registration fee in ten equal installments from April 2025 through January 2026.

The balance for DC Ordered Costs remained unchanged at $77,283.04. This amount continues to reflect an outstanding receivable associated with one registrant dating back to February 14, 2023.

Under Other Current Assets, a balance of $146,468.80 is noted under Prepaid Expenses. This account is made up of the following: the security deposit for our current (King St.) office location, College membership fees, software subscription licenses, exam maintenance and insurance.

Under Fixed Assets, there were no new capital acquisitions during Q4. The amortization for computer equipment increased by $8,612.38 from the previous quarter, bringing the total to $85,697.32.

Under Liabilities and Equity, the Accounts Payable account had a balance of $94,000.78, representing outstanding payments for legal fees, investigation services, software licensing, and credit card merchant fees.

Accrued Liabilities totaled $178,306.80, primarily made up of two salary adjustments (two pay periods in March will be paid out in April) totaling $97,412.19. The additional accrual is for the carryover of staff vacation entitlements in line with the College's policy permitting employees to carry over one week (35 hours) of vacation. The remaining balance accounts for accrued external audit fees and salary adjustments.

Deferred Income at year-end was $3,333,216.09, the majority of which represents fees collected for registration. A small balance of $5,500 is for inspection fees and $35,400 is a combination of fees collected for the sitting of the IVIT exam and Therapeutic Prescribing exam both of which will be delivered in the new fiscal year.

HST Payable stood at $371,675.75. This balance reflects HST collected on registration and examination revenues. The significant increase in Q4 is related to the volume of renewal activity. The HST balance owing at March 31 has since been remitted to the Canada Revenue Agency in April.

All line items in Equity except Current Earnings were stable throughout the year and were adjusted at the College's year end. The Patient Relations Fund was adjusted at the end of this fiscal year with a balance of $85,345.13. A total of $5,040 was spent this fiscal year for counselling services.

At the end of the fiscal year Current Earnings are noted with a surplus balance of $46,659.93 permitting the College to transfer funds amongst the reserve funds in accordance with the Reserve Fund Policy.

Statement of Operations

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

- Blue- notes actual budget, actual expenditures, and variances for Q4 only.
- Orange- notes actual budget, actual expenditures, and variances for Q4 only from the previous year.
- Green- comparison of current actual year vs. previous actual year to illustrate variances.
- Pink- notes the actual annual budget, year-to-date revenue/expenses and the percentage of the budget received or spent to date.

Revenue

Total revenue for Q4 was $113,477, or 66% of the quarterly budget of $172,878, resulting in an unfavorable variance of $59,401. However, compared to Q4 of the previous fiscal year $95,711, revenue increased by $17,765 or 19%, driven primarily by stronger performance in examination and registration fees.

Revenue items that are either under or over 10% materiality against the Q4 budget are noted below.

	Current 2024-2025 Fiscal Year				Deviation Comparisons	
Line Item	**Actual Budget at Q4**	**Actual Revenue at Q4**	**Q4 Actual vs Budget at Q4 in $**	**% Q4 Actual vs Budget at Q4**	**Q4 Actual vs. Q4 Actual prior fiscal year in $**	**Q4 Actual vs. Q4 Actual prior fiscal year in %**
Registration Fees	$46,467	$15,540	($30,927)	33%	$5,373	53%
Examination Fees	$72,875	$60,550	($12,325)	83%	$23,375	63%
Assessment Fees	$0	$5,500	$5,500	100%	5,500	100%
Incorporation Fees	$12,636	$10,069	($2,567)	80%	($3,215)	-24%
Inspection Fees	$20,500	$7,500	($13,000)	37%	($7,200)	-49%
Interest	$5,400	$1,207	($4,193)	22%	($887)	-42%
Investment Income	$15,000	$13,111	($1,889)	87%	($5,146)	-28%

Registration Fees (100% YTD Budget) – Revenue was $15,540, falling short of the budget by $30,927, but showing a 53% increase compared to Q4 last year. This reflects improved payment activity, though still delayed relative to budget projections**.**

Examination Fees (97% YTD Budget) – This quarter there were a total of 17 candidates who completed the Jurisprudence exam, 10 first time candidates who sat the Clinical (Practical) exams in addition to five candidates re-taking the exams, 45 candidates who sat the Biomedical exam and 40 candidates who sat the Clinical Sciences exam. The shortfall this quarter in revenue was due to the number of attendees for the Clinical (Practical) exams, i.e. 15 retake candidates vs. the budgeted 30.

Assessment Fees (600% YTD Budget) – A total of 11 ordered assessments were completed this quarter by the Quality Assurance Program. This revenue stream has exceeded budgeted expectations, with 12 assessments completed vs the budgeted two.

Incorporation Fees (98% YTD Budget) – A total of three new applications were received for professional corporations and two certificates were issued, representing a shortfall in revenue as six new applications and six certificates of issuance had been budgeted.

Inspection Fees (73% YTD Budget) – A total of five new premise inspections were completed this quarter including (Part 1 and Part 2). The shortfall of revenue for this quarter is due to no 5-year inspections having been completed vs. the budgeted four premises inspections.

I**nterest (58% YTD Budget) –** The College maintains two bank accounts: a chequing account, which does not generate interest, and a savings account, which is interest-bearing. In Q4, interest revenue totaled $1,207, falling short of the budgeted amount of $5,400, and resulting in an unfavorable variance of ($4,193). This shortfall was due to a transfer of $350,000 from the College's savings account to the operating account during Q4 to meet payroll and operational needs. As a result, the remaining balance in the savings account dropped to $32,199.

Investment Income (110% YTD Budget) – Investment income for Q4 was $13,111, which is $1,889 below the budgeted $15,000. This reflects a lower interest rate on returns from the mutual investment portfolio.

Expenses

Total Q4 expenses were $1,038,289, which is ($98,531) or 10% over the quarterly budget of $939,758. However, expenses decreased by $108,648 or 9% compared to Q4 of the prior year, due to targeted cost reductions in key operational areas.

This quarter all expense line items that did not meet Q4 budgeted targets and were either under or over 10% materiality are noted below.

	Current 2024-2025 Fiscal Year				Deviation Comparisons	
Line Item	**Actual Budget at Q4**	**Actual Expense at Q4**	**Q4 Actual vs Budget in $**	**Q4 Actual vs Budget in %**	**Q4 Actual vs. Q4 Actual prior fiscal year in $**	**Q4 Actual vs. Q4 actual prior fiscal year in %**
Salaries and Benefits	$581,174	$705,202	($124,028)	-21%	$35,119	5%
Office and General	$54,305	$73,741	($19,437)	-36%	$9,175	14%
Consulting Fees- General	$16,900	($2,265)	$19,165	113%	($14,701)	-118%
Consulting Fees- Complaints and Inquiries	$34,250	$13,802	$20,448	60%	($8,971)	-39%
Consulting Fees- Assessors/ Inspectors	$10,200	$8,608	$1,592	16%	$707	9%
Exam Fees and Expenses	$50,486	$30,348	$20,138	40%	($59,514)	-66%
Legal Fees- General	$7,420	$4,597	$2,823	38%	($989)	-18%
Legal Fees- Complaints	$15,375	$22,910	($7,535)	-49%	$4,441	24%
Legal Fees- Discipline	$30,000	$65,061	($35,061)	-117%	($49,031)	-43%
Council Fees and Expenses	$25,933	$16,343	$9,590	37%	$2,682	20%
Hearings	$3,985	$4,553	($568)	-14%	($4,397)	-49%
Amortization/D epreciation	$11,759	$13,961	($2,202)	-19%	$2,202	19%
Public Engagement	$14,910	$4,549	$10,361	69%	($24,878)	-85%
Education and Training	$500	$849	($349)	-70%	($585)	-41%

Salaries and Benefits (97% YTD Budget) – Total expenses for Salaries and Benefits in Q4 were $705,202, exceeding the budget for the quarter by 21%. The overage is due to the ongoing alignment of the Human Resources Plan and the timing of its implementation.

Office and General (69% YTD Budget) – This quarter Office and General expenses exceeded the Q4 budget by 36%. This overage of $19,47 is primarily due to credit card processing fees associated with registration renewals for March and minor expenses associated with supplementary staff recruitment costs.

Consulting Fees – General (35% YTD Budget) – This line item represents consulting fees for all program areas except ICRC investigators and Inspectors/Assessors. At the end of Q4, Operations used a small amount of consulting fees for programming enhancements to the database and ($5,040) credit being applied against the Patient Relations Fund. This is a year-end adjustment to show the amount of monies utilized for counselling services in the fiscal year. At the end of Q4 a credit of ($2,265) is noted on the account to illustrate the remaining balance following the transfer of the Patient Relations Reserve Fund and the invoice allocation for these operations.

Consulting Fees – Complaints and Inquiries (65% YTD Budget) – This line represents the costs of external investigators retained by the College on behalf of the ICRC. The lower cost reflects a reduced volume of Registrar (CEO) investigations in the quarter. During Q4, the College opened nine new files and closed five, fewer than initially projected

Consulting Fees – Assessors and Inspectors (82% YTD Budget) – As noted in Q3 this program area continued to experience cost savings due to the lower than anticipated number of inspections for new premises. The College's inspection volume was overestimated in the budget.

Exam Fees and Expenses (95% YTD Budget) – This account covers costs associated with the delivery and maintenance of College examinations. In Q4 this program experienced cost savings in several line items including examiner per diems, examiner meal allowances, legal fees and supplies due to smaller exam sittings including the Ontario IVIT exam.

Legal Fees – General (160% YTD Budget) – This line-item experienced cost savings this quarter due to fewer legal consultations being required. The overage from last quarter when the College received an unanticipated lawsuit has since been settled.

Legal Fees – Complaints (48% YTD Budget) – This account covers costs associated with legal advice on complaints and discipline. Q4 spending exceeded the budget by $7,535. This increase is attributed to an increased volume of prosecutorial viability options requested by the ICRC vs. the amount of time that was budgeted.

Legal Fees – Discipline (303% YTD Budget) – This account represents legal costs for discipline matters, including prosecution costs and the costs associated with independent legal counsel. This quarter the Discipline Committee continued with its existing two contested hearings for an additional three full hearing days. The complexity and scheduling of these cases led to higher legal costs than anticipated in the budget.

Council Fees and Expenses (60% YTD Budget) – This account reflects all costs associated with Council and Committees. Each Council and Committee budget is based on the number of

members and the assumption that every member attends every scheduled meeting. Per diem costs were reduced throughout the year based on member attendance, cancelled meetings, and no meetings held by the Executive Committee. Each Committee also budgets a small amount annually for ad hoc legal fees which were underutilized by the Committees.

Hearings – Discipline and Fitness to Practise (183% YTD Budget) – This account reflects all costs associated with hearings of the Discipline Committee except legal costs. The hearings schedule varied from that anticipated in the budget, resulting in increased costs, and this line item will have exceeded the budget at the end of the fiscal year. The two contested hearings remained active over two fiscal years.

Amortization/Depreciation (119% YTD Budget) – Amortization expense at the end of the year resulted in an unfavourable variance in the amount of $2,202. This is a one-time year end adjustment that is made based on a capital assets acquired earlier in the year. This expense reflects the scheduled amortization of capital assets currently in use by the College. The budget variance is due to the timing of capital additions and the application of amortization methods aligned with the College's accounting policies. The amount is consistent with the continued depreciation of prior-year investments in technology and furniture.

Public Education (51% YTD Budget) – This account reflects all costs associated with corporate communication activities including the Annual Report, monthly iNformeD publications, social media posts, maintenance of the College website, translations, CANRA membership and the marketing and promotion of College activities i.e., the Regulatory Education Program (REP). In Q4, some cost savings continued with the cessation of outsourcing moderators for REP and In Conversation With sessions, the support to manage the website decreased with staff now more familiar with the platform and additional costs savings were realized based on the volume of materials requiring translation.

Education and Training (33% YTD Budget)- The College supports relevant learning opportunities aligned with performance and career development planning. The majority of staff training takes place by staff between Q1 and Q2 to support the Performance Appraisal process with a small, budgeted allocation for Q4 for any courses that staff may delay in taking in the earlier part of the year or based on course availability and offerings.

Capital Expenditures

This quarter there were no capital expenditures. At the end of the fiscal year, there were no monies used for furniture and fixtures. The budgeted allocation for IT equipment was used in full, with a small overage of $225.57 for a total usage of 102% against the year-to-date budget. Overall capital expenditures experienced cost savings of 36% totaling $5,774.43. The IT budget was used annually to replace end-of-life equipment and new equipment in accordance with the Human Resources plan.

Overall Standing

Based on the analysis provided, as highlighted in pink, the overall revenues at the end of Q4 are 95% of the budget, whereas expenses against budget ended the year at 94%. At the end of the year the College ended with a small surplus of $46,660.

Total Revenue	$3,833,365

Total Capital Expenses	($10,225)
Total Expenses	$3,786,705)
Year End Total	$46,660

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

Respectfully submitted,

The College of Naturopaths of Ontario

STATEMENT OF FINANCIAL POSITION
As of March 31, 2025 (Q4)
100% of Fiscal Year

ASSETS		
Chequing / Savings		
Bank - Operating Funds	$ 1,804,443.53	
Bank - Savings	$ 32,199.27	
Petty Cash	$ 500.00	
Total Chequing / Savings		*$ 1,837,142.80*
Accounts Receivable		
Accounts Receivable	$ 1,656,880.37	
Allowance for Doubtful Accounts	$ (40,516.66)	
Ordered DC Costs	$ 77,283.04	
Total Accounts Receivable		*$ 1,693,646.75*
Other Current Assets		
Prepaid Expenses	$ 146,468.80	
Investment in Mutual funds	$ 1,734,998.29	
Accrued Interest	$ 14,687.06	
Investment in GIC	$ 536,131.38	
Total Other Current Assets		*$ 2,432,285.53*
Fixed Assets		
Construction	$ -	
Computer Equipment	$ 111,471.32	
Furniture and Fixtures	$ 157,256.73	
Accumulated Amortn - Computers	$ (85,697.32)	
Accumulated Amortn - Furniture	$ (138,677.30)	
Total Fixed Assets		*$ 44,353.43*
TOTAL ASSETS		**$ 6,007,428.51**
LIABILITIES AND EQUITY		
Accounts Payable		
Accounts Payable	$ 94,000.78	
Credit cards	-	
Total Account Payable		*$ 94,000.78*
Other Current Liabilities		
Accrued Liabilities	$ 178,306.80	
Accrued Liabilities-Discipline	$ -	
Deferred Income	$ 3,333,216.09	
HST Payable	$ 371,675.75	
Total Current Liabilities		*$ 3,883,198.64*
Equity		
Retained Earnings	$ (254,459.97)	
Patient Relations Fund	$ 85,345.13	
Business Continuity Fund	$ 1,093,584.00	
Investigations and Hearning Fund	$ 1,009,100.00	
Succession Planning Fund	$ 50,000.00	
Current Earnings	$ 46,659.93	
Total Equity		*$ 2,030,229.09*
TOTAL LIABILITIES AND EQUITY		**$ 6,007,428.51**

The College of Naturopaths of Ontario

Statement of Operations

	2024-2025			
	Budget	Y-T-D Actual	YTD as % of Budget	Apr-Mar 25 Budget
REVENUES				
Registration and member renewal fees	$ 3,351,649	$ 3,357,270	100%	$ 3,351,649
Examination fees	$ 298,535	$ 288,120	97%	$ 298,535
Assessment fees	$ 1,000	$ 6,000	600%	$ 1,000
Incorporation fees	$ 44,316	$ 43,339	98%	$ 44,316
Ordered costs recovered	$ 180,000	$ -	0%	$ 180,000
Inspection fees	$ 82,000	$ 60,200	73%	$ 82,000
Interest	$ 21,600	$ 12,443	58%	$ 21,600
Investment Income	$ 60,000	$ 65,948	110%	$ 60,000
Miscellaneous	$ 200	$ 45	23%	$ 200
TOTAL REVENUES	$ 4,039,300	$ 3,833,365		$ 4,039,300
EXPENSES				
Salaries and benefits	$ 2,437,970	$ 2,353,444	97%	$ 2,437,970
Rent and utilities	$ 196,260	$ 183,864	94%	$ 196,260
Office and general	$ 271,635	$ 188,499	69%	$ 271,635
Consulting fees				
Consultants - general	$ 47,800	$ 16,913	35%	$ 47,800
Consultants - complaints and inquiries	$ 134,000	$ 86,912	65%	$ 134,000
Consultants - assessors/inspectors	$ 72,300	$ 59,518	82%	$ 72,300
Exam fees and expenses	$ 261,578	$ 249,422	95%	$ 261,578
Legal fees				
Legal fees - general	$ 23,450	$ 37,493	160%	$ 23,450
Legal fees - complaints	$ 105,350	$ 50,155	48%	$ 105,350
Legal fees - discipline	$ 95,000	$ 287,875	303%	$ 95,000
Council fees and expenses	$ 113,818	$ 68,078	60%	$ 113,818
Hearings (Discipline, Fitness to Practise)	$ 19,595	$ 35,919	183%	$ 19,595
Amortization/Depreciation	$ 11,759	$ 13,961	119%	$ 11,759
Insurance	$ 39,500	$ 32,924	83%	$ 39,500
Equipment maintenance	$ 56,760	$ 47,252	83%	$ 56,760
Audit fees	$ 19,000	$ 17,700	93%	$ 19,000
Public education	$ 106,265	$ 53,664	51%	$ 106,265
Education and training	$ 7,300	$ 2,408	33%	$ 7,300
Postage & Courier	$ 1,442	$ 704	49%	$ 1,442
TOTAL EXPENSES	$ 4,020,781	$ 3,786,705		$ 4,020,781
EXCESS OF REVENUES OVER EXPENSES	$ 18,519	$ 46,660		$ 18,519

The College of Naturopaths of Ontario

Analysis of the Q4 Statement of Operations Compared to the Previous Year
January 01, 2025 to March 31, 2025

	Q3												
	JAN-MAR'25 BUDGET $'s	JAN-MAR'25 ACTUAL $'s	BUDGET FAV (UNFAV) VARIANCE		JAN-MAR'24 BUDGET $'s	JAN-MAR'24 ACTUAL $'s	BUDGET FAV (UNFAV) VARIANCE		VARIANCE FROM PREVIOUS YEAR	VARIANCE FROM PREVIOUS YEAR	ANNUAL BUDGET	YTD Actual	% OF BUDGET REC'D AND/OR SPENT
Revenue			$	%			$	%	$	%	$	$	%
Registration Fees	46,467	15,540	(30,927)	33%	15,549	10,167	(5,382)	65%	5,373	53%	3,351,649	3,357,270	100%
Examination Fees	72,875	60,550	(12,325)	83%	51,875	37,175	(14,700)	72%	23,375	63%	298,535	288,120	97%
Assessment Fees	-	5,500	5,500	100%	0	0	-	0%	5,500	100%	1,000	6,000	600%
Incorporation Fees	12,636	10,069	(2,567)	80%	7,600	13,284	5,684	175%	(3,215)	-24%	44,316	43,339	98%
Ordered Costs Recovered	-	-	-	-	45,000	0	(45,000)	0%	-	100%	180,000	-	0%
Inspection Fees	20,500	7,500	(13,000)	37%	42,500	14,700	(27,800)	35%	(7,200)	-49%	82,000	60,200	73%
Interest	5,400	1,207	(4,193)	22%	600	2,094	1,494	349%	(887)	-42%	21,600	12,443	58%
Investment Income	15,000	13,111	(1,889)	87%	3,500	18,256	14,756	522%	(5,146)	-28%	60,000	65,948	110%
Miscellaneous Income	-	-	-	0%	100	35	(65)	0%	(35)	-100%	200	45	23%
Total Revenue	172,878	113,477	(59,401)	66%	166,724	95,711	(71,013)	57%	17,765	19%	4,039,300	3,833,365	95%
Expenses													
Salaries and Benefits	581,174	705,202	(124,028)	-21%	473,790	670,083	(196,293)	-41%	35,119	5%	2,437,970	2,353,444	97%
Rent and Utilities	49,065	45,093	3,972	8%	51,600	45,605	5,995	12%	(512)	-1%	196,260	183,864	94%
Office and General	54,305	73,741	(19,437)	-36%	53,928	64,566	(10,638)	-20%	9,175	14%	271,635	188,499	69%
Consulting Fees-General	16,900	(2,265)	19,165	113%	41,350	12,436	28,914	70%	(14,701)	-118%	47,800	16,913	35%
Consulting Fees-Complaints and Inquires	34,250	13,802	20,448	60%	32,250	22,773	9,477	29%	(8,971)	-39%	134,000	86,912	65%
Consulting Fees-Assessors/Inspectors	10,200	8,608	1,592	16%	18,500	7,900	10,600	57%	707	9%	72,300	59,518	82%
Exam Fees and Expenses	50,486	30,348	20,138	40%	69,899	89,863	(19,964)	-29%	(59,514)	-66%	261,578	249,422	95%
Legal Fees-General	7,420	4,597	2,823	38%	14,400	5,586	8,814	61%	(989)	-18%	23,450	37,493	160%
Legal Fees-Complaints	15,375	22,910	(7,535)	-49%	19,000	18,469	531	3%	4,441	24%	105,350	50,155	48%
Legal Fees-Discipline	30,000	65,061	(35,061)	-117%	80,000	114,092	(34,092)	-43%	(49,031)	-43%	95,000	287,875	303%
Council Fees and Expenses	25,933	16,343	9,590	37%	27,620	13,661	13,958	51%	2,682	20%	113,818	68,078	60%
Hearings (Discipline, Fitness to Practice)	3,985	4,553	(568)	-14%	19,115	8,950	10,165	53%	(4,397)	-49%	19,595	35,919	183%
Amortization/Depreciation	11,759	13,961	(2,202)	-19%	28,425	11,759	16,666	59%	2,202	19%	11,759	13,961	119%
Insurance	-	-	-	0%	0	0	-	0%	-	0%	39,500	32,924	83%
Equipment Maintenace	14,140	12,870	1,270	9%	12,690	13,039	(349)	-3%	(169)	-1%	56,760	47,252	83%
Audit Fees	19,000	17,700	1,300	7%	-	17,000	(17,000)	0%	700	4%	19,000	17,700	93%
Public Engagement	14,910	4,549	10,361	69%	14,870	29,427	(14,557)	-98%	(24,878)	-85%	106,265	53,664	51%
Education and Training	500	849	(349)	-70%	500	1,434	(934)	-187%	(585)	-41%	7,300	2,408	33%
Postage and Courier	357	366	(9)	-3%	326	294	33	10%	73	25%	1,442	704	49%
Total Expenses	939,758	1,038,289	(98,531)	-10%	958,262	1,146,937	(188,675)	-20%	(108,648)	-9%	4,020,781	3,786,705	94%
Total Revenue over Expenses	(766,880)	(924,812)	39,130	-5%	(791,538)	(1,051,225)	117,662	-15%	126,413	-12%	18,519	46,660	

The College of Naturopaths of Ontario

2024-25 Capital Statement

Line Item	Total Budget (April 2024-March 2025)	April	May	June	July	August	September	October	November	December	January	Febuary	March	YTD Actual	Balance
Computer Equipment	$10,000.00					$3,518.39		$3,429.54		$3,277.64				$10,225.57	-$225.57
Furniture & Fixtures	$6,000.00													$0.00	$6,000.00
Leasehold Improvement	$0.00													$0.00	$0.00
Total	$16,000.00													$10,225.57	$5,774.43

BRIEFING NOTE
Committee Appointments

PURPOSE: The Council is asked to appoint volunteers to the Statutory and Council Committees of the College.

OUTCOME Decision

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

PROCESS:

Activity:	Presentation and discussion.		
Results:	Decision on appointments		
Overall Timing:	15 minutes		
Steps/Timing:	**1.**	CEO will present the briefing and the list of appointments.	5 minutes
	2.	Council questions and discussion.	5 minutes
	3.	Motion	5 minutes

BACKGROUND:

As set out in GP06 – Committee Principles, the Council has three sets of committees:

- Statutory Committees as established in the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991
- Council Committees, non-statutory committees as established in the College's by-laws and the Council Governance Process policies,
- Ad Hoc Committees.

Committee are populated by appointment of the Council of the College. All appointments are made for approximately one year or until the appointments are considered by Council at its May meeting annually. The last large group of appointments were made in May 2024.

In order to ensure the continued operation of all committees, the Council is required to appoint or re-appoint registrants, Council members (including Public members) and Public Representatives to the various Committees.

DISCUSSION POINTS:

All existing volunteers (both infield and Council/Committee volunteers) were asked to consider whether they wish to continue in their current roles, add new ones or change to new Committees. An on-line form was provided to each volunteer to indicate their preferences.

Each submission has been reviewed and any new volunteers or existing in field volunteers who have indicated an interest to join a Committee have already been interviewed and recommended by the Governance Committee.

New for this year, at its meeting in March 2025, the Council combined several committees to ensure that there was sufficient representation on all Committees. The following changes were made:

- Audit and Risk Committees were combined into a single Committee and new functions added creating the Finance, Audit and Risk Committee,
- Governance, Governance Policy Review, and Equity, Diversity, Inclusion and Belonging Committees were combined into the Governance Committee with expanded responsibilities,
- The Quality Assurance and Inspections Committees would continue to remain separate; however, their membership would be overlapping, and meetings would be held consecutively.

For those who selected involvement with Committees, their request has been slated into the available positions and an acknowledgement and confirmation of the recommendation being made to the Council was provided.

It is be noted that the College decided to stop publishing Committee membership on its website a list of Committee members. This was due to two factors. First, an external communication having been sent to members of one Committee which may have been seen to be attempting to influence those discussions. Second, the College has heard of some volunteers feeling ostracized from other organizations because they volunteer for the College. Out of an abundance of caution, the College is protecting the privacy of its volunteers and their appointments.

In the interest of maintaining our volunteer base and protecting our volunteers from any potential harassment, the list will not be made public pursuant to paragraph (d) of section 7(2) of the Code.

Notwithstanding the fact that the list itself will not be released publicly, there is no need for Council to go in-camera for these discussions as it is unlikely that the Council will speak to individual appointments other than Council members. However, should a situation arise where a specific appointee needs to be discussed, we would recommend that the Council go in-camera at that time.

Two documents are attached to this briefing and redacted from the publicly released materials. The first is a breakdown by Committee noting the requirements, the appointments made last year and the proposed appointments for 2025-26. This is for the information of Council in order to re-assure Council that there is considerable continuity with the proposed appointments.

The second document is a formal list of proposed appointments. It is this list that the Council is being asked to approve.

Both documents have been provided for Council, however, final confirmations are underway with the individuals where assignments were not necessarily aligned with preferences. Any changes will be updated on May 28, 2025.

ANALYSIS

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

- Operational risk:
    - People – While another matter before the Council focuses on the competencies of those who work for the College, the risk embodied with this item is whether the College has a sufficient number of people to staff its Committees.

    - Systems- ensuring that each Committee has a minimum number of volunteers appointments assigned to guide deliberations.
    - External events – The College and the profession continue to be impacted by COVID-19 which makes decisions on long term volunteering difficult.
- Strategic risk:
    - Demographics – It is assumed based on anecdotal evidence that many of the potential volunteers do not participate because of the demographics of the profession. The profession is predominantly female and a sizeable portion of them are at the stage of their life where their focus is also on family.

Privacy Considerations – The briefing is being made public; however, the list of Committee volunteers will not be released publicly to protect the privacy of the volunteers and based on the matter being a personnel matter of the College.

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

- Timely, accessible and contextual – release of the briefing materials and the discussion of appointments in open Council provides timely information as well as providing it in the context of the issues.
- Balance – balancing public protection and accountability against fairness and privacy is a significant consideration behind the decision to not release the names of Committee appointees publicly.

Financial Impact – The financial impact of this item is marginal and only effects the budget in terms of the number of per diems and other expenses paid to volunteers.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed. The public interest is served by having discussions in public although the list of volunteer names is not being released. The public benefits from these appointments as they are the primary means through which the regulatory framework can be operationalized.

RECOMMENDATIONS

The Council is asked to appoint the list of individuals set out in the document titled "*Proposed Committee Appointments May 28, 2025 to May 27, 2026*" which is attached to this briefing note.

Andrew Parr, CAE
Chief Executive Officer
May 2025

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

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

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,
(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
(d) personnel matters or property acquisitions will be discussed.

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

BRIEFING NOTE
Oral Micronized Progesterone

PURPOSE: To consider possible amendments to Table 3 of the General Regulation.

OUTCOME Approval in principle of amendments to Table 3 of the General Regulation to initiate public consultation.

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

PROCESS:

Activity:	Review and discussion of expert report, proposal, and amendments to Table 3.		
Results:	Approval in principle authorizing formal consultation.		
Overall Timing:	20 minutes.		
Steps/Timing:	**1.**	Review of materials from staff.	10 minutes
	2.	Questions from Council.	7 minutes
	3.	Motion and vote	3 minutes

BACKGROUND:

In 2019, the College Council approved amendments to the Tables set out in the General Regulation made under the Naturopathy Act, 2007. The proposed amendments included the addition of Oral Micronized Progesterone (OMP) to Table 3 which would allow registrants of the College to prescribe OMP to their patients.

The approved changes were submitted to the Ministry of Health (MOH) for consideration in 2019. The submission included a required report from the Drug Information and Resource Centre (DIRC) of the Ontario Pharmacists Association on all the proposed additions, including OMP.

In 2022, the Ministry concluded its review of the changes to the Tables in the General Regulation submitted on behalf of the Council. The Ministry agreed to some but not all the changes submitted by the Council. OMP was not among the approved changes.

In 2024, the Ontario Association of Naturopathic Doctors (OAND) submitted a new proposal to the College seeking to add OMP to Table 3 of the General Regulation. College staff have been reviewing the proposal since its receipt and is now seeking Council's consideration of the outcomes of the review.

DISCUSSION POINTS:

Expert External Review

As noted earlier, the Ministry of Health has required that an expert external review be conducted in support of any proposed changes to the Tables of the General Regulation. Given the winding down of DIRC, the College discussed where from whom the external review might come forward. The College proposed and the Ministry agreed that the Faculty of Pharmacy at one or more of the Universities with such a program would be helpful.

In this regard, the College sought the support of the Leslie Dean Faculty of Pharmacy at the University of Toronto as the lead to the expert review. Dr. Jamie Kellar, RPh, BScHK, BScPhm, PharmD, PhD, Associate Dean Academic was the College lead reviewer. She was engaged to conduct the review and arrange for an independent reviewer to confirm her work and recommendations.

Ministry of Health Reasons for Initial Decision

On October 6, 2022, the Ministry of Health provided its response to the overall submission from the College. This has been previously provided to the Council; however, a copy is attached for information and review.

With respect to OMP, the Ministry's decision not to approve its inclusion was based on the following:

- Health Canada warning related to estrogen-progestin therapy.
- Many of the identified precautions apply to the use of combined estrogen-progestin therapy. The request for oral micronized progesterone is primarily as a co-therapy for estrogen; and CONO has clarified that it is not requesting access to oral progesterone if oral estrogen is not authorized. Oral estrogen is not being recommended for authorization.
- Oral micronized progesterone is not a Health Canada NHP.
- Concerns regarding limitations to current patient monitoring authorities.
- Physician co-management recommended for certain patient populations.

These will be addressed below.

OAND Submission

In 2024, the OAND submitted a proposal to add OMP to Tables, 3, 4, 5 and 6 of the General Regulation. A copy of the original proposal is attached. Key aspects of the submission include:

- Indications for use – Menopausal Hormone Therapy - Oral micronized progesterone is approved as part of MHT for menopausal women with an intact uterus, primarily to reduce the risk of endometrial hyperplasia when estrogen therapy is used. This protective role helps reduce the risk of endometrial cancer associated with unopposed estrogen.
- Indications for use – Menopausal Symptoms - Progesterone is used to help manage menopausal symptoms, including vasomotor symptoms, as part of a combined hormone therapy regimen.

The OAND also commented on why interprofessional collaboration is not sufficient thus requiring ND access to OMP and why physician co-management is not required for all patients being prescribed OMP.

The OAND notes that access to the Tables of the General Regulation is only permitted for those NDs who have met the Standard of Practice for Therapeutic Prescribing. This would include OMP should it be added. It also noted that the intention of the education and examination in support of the Standard was that no further education and training is necessary for new drugs to be added. The College concurs with this assessment.

Independent Expert Review Report

As noted above, the College retained Jamie Kellar, Associate Dean Academic at the Leslie Dan Faculty of Pharmacy at the University of Toronto, to conduct the independent expert review of the OMP proposal. Dr. Kellar, PhD in term retained Dr. Tiana Tilli, BscH, PharmD, RPh to conduct an independent review of her report. A copy of that report is attached for the Council's information.

In preparing the report, Dr. Kellar was asked to consider the initial DIRC report and identify what, if any, factors had changed given the initial review was conducted in 2018. As noted earlier, a copy of the report is attached. The key highlights are:

- Indications for use - The only approved label indication for oral micronized progesterone in Canada is for the prophylaxis of endometrial hyperplasia. Other proposed indications such as vasomotor symptoms or infertility are considered off label indications.

Other key recommendations of the report also note:

- Using OMP in combination with suppository estrogen is viable and beneficial to a patient and that oral estrogen is not required when prescribing OMP.
- Physician co-management is generally reserved for high-risk medications of which OMP is not one; however, referral or physician co-management is recommended to certain listed patient populations.
- Ontario NDs who have completed the Canadian Therapeutic Prescribing Course and Examination, i.e., have met the Standard of Practice for Therapeutic Prescribing can effectively and safely prescribe and use OMP.

CoNO Working Group

In early May, the CoNO Working Group was asked to weigh in on the Independent Expert Report. Overall, the Working Group supported the addition of OMP.

Overall Assessment and Recommendations

Based on the information provide in the Independent Expert Report, the College has reconsidered the earlier decision of the Ministry to determine whether the concerns can adequately be addressed.

MOH Concern	Assessment
Health Canada warning related to estrogen-progestin therapy	As identified in the Independent Expert Report, the warnings issued by Health Canada and the FDA in the USA have been called into question as they were based on a study that was not a rigorous as desired. Many of the warnings relating to OMP can be addressed through proper screening for eligibility of the therapy.
Many of the identified precautions apply to the use of combined estrogen-progestin therapy. The request for oral micronized progesterone is primarily as a co-therapy for estrogen; and CONO has clarified that it is not requesting access to oral progesterone if oral estrogen is not authorized. Oral estrogen is not being recommended for authorization.	The Independent Expert Report notes quite clearly and explicitly that OMP in combination with topical or suppository bio-identical suppository is not only supported, but also a safer route of administration than oral administrations for both progesterone and estrogen.

Oral micronized progesterone is not a Health Canada NHP.	While this is and remains 100% accurate, it is also true that at 2,501 IU per day, neither is Vitamin D and at 10,001 IU per day, neither is Vitamin A.
Concerns regarding limitations to current patient monitoring authorities.	The Report provided reviews the pre-screening and monitoring activities expected of OMP prescribers. It would seem that all of these tests are accessible to NDs.
Physician co-management recommended for certain patient populations.	This was and remains true; however, the College can address these concerns either through a Guideline or a Standard of Practice relating to OMP or hormone therapy as an area of practice.

The OAND has sought the addition of OMP to Table 3 (Drugs that may be prescribed), Table 4 (Drugs that may be dispensed), Table 5 (Drugs that may be compounded), and Table 6 (Drugs that may be sold).

Table 3 - Based on the Independent Expert Report, its concurrence with much of the information provided by the OAND and the support of the CoNO Working Group, it is recommended that OMP be added as follows:

Drug	**Limitations, routes of administration, dosages**
Oral Micronized Progesterone	For use only in accordance with label indications approved by Health Canada.

Doing so, reducing the potential risk to patients who may be prescribed an “off-label” use.

Table 4 – Although the report did not address dispensing of the drug, it is recommended that OMP not be added to Table 4. This would ensure that the drug is available only from a pharmacist in Ontario ensuring access to the checks and balances inherent in the knowledge, skill, and judgement of the two professions.

Table 5 – Although the report did not address compounding, it is recommended that OMP not be added to Table 5. As was noted in the report, Prometrium® is the brand name of the drug that is currently available as well as several generic manufacturers. Given the broad availability of the drug, compounding it for use is not necessary and would likely be in breach of clause 11(2)(9) if the General Regulation.

Table 6 – Although the report did not address selling of the drug, given that it is being recommended that the drug be authorized only for prescribing and not for dispensing or compounding, selling of the drug is further not required.

ANALYSIS

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

- Strategic risk: With any changes to regulations the College may face a reputational risk with regards to stakeholders questioning the decision of the Council to proceed with adding additional drugs. This risk is mitigated by conducting a public consultation on the proposed amendment before making any final decision.

- Process risk: Not approving the proposed amendments for public consultation may result in a concern of the Council not properly performing its duties seeking public feedback based on a recommendation from the Drug and Lab Working Group.

Privacy Considerations – There are no privacy considerations. If approved, information provided in this briefing along with the draft amendments to the regulation will be circulated publicly for consultation.

Transparency – The transparency assessment is based on the document 'Understanding the College's Commitment' to Transparency, a copy of which is included in the Council package. Only those risks that have been identified will be addressed.

- The information presented on the proposed amendment will be made publicly available on the College website at point of consultation.

Financial Impact – There is no financial impact.

Public Interest – The public interest assessment is based on the document 'Understanding the Public Interest', a copy of which is included in the Council package. Only those relevant factors have been identified and addressed.

- Proposed amendments to the General Regulation may ensure that the most appropriate drug is available to patients and in line with the independent review.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles.

RECOMMENDATIONS

It is recommended that the addition of OMP to Table 3 of the General Regulation with the limitation set out above be approved in principle to allow the College to undertake a 60-day consultation.

ACTION ITEMS

If approved, the proposal will be posted to the College's website and the Regulations Registry and circulated to all system partners, professions, professional associations, and regulatory Colleges, including naturopathic regulatory Colleges in Canada for a 60-day consultation period.

Jeremy Quesnelle
Deputy CEO, Regulations
May 2025

Submission No.	DCS-001-2024
Name	Christine Charnock
Organization	Ontario Association of Naturopathic Doctors
Address	789 Don Mills Road Suite 603 Toronto, Ontario M3C 1T5
Phone	416-233-2001
Email	info@oand.org
Type of Submission	Amend or replace existing substance or drug
Tables	3, 4, 5, 6 Drugs to be prescribed, dispensed, compounded AND sold
Route of Administration	Oral
Drug Name	Micronized Progesterone. NOTE: Oral micronized progesterone (OMP) is bioidentical, meaning its molecular structure is identical to the natural progesterone produced by the human body. This bioidentical nature allows it to interact with progesterone receptors in a way that closely mimics the body's natural hormone, resulting in fewer side effects and better overall tolerance. In contrast, progestins are synthetic compounds designed to mimic the effects of progesterone but differ in their chemical structure. These structural differences mean that progestins can act differently in the body and may bind to various hormone receptors, leading to a different profile of side effects.
Approved for use in Canada	Yes
DIN	Active Drug Ingredient is micronized progesterone; ADI# 0106327002; Drug is commercially available as Prometrium; DIN: 02166704m
Approved in BC	Yes
Newly Restricted	No
Controlled Drug or Substance	No
NAPRA Schedule	1
Indications	Oral micronized progesterone is indicated for several key health conditions: Menopausal Hormone Therapy (MHT) Indicated Use: Oral micronized progesterone is approved as part of MHT for menopausal women with an intact uterus, primarily to reduce the risk of endometrial hyperplasia when estrogen therapy is used. This protective role helps reduce the risk of

	endometrial cancer associated with unopposed estrogen. Status: Approved and indicated use. Menopausal Symptoms Indicated Use: Progesterone is used to help manage menopausal symptoms, including vasomotor symptoms, as part of a combined hormone therapy regimen. Status: Approved and indicated use within the context of MHT.
Prescription Drug List	Yes
PDL restrictions	No
Why will inter-professional collaboration or referral not provide patients with the necessary access to the drug?	An inter-professional collaboration or referral system for oral micronized progesterone would limit necessary patient access to this safe, evidence-based hormone therapy, posing challenges to the College's mandate to protect the public and support safe, timely, and ethical naturopathic care. Currently, Ontario's healthcare system faces significant resource limitations, with millions of residents lacking regular access to family doctors or nurse practitioners. Relying on referrals for this essential therapy could lead to delays, added costs, and fragmented care, contradicting the College's goal of ensuring patients' right to safe, competent, and accessible care. Independent prescribing authority allows NDs to provide uninterrupted and well-monitored care. NDs are trained and regulated to assess, prescribe, and monitor therapies within their scope, and their standards of practice already require referral for higher-risk cases or complex health profiles. This model promotes efficient, patient-centered care without burdening an already strained healthcare system. Independent access to oral micronized progesterone would, therefore, align with Ontario Ministry of Health's goals of faster, more accessible care while also supporting the College's commitment to competency, safety, and accountability in naturopathic practice. Best practices and recent research emphasize that oral micronized progesterone (OMP) offers optimal protection against endometrial hyperplasia without the need for routine endometrial monitoring, significantly reducing the need for specialist referrals and diagnostic delays. Oral

	micronized progesterone is the standard of care. Granting NDs prescribing authority for oral progesterone will align with current best practices for the SOGC and eliminate redundancies in care, enhancing both patient safety and timely access to effective hormone menopausal therapy. In sum, permitting NDs to independently prescribe oral micronized progesterone ensures the right care at the right time, meeting both the College's regulatory standards and the Ministry of Health's objectives for a responsive, patient-centered system.
Does the drug require physician co-management?	To the best of our knowledge, physician co-management is not an inherent requirement for all patients prescribed oral micronized progesterone. This bioidentical progesterone has demonstrated safety and efficacy in menopausal populations and as an adjunct to estrogen for endometrial protection in non-hysterectomized women. While oral micronized progesterone does require some baseline monitoring (such as physical exams, vital signs, and relevant lab work), these can be independently managed by naturopathic doctors (NDs) within their existing scope and training. Importantly, any patient with a high-risk profile or who may benefit from further investigation is promptly referred to a collaborating healthcare provider. NDs are also well-equipped to monitor ongoing treatment, adjusting care as needed and ensuring timely referrals if a patient's condition warrants it. NDs have effectively and safely prescribed topical and vaginal progesterone for nearly a decade, with only a small percentage of investigations or complaints relating to any prescribing within the profession. Extending prescribing authority to oral micronized progesterone aligns with our profession's demonstrated commitment to patient safety and clinical efficacy. For patients with complex or high-risk profiles, NDs will continue to engage in co-management or referral as part of our established policies and standards of practice.
Is it within Scope	Yes
Scope Explanation	The indications for oral micronized progesterone (OMP), including its role in menopausal hormone therapy (MHT), for endometrial hyperplasia prophylaxis and in managing menopausal symptoms, are fully within the naturopathic scope of practice for Naturopathic Doctors (NDs) who have met the Standard for Prescribing. NDs are

	trained extensively in managing hormonal health and non-communicable diseases (NCDs), including providing evidence-based care for menopausal symptoms and supporting hormone balance in women. This training enables qualified NDs to competently assess, prescribe, and monitor MHT, including the safe use of bioidentical hormones like OMP. As NDs regularly support patients through menopausal transitions, OMP provides an important, evidence-based option for reducing endometrial cancer risk in patients undergoing estrogen therapy. Allowing qualified NDs to prescribe OMP aligns with best practices for MHT, enabling NDs to meet the demand for safe, comprehensive care options that improve quality of life and reduce unnecessary referrals.
How are diagnosis made to use the drug?	Naturopathic Doctors (NDs) who have met the Standard for Prescribing diagnose menopausal symptoms and assess the need for hormone therapy, including oral micronized progesterone (OMP), through a combination of patient history, physical examination, and appropriate laboratory testing. This process aligns with NDs' training in integrative health assessment and non-communicable disease (NCD) management. Clinical History and Symptom Assessment: NDs take a detailed health history, focusing on symptoms associated with perimenopause and menopause, such as hot flashes, night sweats, and mood disturbances. This assessment helps to identify whether hormone fluctuations are contributing to the patient's symptoms. Physical Examination: A physical exam is conducted, which may include a cardiovascular assessment, breast exam, and gynecological exam as indicated, to rule out other health conditions and to ensure that the patient is a suitable candidate for hormone therapy. Laboratory Testing: NDs utilize laboratory tests as part of their diagnostic process, including: Hormone Panels: Baseline levels of hormones, such as estradiol, progesterone, and FSH (follicle-stimulating hormone), may be measured to confirm menopausal status and assess hormone balance. Thyroid and Metabolic Panels: Additional testing, including thyroid function and metabolic panels, helps to rule out other conditions that may mimic

	menopausal symptoms. Ongoing Monitoring: For patients prescribed OMP, NDs conduct regular follow-ups that may include: Physical Exams: Periodic cardiovascular, breast, and gynecological exams to monitor overall health and detect any adverse effects. Symptom Tracking: Continuous evaluation of menopausal symptoms to ensure that OMP is effectively managing the patient's symptoms. Laboratory Testing: Reassessment of hormone levels and other relevant markers as necessary to confirm that hormone levels remain within safe and effective ranges. This includes screening for cardiovascular risk, thyroid and other potential risk. Patient Education and Self-Monitoring: NDs educate patients on self-monitoring for any unusual symptoms and encourage reporting any concerns promptly, ensuring proactive and responsive care. Through these diagnostic steps and ongoing monitoring, NDs provide safe, competent, and patient-centered management for conditions appropriate for OMP, aligning with regulatory standards and evidence-based practices.
Is it for Emergency Use	No
Proposed Dosage	Dosage, Duration of Treatment, and Dosing Schedule for Oral Micronized Progesterone (OMP) Based on evidence and clinical guidelines, the recommended dosage and schedule for oral micronized progesterone (OMP) in menopausal hormone therapy (MHT) are as follows: Dosage The standard dose of OMP for endometrial protection in women undergoing estrogen therapy is 100 mg daily or 200 mg daily, depending on the MHT protocol. Dosing Schedule Continuous Combined Therapy: For women on continuous combined MHT (estrogen every day), the dose is typically 100 mg of OMP taken once daily at bedtime. This is suitable for women who prefer a daily, continuous regimen.

	Sequential Therapy: For sequential MHT, where estrogen is used daily and progesterone is added for part of the cycle, the recommended dose is 200 mg taken once daily at bedtime for 12-14 days each month. This schedule is commonly used in perimenopausal women or those who still experience some menstrual cycling. Duration of Treatment The duration of OMP therapy varies based on the patient's menopausal symptoms, health status, and personal preferences, as well as clinical guidelines for MHT. Typical treatment durations range from a few years for symptom relief to longer if clinically indicated, with annual reviews to assess the need for continued therapy. These dosage guidelines are based on established protocols for endometrial protection and menopausal symptom management and allow for individualized treatment adjustments based on patient response and tolerance.
Used above Daily Dose	No
Describe use above daily dose	Except for rare instances, oral micronized progesterone (OMP) does not need to be used at dosages above the allowable daily limits for its indicated uses. The typical doses—100 mg daily for continuous use or 200 mg daily for cyclic use—are both within the recommended and allowable safe dosage range. These dosages provide effective endometrial protection and symptom relief in menopausal hormone therapy (MHT) without exceeding safe levels. Thus, OMP can be prescribed effectively for its intended purposes within the established daily dosage guidelines. Please See Reference list, NAMS and SOGC guidelines for further details.
Contraindications	Contraindications and Precautions for Oral Micronized Progesterone (OMP) Oral micronized progesterone (OMP) is contraindicated in patients with the following conditions: Allergic Reactions: Hypersensitivity to progesterone or any other ingredient in the formulation. Liver Dysfunction or Disease: Including any active liver disease where liver function tests have not

	returned to normal. Hormone-Dependent Cancer: Known or suspected estrogen-dependent or progestin-dependent cancers, such as breast or endometrial cancer. Endometrial Cancer: Untreated endometrial hyperplasia is a contraindication. Undiagnosed Abnormal Genital Bleeding: Abnormal bleeding should be investigated before starting treatment. Pregnancy: Known or suspected pregnancy. Ophthalmic Vascular Disease: Partial or complete loss of vision due to blood vessel disease in the eyes. Precautions: Breast Cancer and Cardiovascular Risks: According to the Women's Health Initiative (WHI) study, combined hormone therapy may increase the risk of breast cancer, cardiovascular disease, and thromboembolic events, particularly in older women. Please note that this study was with Progestins and not micronized progesterone. Data from WHI and meta-analyses indicate this risk rises with duration and is higher for combined therapies, though micronized progesterone may have a lower risk than synthetic alternatives (WHI, 2002; The Lancet, 2019; Stute et al., 2024). Monitoring Requirements: Regular monitoring, including physical exams, mammography, and blood pressure checks, is recommended, especially for patients with a family history of breast cancer or other significant risk factors.
Any Health Canada or FDA warnings	Yes
Describe	Both Health Canada and the U.S. FDA have issued warnings related to hormone therapy, particularly for combined estrogen and progestogen therapies. These warnings emphasize potential increased risks, including cardiovascular events, breast cancer, blood clots, and dementia, especially for women over age 60 or more than ten years menopause. (Health Canada, 2023; FDA, 2023). Micronized progesterone may have a lower risk than synthetic alternatives (WHI, 2002; The Lancet, 2019; Stute et al., 2024).

	Recent best practice recommendations, such as those from the North American Menopause Society (NAMS) 2022 Position Statement, reaffirm that hormone therapy, including oral micronized progesterone (OMP), remains the most effective treatment for menopausal symptoms and bone health. NAMS emphasizes individualized treatment based on factors like age, health status, and timing relative to menopause onset, as these impact the benefit-risk ratio of hormone therapy (Faubion et al., 2022). The 2024 systematic review further supports the use of OMP as an effective means of endometrial protection in combined menopausal hormone therapy (MHT). It highlights that OMP provides superior endometrial safety compared to other progestogens, minimizing the need for invasive monitoring and enhancing patient safety (Stute et al., 2024).
Does the profession have access to necessary tools to monitor?	YES
What tools are necessary to monitor results?	Clinical Monitoring: Regular physical exams, including cardiovascular assessments, blood pressure checks, and breast health monitoring, are essential (Hamoda et al., 2022; Stute et al., 2024). Laboratory Testing: Hormone Panels: Estradiol and progesterone levels help gauge therapeutic effectiveness (NAMS, 2022). Metabolic Panels: Includes glucose and lipid profiles to monitor metabolic health and detect therapy-related changes (Hamoda et al., 2022). Thyroid Function: TSH and thyroid hormones should be checked periodically due to potential impacts of hormone therapy (Stute et al., 2024). Patient Self-Monitoring: Educating patients to monitor for symptoms like abnormal bleeding, cardiovascular changes, and breast health ensures early detection of adverse effects (Hamoda et al., 2022; NAMS, 2022). Note: Referral for Endometrial Monitoring: For patients with Persistent abnormal bleeding or changes in bleeding patterns, referrals for endometrial assessment (e.g., ultrasound) may be necessary to ensure safety and prevent

	complications (Hamoda et al., 2022; Stute et al., 2024).
Adverse Reactions	Based on the available literature and key studies, here is a comprehensive list of known or suspected adverse reactions associated with oral micronized progesterone (OMP): Cardiovascular Risks: Evidence from the Women's Health Initiative (WHI) studies and other large trials indicates a potential increase in cardiovascular events, such as blood clots, venous thromboembolism (VTE), and stroke, particularly in older women or those using combined hormone therapy (WHI, 2002; NICE Guidelines, 2015). Data from WHI and meta-analyses indicate this risk rises with duration and is higher for combined therapies, though micronized progesterone may have a lower risk than synthetic alternatives (WHI, 2002; The Lancet, 2019; Stute et al., 2024). Some studies suggest that while OMP might have a lower cardiovascular risk profile compared to synthetic progestins, the risk still warrants regular monitoring of cardiovascular health (NAMS, 2022; Stute et al., 2024). Breast Cancer: Long-term use of combined estrogen-progestogen therapy has been linked to an increased risk of breast cancer. Data from WHI and meta-analyses indicate this risk rises with duration and is higher for combined therapies, though micronized progesterone may have a lower risk than synthetic alternatives (WHI, 2002; The Lancet, 2019; Stute et al., 2024). Endometrial Effects and Vaginal Bleeding: Persistent abnormal bleeding or spotting can occur with OMP, especially in the initial months of hormone therapy. Persistent abnormal bleeding warrants evaluation for endometrial pathology (Hamoda et al., 2022; Stute et al., 2024). Studies like the PEPI trial emphasize OMP's protective effect on the endometrium when taken continuously with estrogen, reducing the risk of hyperplasia and endometrial cancer compared to estrogen-only therapies (PEPI Trial, 1995; NAMS, 2022).

	Gastrointestinal Issues: Nausea, bloating, and abdominal discomfort can sometimes occur at higher doses. These are noted in both patient-reported data and in clinical observations across hormone therapy studies (Prometrium Monograph, Health Canada). Dizziness and Fatigue: Dizziness and fatigue are generally mild but can impact daily functioning. These effects are especially noted when OMP is taken at bedtime, as recommended, and are reported across clinical trials and monographs (NAMS, 2022; Prometrium Monograph, Health Canada). Potential Metabolic Effects: Some studies note changes in glucose metabolism or lipid profiles, though these risks appear lower with OMP compared to synthetic progestins. Monitoring metabolic health may still be beneficial, particularly for at-risk populations (Oliver-Williams et al., 2019). These adverse reactions underscore the importance of individualized monitoring and careful dose management, aligning with evidence from key studies and best practice guidelines for hormone therapy.
Known Interactions	Activated Charcoal Interaction: Activated charcoal can significantly reduce the systemic availability of OMP by adsorbing the drug, thereby reducing its absorption and half-life. Severity: High Occurrence: Probable Level of Evidence: B Grapefruit Juice Interaction: Grapefruit juice inhibits CYP3A4, increasing levels of drugs metabolized by this enzyme, including OMP, which may heighten the risk of adverse effects. Severity: Moderate Occurrence: Likely

	Level of Evidence: B St. John's Wort Interaction: St. John's Wort induces CYP3A4, increasing the metabolism of OMP and potentially reducing its efficacy. This interaction is well-documented and clinically significant. Severity: High Occurrence: Probable Level of Evidence: B Cytochrome P450 Enzyme Inducers and Inhibitors Inducers (e.g., rifampin, phenytoin) increase OMP metabolism, reducing efficacy, while inhibitors (e.g., ketoconazole) reduce metabolism, increasing levels and the risk of side effects. Severity: Varies (Inducers: Reduced efficacy; Inhibitors: Increased side effects) Occurrence: Likely Level of Evidence: B Anticoagulants (e.g., warfarin) Interaction: Progesterone may interfere with anticoagulants, affecting blood clotting times. Monitoring of coagulation parameters is recommended. Severity: Moderate Occurrence: Possible Level of Evidence: B Antidepressants (e.g., SSRIs like fluoxetine, paroxetine) Interaction: SSRIs, especially fluoxetine and paroxetine, can inhibit CYP enzymes, potentially increasing progesterone levels and side effects. Close monitoring and possible dose adjustments may be necessary for symptom control. Severity: Moderate Occurrence: Possible

	Level of Evidence: C Natural Health Products (General Statement) Interaction: Many drugs and natural health products interact through CYP enzymes (e.g., CYP3A4 and CYP2C19). Severity: Moderate Occurrence: Possible Level of Evidence: C
Can the profession manager adverse events	Yes
List the tools necessary to manage adverse events	Yes, Naturopathic Doctors (NDs) in Ontario are equipped with the tools and knowledge necessary to manage adverse events related to natural health products (NHPs) and drug interactions. As the most extensively trained regulated health professionals in Ontario on NHPs and their interactions with pharmaceuticals, NDs receive in-depth education in pharmacology, including pharmacokinetics, pharmacodynamics, and clinical risk management. This training prepares them to anticipate, recognize, and address adverse events effectively. Access to Monitoring Tools: NDs have access to laboratory testing for essential health markers, hormone levels, and metabolic panels, allowing them to monitor for signs of adverse reactions. They can conduct clinical assessments and use diagnostic tools (such as lab work for liver, kidney, and thyroid function) to manage potential side effects of treatments, including hormone therapy. Knowledge of NHP and Drug Interactions: NDs receive rigorous training on interactions between NHPs and pharmaceuticals, covering both direct and theoretical interactions (e.g., those mediated by cytochrome P450 enzymes). This expertise enables them to identify potential risks in patients using both prescription medications and NHPs like St. John's Wort, which is known to interact with many pharmaceuticals. Continuing Competence: Ontario's regulatory requirements for NDs include continuing education focused on pharmacology and interaction management, ensuring that NDs remain current with best practices and emerging evidence regarding drug and NHP interactions. Collaborative Referral Network: In cases where complex adverse events occur, NDs are trained to

	collaborate with other healthcare providers to co-manage patient care, ensuring patient safety through interdisciplinary approaches. Tools necessary to manage adverse events to which the profession will require access.* Laboratory Testing: Hormone Panels: Essential for monitoring estradiol, progesterone, and other hormone levels to assess therapeutic efficacy and detect hormone-related side effects. Metabolic and Lipid Panels: Used to monitor glucose levels, lipid profiles, and other markers that can signal metabolic side effects of hormone therapy. Liver and Kidney Function Tests: Important for identifying potential organ-related side effects, especially when interactions with other drugs are suspected. Physical Assessment Tools: Blood Pressure Monitors: To regularly check for hypertension, which can occur as a side effect of hormone therapy. Body Mass Index (BMI) and Waist Circumference Measurements: Tools to track changes in body composition and assess cardiovascular risks associated with hormone therapy. Patient Self-Monitoring and Education: Providing patients with information on symptoms like abnormal bleeding, mood changes, or other adverse effects encourages early reporting of potential side effects and aids in timely intervention. Access to Drug Interaction Databases: Databases like the Natural Medicines Database or Micromedex are crucial for verifying known and theoretical interactions between OMP, NHPs, and other drugs, particularly those affecting CYP pathways. Referral Networks and Collaborative Agreements: For adverse events that require specialized care (e.g., advanced imaging for endometrial monitoring or co-management with a cardiologist),

	access to a network of collaborating healthcare providers ensures comprehensive patient support.
General Explanation	Please provide an explanation of how the drug or substance may be used in naturopathic practice, whether it is different from allopathic use, what is the impact of the drug or substance on patient care and whether the profession possesses the knowledge, skill and judgement to administer the drug or substance. In naturopathic practice, oral micronized progesterone (OMP) is primarily used as part of hormone replacement therapy (HRT) to manage menopausal symptoms, support endometrial health, and improve overall quality of life for patients with hormone-related concerns. While the therapeutic goals are similar to allopathic use, naturopathic practice emphasizes individualized, integrative care, which often includes addressing lifestyle factors, diet, and complementary therapies alongside OMP to support holistic health. 1) Clinical Use Individualized Protocols: In naturopathic practice, OMP may be used in a personalized approach, where dosages and treatment durations are tailored based on individual hormonal profiles and lifestyle factors. Naturopathic Doctors (NDs) may also integrate dietary and lifestyle modifications to address hormone balance holistically. NDs often combine OMP with other natural health products (NHPs) that support hormone metabolism and adrenal health, such as adaptogenic herbs. This integrative approach aims to optimize OMP's effects and support overall hormone health. These are approved use for OMP and is the standard of care. NDs focus on educating patients about monitoring and self-awareness of symptoms, empowering them to participate actively in managing their health, which is a distinctive feature of naturopathic care. 2. Impact on Patient Care Reduced Monitoring Requirements: Compared to other routes (e.g., vaginal or topical progesterone), OMP is associated with better endometrial protection when combined with estrogen therapy. This can minimize the need for additional monitoring, reducing patient burden and improving access to effective therapy. Improved Quality of Life: OMP is highly effective

	in alleviating menopausal symptoms like hot flashes, night sweats, and mood disturbances. In naturopathic practice, where the focus is often on supporting long-term wellness, OMP can be a pivotal tool for improving patient quality of life during menopause. 3. Knowledge, Skill, and Judgment in Administration Extensive Pharmacology Training: NDs are trained in pharmacology, including hormone therapy, through rigorous education in both natural health products and pharmaceuticals. This prepares them to assess and monitor hormone-related side effects and adjust dosages as needed. Expertise in Drug and NHP Interactions: As Ontario's most extensively trained regulated health professionals on NHP and drug interactions, NDs possess the skills to recognize potential interactions and adjust treatment plans accordingly, ensuring patient safety. Standardized Prescribing Competence: For those who have met the Standard for Prescribing, NDs are equipped with the clinical judgment required to administer OMP, perform regular monitoring, and address any adverse events or contraindications effectively. In summary, NDs in Ontario have the necessary knowledge, skill, and judgment to administer OMP safely and effectively. Their training in both conventional and natural therapies allows them to use OMP within an integrative framework that prioritizes patient-centered care, optimizing outcomes and enhancing quality of life for patients in need of hormone therapy.

Drug Name	**Oral Micronized Progesterone**
National Drug Schedule	**Schedule I**
Therapeutic Category	**Hormone**

Prepared By:

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Reviewed By:

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SCOPE OF REVIEW

The College of Naturopaths of Ontario (CoNO) commissioned this drug review for oral micronized progesterone (OMP). This drug was previously reviewed by the Drug Information and Resource Centre (DIRC) of the Ontario College of Pharmacists in 2018, which has since ceased operation. Several years have passed since the initial review. Hence, new scientific literature is available. As such, CoNO has requested an updated review of OMP.

METHODOLOGY OF REVIEW

In preparing this report, the DIRC submission and several online drug information databases, clinical practice guidelines, and current scientific literature were reviewed. The focus was on updates and/or changes since the 2018 submission. Dr. Jamie Kellar completed the initial report, and then Dr. Tiana Tilli independently reviewed it. Dr. Tilli provided additional information, which Dr. Kellar incorporated to ensure a thorough and accurate review.

QUALIFICATIONS OF REVIEWERS

Dr. Jamie Kellar is the Associate Dean Academic at the Leslie Dan Faculty of Pharmacy, University of Toronto. She is a licensed (Part A) pharmacist in Ontario. She obtained an honours Bachelor of Science in Human Kinetics from the University of Guelph, followed by an honours Bachelor of Science in Pharmacy and a Doctor of Pharmacy degree both from the University of Toronto. She received her PhD in Health Professions Education from the School of Health Professions Education, Maastricht University, Netherlands. For a fulsome description of Dr. Kellar's expertise, please refer to her CV.

Dr. Tiana Tilli is a Clinical Pharmacist and Lecturer at the Faculty of Pharmaceutical Sciences, University of British Columbia. She is a licensed (Part A) pharmacist in Ontario and British Columbia. She obtained an honours Bachelor of Science in Life Sciences from Queen's University, followed by a Doctor of Pharmacy degree from the University of Toronto. She completed her Accredited Canadian Pharmacy Residency (ACPR) at St. Michael's Hospital in Toronto. For a fulsome description of Dr. Tilli's expertise, please refer to her CV.

CONFLICT OF INTEREST

Neither Dr. Kellar nor Dr. Tilli have any conflicts of interest to declare. They have no previous or ongoing relationships with the College of Naturopaths of Ontario. They have no financial, personal, or professional relationships with pharmaceutical companies/manufacturers of hormone therapies, nor are they affiliated with any advisory groups associated with the development of clinical practice guidelines that include recommendations on the use of hormone therapy.

TERMINOLOGY

Progestogens is the term used for the general category of compounds that exhibit progestational activity, which includes natural progestogen (progesterone) and synthetic progestogens (progestins). Progestogens commonly co-administered with estrogen in women with a uterus include medroxyprogesterone acetate (MPA), norethindrone acetate (NETA), and oral micronized progesterone (OMP).[1] Both MPA and NETA are synthetic progestins, whereas OMP is bioidentical, meaning it is structurally identical to the progesterone produced by the corpus luteum.[1,2]

OVERVIEW OF PROGESTERONE

Progesterone is a naturally occurring steroid hormone crucial for menstruation and pregnancy. It also plays a role in breast development, mood regulation, and maintaining bone density.[2] Although the ovaries primarily produce progesterone, it is also produced by the adrenal glands and, during pregnancy, the placenta.[2]

Bioidentical progesterone is a lab-made hormone chemically identical to the progesterone naturally produced by the corpus luteum in the human body.[2] Health Canada, the FDA, and other regulatory authorities have commercially approved it for use. In Canada, bioidentical progesterone is available as oral micronized progesterone (OMP) in both brand-name (e.g., Prometrium®) and generic (e.g., Teva-progesterone) products.[3]

WHY PROGESTOGENS?

Conditions associated with low progesterone levels sometimes require individuals to supplement their bodies with exogenous progestogens. In this case, they may be prescribed a bioidentical form of progesterone or a synthetic progestin designed to mimic the effect of progesterone in the body.

In perimenopause and menopause, progestogens are used to prevent the increased risk of endometrial overgrowth and endometrial cancer from unopposed estrogen therapy in women with an intact uterus.[4]

MECHANISM OF ACTION

Progesterone is a natural steroid hormone that induces secretory changes in the endometrium, promotes mammary gland development, relaxes uterine smooth muscle, blocks follicular maturation and ovulation, and maintains pregnancy.[2] When used as part of an assisted reproductive technology (ART) program in the luteal phase, progesterone supports embryo implantation.[2]

OVERVIEW OF INDICATIONS FOR BIOIDENTICAL PROGESTERONE

Progesterone can be used to treat a variety of conditions. It has both approved ‘on-label’ indications and ‘off-label’ uses. Notably, ‘off-label’ uses are not formally approved by the Food and Drug Administration and/or Health Canada. However, they are evidence-informed indications, meaning there are scientific studies to support and guide the use.

APPROVED/’ON-LABEL’ INDICATIONS

- *Estrogen therapy-associated endometrial hyperplasia – prophylaxis[4-6]
- Assisted reproductive technology, luteal phase support[4,5]
- Abnormal uterine bleeding[4,5]
    - Unrelated to the menstrual cycle
- Secondary amenorrhea – diagnostic aid (“progesterone challenge”)[4,5]

*The only approved label indication for oral micronized progesterone in Canada is for the prophylaxis of endometrial hyperplasia. Specifically, the Canadian labeling states:

'Indicated for women with an intact uterus as an adjunct to postmenopausal estrogen replacement therapy to significantly reduce the risk of endometrial hyperplasia and carcinoma.'

OFF-LABEL INDICATIONS

- Menopause – vasomotor symptoms (i.e., hot flashes, night sweats)[4]
- Spontaneous preterm birth, prevention[4,5]
- Ischemic heart disease – acute, exercise-induced[4]
- Menstrual epilepsy[4]
- Primary menorrhagia[4]

PROPOSED INDICATIONS BEING SOUGHT BY THE COLLEGE OF NATUROPATHS OF ONTARIO

1. Endometrial hyperplasia prophylaxis (as adjunct to estrogen replacement therapy in women, trans men, or non-binary people registered female at birth, with an intact uterus)
2. Infertility (due to luteal phase defects)
3. Menopausal symptom relief (vasomotor symptoms)

ADMINISTRATION AND DOSAGE

Bioidentical progesterone is available in different formulations in different countries, including oral capsules, vaginal gels and inserts.[4] In Canada, the only health Canada-approved formulation is oral micronized progesterone, which is the focus of this review.

In Canada, OMP is available as a prescription product under the brand name Prometrium® and from several generic manufacturers.[3,6] Each capsule contains 100 mg of micronized progesterone.[6]

Oral micronized progesterone is typically used orally, but the tablet has been administered intravaginally; further study is needed before recommending this route routinely.[4,5,7]

According to the monograph recommendations, 200mg or less of oral micronized progesterone can be administered once daily, ideally at bedtime, as some of its metabolites are associated with somnolence.[8] Higher doses (i.e., 300 mg) should be divided; the larger amount (200 mg) should be given at bedtime, while the lower dose (100 mg) can be given in the morning, ideally two hours after breakfast.[6] Although recommended in the monograph, divided doses are not mandatory. A single 300 mg dose can be given safely at bedtime and may be desirable for some patients, particularly if being used to improve sleep.[4]

<u>Dosing for estrogen therapy-associated endometrial hyperplasia prophylaxis:</u>

- Cyclically: 200mg/day orally for 12-14 days sequentially each month, along with conjugated estrogen[4-6]
    - The Canadian label states: 200 mg daily for the last 14 days of estrogen treatment per cycle (i.e., from day 8-21 for a 28-day cycle or from day 12-25 for a 30-day cycle)[6]
    - The Canadian label recommends patients being treated with high doses of estrogen (equivalent to 1.25 mg conjugated estrogens or higher) receive 300 mg daily for the last 12-14 days of estrogen treatment.

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  - Preferred in late menopause transition and early postmenopause[5]
- Continuously: 100mg/day orally continuously
  - Preferred if ≥2 to 3 years postmenopause[5]

Dosing for assisted reproductive technology (ART), luteal phase support:

Multiple regimens are available for ART. Data regarding the most effective route of administration and dose are insufficient.[4] Possible regimens include, but are not limited to:

- Vaginal administration of OMP 200 mg capsule three times daily starting the day of oocyte retrieval and continuing for up to 12 weeks' gestation.[5]

Dosing for menopause – vasomotor symptoms

- 300 mg orally every night; reevaluate periodically to determine the need for ongoing use.[1,4]

EFFICACY

Are the proposed indications for oral micronized progesterone sought by CoNO supported in the literature?

☐Yes (all), ☒Yes (some), ☐No (data not conclusive), ☐No (data not available)

Estrogen Therapy-Associated Endometrial Hyperplasia Prophylaxis

Oral micronized progesterone is approved by Health Canada and the Food and Drug Administration (FDA) for the treatment of women with an intact uterus as an adjunct to postmenopausal estrogen replacement therapy to significantly reduce the risk of endometrial hyperplasia and carcinoma.[4-6] The estrogen therapy may be for the vasomotor symptoms associated with menopause or secondary amenorrhea.

Guideline Recommendations (North American Menopause Society)[1]

- In women with a uterus and symptoms associated with menopause, estrogen plus progestogen therapy or tissue-selective estrogen complex (conjugated equine estrogens plus bazedoxifene) should be used for protection against endometrial hyperplasia and cancer; good, consistent evidence supports this recommendation (Level 1).[1,4]
- The safety of progestogen-only treatment has not been evaluated in long-term studies.[4]
- Hormone therapy should be individualized and reevaluated periodically to determine the need for ongoing use; based primarily on consensus and expert opinion[4]

Assisted Reproductive Technology (ART): Luteal Phase Support

Progesterone replacement or supplementation as part of assisted reproductive technology (ART) for infertile patients with progesterone deficiency is supported by evidence.[4] Several small studies have demonstrated encouraging conception rates with progesterone therapy for luteal phase inadequacy.[4]

Vaginal administration of oral micronized progesterone formulation can effectively support the luteal phase and provides greater bioavailability of the active component at the endometrial

level than other routes of administration (e.g., IM, oral).[9] A meta-analysis comparing 50 mg intramuscular progesterone to vaginal progesterone, as either micronized progesterone 200 mg three times a day or progesterone gel 90 mg daily, found similar rates of clinical pregnancy and ongoing pregnancy between the two routes of administration with non-statistically significant lower miscarriage rates with intravaginal use.[10,11]

Treatment of Menopause Symptoms – Vasomotor Symptoms

Hormone therapy, with estrogen-alone for symptomatic women without a uterus and estrogen-progestogen or tissue-selective estrogen complex for symptomatic women with a uterus, is the gold standard for the treatment of vasomotor symptoms of menopause (Level 1).[1] An alternative approach using oral micronized progesterone 300 mg nightly has been found to reduce average daily vasomotor symptoms scores compared to placebo.[1] A small (n=133) randomized double-blind trial found the average daily vasomotor symptoms scores were better with progesterone vs. placebo (mean reductions of 10.0 [95% CI, -12.0 to -8.1] vs. 4.4 [95% CI, -6.6 to -2.2] in progesterone vs. placebo, respectively). [12]

Guideline Recommendations (North American Menopause Society)[1]

- In symptomatic women with a uterus, estrogen plus progestogen therapy or tissue-selective estrogen complex (conjugated equine estrogens plus bazedoxifene) should be used for protection against endometrial hyperplasia and cancer; based on good and consistent evidence (Level 1).[1,4]
- Micronized progesterone 300 mg nightly significantly decreases VMS (hot flashes and night sweats) compared with placebo and improves sleep. Synthetic progestins have also shown benefit for VMS in some studies. No long-term study results are available, and use of progestogens without estrogen for either indication is off-label. (Level II).[1]
- Hormone therapy should be individualized and reevaluated periodically to determine the need for ongoing use; based primarily on consensus and expert opinion.[1,4]

Guideline Recommendations (NICE Guidelines)[13]

Gender-affirming hormone therapy: past use

- Ensure that trans men or non-binary people registered female at birth who have taken gender-affirming hormone therapy in the past and have symptoms associated with menopause can discuss these with a healthcare professional with expertise in menopause.[13]

The NICE Guideline committee noted a lack of evidence on HRT use in trans men and non-binary people registered female at birth who have taken gender-affirming hormone therapy in the past. Therefore, it is not known whether past hormone treatment could influence the choice of HRT, or whether giving HRT to someone who previously had hormone therapy would alter their health risks. The NICE Guideline committee recommends new research be conducted on the impact of HRT on health outcomes for trans men and non-binary people registered female at birth, which covers people who have never taken gender-affirming hormone therapy, or who have taken it in the past but are not currently taking it.[13]

SAFETY

The overall safety profile of progesterone is favourable for most individuals when used orally as prescribed.[2] It has been safely used in many clinical trials lasting up to 3 years.[2] Additionally, studies have found oral micronized progesterone may be safer than synthetic progestins like medroxyprogesterone acetate (MPA).[14,15] For example, a review by Jiang and colleagues illustrates that OMP does not change most lipid levels or diminish estrogen's beneficial effects on lipoprotein metabolism.[16] Another study by Panay and colleagues compared the risk of venous thromboembolism (VTE) between patients treated with the combined oral product 17β-estradiol/micronized progesterone (E2/P4) and those treated with oral conjugated equine estrogen and medroxyprogesterone acetate (CEE/MPA) regimens and found that those treated with E2/P4 had a significantly lower risk of VTE compared with oral CEE/MPA, suggesting there may be lower risk of thromboembolic events with OMP compared to synthetic progestins.[15] A French study found the risk of invasive breast cancer was lower in patients receiving estrogen/progesterone combinations compared to estrogen/progestin or estrogen alone treatments.[14]

Although OMP is relatively safe, all drugs have potential risks and adverse effects.

Adverse Effects

Oral (percentages reported when used in combination/cycled with conjugated estrogens):

>10%:[4-6]

- Abdominal pain (20%)
- Bloating (12%)
- Breast tenderness (27%)
- Mastalgia (6% to 16%)
- Urinary tract abnormality (11%)
- Viral infection (12%)
- Depression (19%)
- Dizziness (15% to 24%)
- Headache (16% to 31%)
- Musculoskeletal pain (12%)

1% to 10%:[4-6]

- Chest pain (7%)
- Acne (5%)
- Cholecystectomy (2%)
- Constipation (3%)
- Diarrhea (7% to 8%)
- Nausea and vomiting (5 - 8%)
- Breast carcinoma (2%)
- Vaginal discharge (10%)
- Anxiety (8%)
- Fatigue (8%)
- Irritability (8%)

- Cough (8%)

Frequency not defined:[4]

- Acute myocardial infarction
- deep vein thrombosis
- pulmonary embolism
- cerebrovascular accident
- dementia

Contraindications for Progesterone Use

There are certain contraindications and box warnings associated with progesterone:

- allergy or hypersensitivity to progesterone, soya, peanuts/peanut oil or to any ingredient in the formulation[5,6] [4]
- liver dysfunction or disease[4-6]
- personal history of known or suspected estrogen-dependent or progestin-dependent malignant neoplasia (e.g., breast cancer or endometrial cancer)[4-6]
- endometrial hyperplasia[6]
- undiagnosed abnormal vaginal bleeding[4-6]
- known or suspected pregnancy[4-6]
- active or past history of arterial thromboembolic disease (e.g., stroke, myocardial infarction, coronary heart disease) or active or past history of confirmed venous thromboembolism (such as deep venous thrombosis or pulmonary embolism) or active thrombophlebitis[4,6]
- classical migraine[6]
- partial or complete loss of vision due to ophthalmic vascular disease[6]

The Women's Health Initiative Study & Warnings

The Women's Health Initiative (WHI) is the largest, randomized, controlled trial (RCT) of hormone therapy in women aged 50 to 79 years to date. It examined the health benefits and risks of combined estrogen (conjugated equine estrogen) plus progestin (medroxyprogesterone acetate) therapy (n=16 608) and estrogen-alone therapy (n=10 739) for the prevention of heart disease, breast and colorectal cancer, and osteoporosis in postmenopausal women.[6]

The estrogen plus progestin arm demonstrated an increased risk of myocardial infarction (MI), stroke, invasive breast cancer, pulmonary embolism and deep vein thrombosis in postmenopausal women receiving treatment with combined conjugated equine estrogens (CEE, 0.625 mg/day) and medroxyprogesterone acetate (MPA, 2.5 mg/day) for 5.2 years compared to those receiving placebo.[6]

The estrogen-alone arm demonstrated an increased risk of stroke and deep vein thrombosis in hysterectomized women treated with CEE-alone (0.625 mg/day) for 6.8 years compared to those receiving placebo.[6]

In addition, the Women's Health Initiative Memory Study (WHIMS) estrogen plus progestin ancillary study reported an increased risk of probable dementia in postmenopausal women 65 years of age or older.[6]

Based on the Women's Health Initiative (WHI) trial findings, the Food and Drug Administration (FDA) and Health Canada put a boxed warning on all bioidentical progesterone and synthetic progestins.

Health Canada Serious Precautions and Warnings

Based on these study findings, the following should be given serious consideration at the time of prescribing:[6]

- Estrogens with or without progestins should not be prescribed for primary or secondary prevention of cardiovascular diseases or dementia.
- Estrogens with or without progestins should be prescribed at the lowest effective dose for the approved indication.
- Estrogens with or without progestins should be prescribed for the shortest period possible for the approved indication.

Box Warning – Food and Drug Administration, United States

Similarly, the US boxed warning states:

<u>Cardiovascular Disorders and Probable Dementia</u>

Estrogen plus progestin therapy should not be used for the prevention of cardiovascular disease or dementia. The Women's Health Initiative (WHI) estrogen plus progestin substudy reported increased risks of deep vein thrombosis, pulmonary embolism, stroke and myocardial infarction in postmenopausal women (50 to 79 years of age) during 5.6 years of treatment with daily oral conjugated estrogens (CEE) (0.625 mg) combined with medroxyprogesterone acetate (MPA) (2.5 mg), relative to placebo.[4]

The WHI Memory Study (WHIMS) estrogen plus progestin ancillary study of the WHI reported an increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 4 years of treatment with daily CEE (0.625 mg) combined with MPA (2.5 mg), relative to placebo. It is unknown whether this finding applies to younger postmenopausal women.[4]

<u>Breast Cancer</u>

The WHI estrogen plus progestin sub study also demonstrated an increased risk of invasive breast cancer. In the absence of comparable data, these risks should be assumed to be similar for other doses of CEE and MPA, and other combinations and dosage forms of estrogens and progestins. Progestins with estrogens should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman.[4]

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Issues with the Serious/Boxed Warnings

After the boxed warnings mentioned above were issued, there was a significant decrease in the use of hormone replacement therapy, resulting in many women suffering from menopausal symptoms.[1]

In recent years, there has been increasing criticism that the results of the WHI study were too broadly generalized, which has had a negative impact on women's health care. For example, the WHI study used medroxyprogesterone acetate (MPA), which is a synthetic progestin, not a bioidentical progesterone, yet the warning labels were applied to all progesterone. While further investigation is needed, more recent studies suggest that oral micronized progesterone may not carry the same risk as synthetic progestins, particularly as it relates to cardiovascular and breast cancer risk.[14-16]

In addition, the WHI study included postmenopausal women aged 50-79, with the risks identified as more pronounced in older postmenopausal women (65+) than in younger women. Therefore, estrogen and oral micronized progesterone may be safe in younger women with less risk than that reported in the WHI study. Further, the study was not designed to evaluate efficacy on vasomotor symptoms. Therefore, there was limited enrolment of women with bothersome vasomotor symptoms who were under age 60 or who were fewer than 10 years from menopause onset, which is the group of women for whom hormone therapy is primarily indicated.[1]

The National Institute of Health and Care Excellence (NICE) menopause guidelines include a statement in the 2024 update that "overall, life expectancy is unlikely to change with the use of combined hormone replacement therapy" in people aged 45 or over[13]. Similarly, an analysis of the effects of hormone therapy in women aged 50-59 years from the WHI found overall benefits to outweigh potential risks, including for all-cause mortality. While the WHI was not powered for age-related subset analyses, these estimates highlight the limitations to the boxed warnings.[8]

General Warnings/Precautions for Progestogen Use

Breast cancer:

- Estrogen with or without progestogen for the management of menopausal symptoms may be associated with an increased risk of breast cancer. The risk of breast cancer in patients who are postmenopausal on hormone therapy may depend upon type of estrogen and/or progestogen, dose, timing of therapy initiation, duration of therapy, route of administration, and individual patient characteristics.[4]

CNS depression:

- Oral progesterone may cause CNS depression, which may impair physical or mental abilities; patients must be cautioned about performing tasks that require mental alertness (e.g., operating machinery, driving).[4]

Endometriosis:

- Estrogens may exacerbate endometriosis. Malignant transformation of residual endometrial implants has been reported post-hysterectomy with unopposed estrogen

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therapy. Consider adding a progestogen in patients with residual endometriosis post-hysterectomy.[4]

Fluid retention:

- May cause fluid retention; use with caution in patients with diseases which may be exacerbated by fluid retention, including asthma, cardiac or renal impairment, epilepsy, and migraine.[4]

Retinal thrombosis:

- Discontinue pending examination in cases of sudden partial or complete vision loss, sudden onset of proptosis, diplopia, or migraine; discontinue permanently if papilledema or retinal vascular lesions are observed on examination.[4]

Cardiovascular disease:

- In the Women's Health Initiative studies, an increased risk of deep vein thrombosis, pulmonary embolism, stroke, and myocardial infarction was observed in patients taking conjugated estrogens combined with medroxyprogesterone. Additional risk factors include diabetes mellitus, hypercholesterolemia, hypertension, systemic lupus erythematosus, obesity, tobacco use, and/or history of venous thromboembolism (VTE). Manage risk factors appropriately; discontinue immediately if adverse cardiovascular events occur or are suspected.[4]

Dementia:

- Dementia risk might increase with progestogen plus estrogen if it is started at 65 or over.[13]

Diabetes:

- May impair glucose tolerance though generally no adverse effect on blood glucose control is report; use caution in patients with diabetes. Prior to therapy, consider age, cardiovascular, and metabolic risk factors in patients previously diagnosed with diabetes.[4]
- Risk of developing type 2 diabetes does not increase with progestogen plus estrogen.[13]

Surgery:

- Whenever possible, discontinue progestogens in combination with estrogens at least 4 to 6 weeks prior to elective surgery associated with an increased risk of thromboembolism or during periods of prolonged immobilization.[4]

DRUG RECALLS

None currently (as per Health Canada’s Recalls and Safety Alert Database)

PLACE IN THERAPY: CLINICAL PRACTICE GUIDELINES

North American Menopause Society (NAMS) Position Statement (2022 Update)[1]

- Hormone therapy (i.e., estrogen-alone in women without a uterus, estrogen-progestogen or tissue-selective estrogen complex (TSEC) in women with a uterus) is the most effective treatment for the vasomotor symptoms (VMS) and the genitourinary syndrome of menopause and has been shown to prevent bone loss and fracture. For symptomatic women with a uterus, estrogen-progestogen or TSEC protects against endometrial neoplasia.
    - The risks of hormone therapy differ depending on type, dose, duration of use, route of administration, timing of initiation, and whether a progestogen is used, hence treatment should be individualized using the best available evidence to maximize benefits and minimize risks, with periodic re-evaluation to assess need for continued use. HRT should be individualized based on a woman's age, health risks, and personal goals. Shared decision-making should be used when considering formulation, route of administration, and dose of hormone therapy with adjustment tailored to symptom relief, adverse events, and patient preferences.
- For women aged younger than 60 years or who are within 10 years of menopause onset and have no contraindications, the benefit-to-risk ratio is favourable for the treatment of bothersome VMS and the prevention of bone loss.
- For women who initiate hormone therapy more than 10 years from menopause onset or who are older than 60 years, the benefit-risk ratio appears less favourable because of the greater absolute risks of coronary heart disease, stroke, venous thromboembolism, and dementia.
- Transdermal estradiol + oral micronized progesterone is preferred for reducing clot and stroke risk.
- Hormone therapy is safe for women under 60 or within 10 years of menopause if they have no contraindications.
- Micronized progesterone significantly decreases VMS (hot flashes and night sweats) and improves sleep. No long-term study results are available, and use of progestogens without estrogen for either indication is off-label.

Monitoring Requirements

Assisted Reproductive Technology (ART): Luteal Phase Support

- Infertility (assisted reproductive technology): Serum progesterone, particularly with intravaginal administration, to ensure proper endometrial preparation and support during the luteal phase.[8] Measuring urinary progesterone can be a marker of luteal activity.

Menopause (endometrial hyperplasia prophylaxis and vasomotor symptoms):

At Baseline (prior to combination hormonal therapy)[8]

Assess baseline risk for breast cancer and cardiovascular disease (CVD). Potential approaches:

- Breast cancer: IBIS Breast Cancer Risk Assessment
    - Low Risk (<1.67%): hormone therapy ok
    - Intermediate Risk (1.67 – 5%): caution
    - High Risk (>5%): avoid hormone therapy

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- Cardiovascular disease: ACC/AHA Cardiovascular Risk Calculator
    - Low Risk (<5%): hormone therapy ok
    - Intermediate Risk (5-10%): hormone therapy ok (choose transdermal estrogen)
    - High Risk (>10%): avoid hormone therapy

Safety Parameters

Physical Examination

- blood pressure
- breast exam
- pap smear
- pelvic exam
- endometrial biopsy (if appropriate)

Laboratory Tests

- mammography
- blood glucose
- calcium
- triglycerides
- cholesterol
- liver function tests

First Follow Up (3-6 months after initiation of treatment)

Efficacy Parameters

- response to treatment

Safety Parameters

- age-appropriate breast and pelvic exams
- blood pressure
- heart rate
- unscheduled bleeding lasting >6 months for endometrial pathology
    - sooner in patients who are obese, diabetic, or have a history of endometrial cancer
- serum triglycerides (2 weeks after starting therapy in patients with baseline level >200 mg/dL)
- TSH (6 to 12 weeks after starting oral therapy in patients taking thyroid replacement).
- Duration of treatment should be evaluated at least annually

Annual Monitoring

Efficacy Parameters

- Response to treatment and ongoing need/appropriateness of use

Safety Parameters

- Ongoing need and appropriateness of therapy (e.g., beyond 5-10 years, > 60 years old)
- Blood pressure

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- Heart rate
- Lipid levels
- Triglycerides
- Glucose
- Liver function tests
- Patients are encouraged to practice frequent breast self-exams

PRESCRIBING RESTRICTIONS

None

WHO CAN PRESCRIBE IN CANADA?

- Medical doctors and nurse practitioners across Canada can prescribe oral micronized progesterone.
- In British Columbia, naturopaths can also prescribe oral micronized progesterone
- In Alberta, pharmacists with prescriptive authority can also prescribe progesterone

TRAINING NEEDED FOR NATUROPATHS TO PRESCRIBE

- Additional training in therapeutics and prescribing (i.e., beyond the standard 4-year naturopathic degree)

CO-MANAGEMENT WITH A PHYSICIAN

Co-management with a physician is generally reserved for high-risk medications, controlled substances, biologics, or specialty drugs, and/or patients with complex medical needs that exceed the scope of practice of the healthcare professional involved.

Progesterone, including oral micronized progesterone, is not classified as a high-risk medication, nor is it a controlled substance, specialty, or biologic drug. As outlined above, prescribing OMP requires baseline physical and laboratory assessments, a 3–6-month follow-up, and annual assessments for efficacy and safety thereafter. The assessment requirements for oral, topical, and vaginal progesterone are similar, however OMP undergoes first pass metabolism which topical/vaginal formulations do not, which increases the potential impact on lipid levels. The effect on lipids with OMP is generally considered less than with synthetic progestins but more than with topical/vaginal formulations. As such, baseline lipid levels, liver function tests, and ongoing monitoring are recommended with OMP.

These monitoring requirements are within the current scope of practice of Naturopaths in Ontario.

<u>Referral or Co-management with a Physician is recommended for patients with the following:</u>

- Liver dysfunction or disease
- Undiagnosed abnormal vaginal bleeding
- History or presence of hormone-sensitive cancers (especially breast & uterine)
- History or presence of venous thromboembolism (DVT, PE) or active thrombophlebitis
- History of presence of arterial thromboembolic disease (stroke, MI, coronary heart disease)
- Allergy to peanuts/peanut oil, soya

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- Suspected or Actual Pregnancy
- Abnormal labs (i.e., elevated LFTs, hyperlipidemia)

Can Oral Micronized Progesterone Be Taken With Topical Estrogen?

Currently, naturopaths in Ontario who have completed the Canadian Therapeutics Prescribing Course can prescribe bioidentical estrogen and progesterone in topical and suppository form. If oral micronized progesterone were added to the prescribing list, it could be effectively and safely used in combination with topical bioidentical estrogen.

Topical bioidentical estrogen is often preferred over oral formulations because it bypasses the liver and does not undergo first-pass metabolism. This results in a lower risk of blood clots and less effect on triglycerides. In addition, it may also have a lower stroke risk.

Several studies have shown oral micronized progesterone to be safe and effective. The French E3N Cohort Study, a large observational study, showed that transdermal estrogen plus micronized progesterone was associated with a lower breast cancer risk than combinations involving synthetic progestins.[14] The North American Menopause Society (NAMS) position statement recommends transdermal estrogen as a safer option for women at risk for venous thromboembolism or with metabolic syndrome and oral micronized progesterone as a first-line option for endometrial protection due to its favourable side effects and safety profile.[1] The International Menopause Society also endorses this combination as clinically appropriate.

Therefore, combining transdermal estrogen with oral micronized progesterone is evidence-based, effective, and considered safe for most healthy women needing hormone therapy. It may even have advantages over the traditional oral estrogen + synthetic progestin combinations, particularly in terms of clotting risk, breast cancer risk, and metabolic effects.

Additional Comments

OMP is the gold standard for progesterone therapy in hormone replacement treatment plans. It is effective and safe when prescribed and monitored as per the guidelines and monograph recommendations.

The Ontario healthcare system is currently facing significant resource challenges; hence, many residents do not have regular access to a family physician or nurse practitioner. Relying on a referral or physician co-management system for menopause hormone therapy could reduce access to treatment, lead to delays, added costs, and fragmented care, which negatively impact patient outcomes.

Regulated health professionals with the appropriate scope of practice and knowledge, skill, and judgment can independently assess, prescribe, and monitor menopause hormone therapy for patients without contraindications. For high-risk or complex patients, co-management with a physician is warranted.

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Curriculum Vitae

Jamie Leigh Kellar, BScHK, BScPhm, PharmD, PhD
Associate Dean, Academic
Associate Professor, Teaching Stream

A. Date Curriculum Vitae is Prepared: 2025 April 30

B. Biographical Information

Primary Office	144 College Street Leslie Dan Faculty of Pharmacy University of Toronto Toronto, ON. M5S 3M2 CANADA
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1. EDUCATION

Degrees

2015 - 2022	**Doctor of Philosophy** School of Health Professions Education, Maastricht University, Maastricht, Netherlands *Thesis: Becoming Pharmacists: Professional Identity Struggles of a Profession in Transition* *Supervisors: Dr. Cees van der Vleuten, Dr. Mirjam Oude Egbrink, Dr. Tina Martimianakis, Dr. Zubin Austin*
2009 - 2011	**Doctor of Pharmacy** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
2000 - 2004	**Bachelor of Science in Pharmacy,** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
1996 - 2000	**Bachelor of Science in Human Kinetics,** University of Guelph, Guelph ON, Canada.

Other Training

Jan 2024 – August 2024	Rotman Executive Coaching Certificate (RECC) Certificate. Rotman School of Management. University of Toronto, Ontario, CAN.
May 1, 2024	Media Training for Academics. Redbrick Communications. Leslie Dan Faculty of Pharmacy. University of Toronto, Toronto, Ontario, CAN.
Oct 2021- May 2022	Executive Leadership Program. Rotman School of Management. University of Toronto, Toronto, Ontario, CAN.
Dec 2018 – March 2019	Assessment and Evaluation Certificate Course. School of Health Professions Education, Maastricht University, Maastricht, Netherlands.

Oct 16 -19, 2017	Wilson Centre Atelier: Qualitative Research Refined. Advanced Level Intensive Qualitative Research Training. Wilson Centre for Research in Education, University of Toronto, Toronto, Ontario.
Mar 28 – Apr 1, 2017	Writing Masterclass: Academic Writing. School of Health Professions Education, Maastricht University, Maastricht, Netherlands. Led by: Dr. Lorelei Lingard, Dr. Chris Watling, Dr. Mark Goldszmidt, Dr. Sayra Cristancho and Dr. Eric Driessen.
Oct 24 - 27, 2016	Wilson Centre Atelier: Qualitative Research Refined. Intermediate Level Intensive Qualitative Research Training. Wilson Centre for Research in Education, University of Toronto, Toronto ON, Canada.
June 2016	OSCEology: Design, development and implementation of performance-based teaching and testing in pharmacy education. Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada. Led by: Dr. Zubin Austin
Jan – Apr 2016	LHA1820H: Special Topics in Higher Education: Foucault, Discourse and the Health Professions. Ontario Institute for Studies in Education (OISE), University of Toronto, Toronto ON, Canada.
Sept – Dec 2015	NUR1028H: Introduction to Qualitative Research: Methodologies, Appraisal and Knowledge Translation. Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto ON, Canada.
Apr – May 2015	University Teaching 101. Johns Hopkins University. 6-week Online Course.
Oct 2014 - Mar 2015	Advanced Course: Writing a PhD Research Proposal. School of Health Professions Education, Maastricht University, the Netherlands. Part I completed in October 2014; Part II completed March 6th 2015.
2011 - 2013	Core Foundations in Education Research Program (CoFER). The Centre for Faculty Development, University of Toronto, Toronto ON, Canada

Qualifications, Certifications and Licenses

August 2024	Certified Executive Coach
Feb 2014	Collaborative Institutional Training Initiative: Canada Good Clinical Practice Curriculum (GCP).
Feb 2014	Collaborative Institutional Training Initiative: Responsible Conduct of Research Training (RCR)
Mar 2013	Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS 2: CORE)
June 2007	Leadership Development Program: Deloitte in partnership with Ontario Shores Centre for Mental Health Sciences.
Apr 2007	Psychiatric Patient Care Level 1: Ontario Pharmacists' Association.
2004 – present	Licensed as Pharmacist (RPh, Part A), Ontario College of Pharmacists, Toronto, ON, Canada.

2. EMPLOYMENT

Current Appointments

January – August 2025	**Visiting Scholar**. School of Pharmacy, University of Queensland, Brisbane, QL, Australia.
November 2020 – Present	**Associate Dean, Academic** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
July 2019 - Present	**Associate Professor** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
Sept 2022 – Present	**Associate Editor:** International Journal of Pharmacy Practice
Sept 2016 – Present	**Pharmacy Education Developer**: Pear Health Care Solutions Inc. Project: Creation, development and delivery of comprehensive Mental Health Certification Program for Community Pharmacists in Western Canada (10 online modules with self-assessment questions; final exam; 2-day live session with standardized patients for skills development)
Fall 2015 - Present	**Adjunct Lecturer** School of Pharmacy, University of Waterloo, Waterloo ON, Canada.
2014 - Present	**Pharmacist Consultant** Institute for Advancement in Mental Health. Toronto ON, Canada

Previous Appointments

ACADEMIC

July 2017 – Nov 2021	**Admissions Officer, Doctor of Pharmacy Program** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
Jul 2017 – Oct 2020	**Acting Director Doctor of Pharmacy Program** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
Jul 2015 – June 2019	**Assistant Professor – Teaching Stream** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
July 2016 - June 2022	**Research Fellow** Wilson Centre for Research in Education, University of Toronto, Toronto ON, Canada. Thesis: Defining the *Good* Pharmacist in Pharmacy Education in the 21st Century in North America Supervisor: Dr. Tina Martiamanakis
July 2018 – June 2019	**President,** Association of Faculties of Pharmacy of Canada
July 2015 – June 2019	**Member, Board of Directors** Association of Faculties of Pharmacy of Canada
July 2015 – June 2020	**University of Toronto Councillor** Association of Faculties of Pharmacy of Canada (AFPC)
2015 - 2018	**Chair of Education Committee** Association of Faculties of Pharmacy of Canada (AFPC)

2011 – 2015	**Assistant Professor (status only)** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
2011 - 2015	**Academic Lead Neurology/Psychiatry Curriculum Development Project** Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON, Canada.
2014 - 2017	**Academic Lead: Optimizing Patient Care Program** Office of Continuous Professional Development, Leslie Dan Faculty of Pharmacy, University of Toronto and Ontario College of Pharmacists Toronto ON, Canada.

CLINICAL

2011 - 2015	**Advanced Practice Pharmacist, Pharmacy Clinician Educator** Centre for Addiction and Mental Health, Toronto ON, Canada.
2011 - 2015	**Residency Program Coordinator** Centre for Addiction and Mental Health, Toronto ON, Canada.
2011 - 2015	**Education Coordinator** Centre for Addiction and Mental Health, Toronto ON, Canada.
2011 - 2017	**Adjunct Psychopharmacology Mentor** Collaborative Mental Health Care Network; Ontario College of Family Physicians. Toronto ON, Canada.
2015 - 2020	**Pharmacist Expert**: Centre for Addiction and Mental Health and Department of Psychiatry, University of Toronto. Project: Echo Ontario Mental Health – Telepsychiatry Model for Knowledge Dissemination and Capacity Building (funded by the Ministry of Health and Long Term Care)
2006 - 2011	**Manager, Pharmacy Services** Ontario Shores Centre for Mental Health Sciences, Whitby ON, Canada.
2004 - 2006	**Clinical Pharmacist** Ontario Shores Centre for Mental Health Sciences, Whitby ON, Canada.
2004 - 2018	**Community Pharmacist** Community Pharmacies in ON, Canada.

CONSULTING

October 2024 – Present	**Pharmacy Expert**: Pallett Valo LLP. Expert Opinion on Professional Practice Issues for Legal Cases
July 2024 – Present	**Pharmacy Expert**: Chadi and Company. Expert Opinion on Pharmacology of Drugs for Legal Cases (Criminal)
March – Sept. 2024	**Pharmacy Expert**: Rickets Harris LLP. Expert Opinion on Professional Practice/Ethics of Pharmacy Benefits Managers
Jan 2020 – 2023	**Pharmacy Expert**: McCarthy Tetrault LLP. Expert Opinion on Professional Practice Issues for Legal Cases

Nov 2019 – 2022	**Pharmacy Expert**: Bergeron Clifford LLP. Expert Opinion on Professional Practice Issues for Legal Cases.
Sept 2018- 2020	**Pharmacy Expert**: Lemer and Company Litigation Expert Opinion on Professional Practice Issues for Legal Cases
Jan 2018 – 2019	**Pharmacy Expert**: Pallett Valo LLP. Expert Opinion on Professional Practice Issues for Legal Cases
Sept 2017 – 2019	**Pharmacy Expert**: Dutton Brock LLP. Expert Opinion on Professional Practice Issues for Legal Cases.
Jan 2018 – 2019	**Pharmacy Expert**: Cira Heatlh Expert Opinion on Professional Practice Issues for Legal Cases
June 2016 - 2017	**Pharmacist Expert:** Ontario College of Pharmacists Expert opinions in the field of pharmacy practice and mental health/addictions issues.
Feb 2016 – 2017	**Pharmacy Education Developer:** Pear Health Care Solutions Inc. Project: Development of Online ADHD Modules for Community Pharmacists; Development and Delivery of ADHD live workshop in Vancouver BC; Creation of ADHD Reference Manual.
Aug 2015-2022	**Pharmacy Education Consultant**: of Ontario. Project: Updated Online Medication Resource Centre for individuals and families with schizophrenia and/or psychotic illness.
May - Aug 2015	**Pharmacy Expert**: Ontario English Catholic Teachers Association. Expert Opinion on Medication Issues for Legal Cases.
Mar - June 2015	**Senior Pharmacy Consultant**. Pear Inc. Project: Ornge Air Ambulance Pharmaceutical Policies and Procedure Review.
Jan - Mar 2014	**Pharmacy Education Consultant:** Schizophrenia Society of Ontario. Project: Developed online Medication Resource Centre for individuals and families with schizophrenia and/or psychotic illness.

OTHER

2015 – 2017	**Chair of Task Force to Revise AFPC Educational Outcomes for First Professional Degree in Canada** Association of Faculties of Pharmacy of Canada
Jan - May 2015	**Continuing Professional Development Program**: Shoppers Drug Mart Canada. National Minor Ailments Webinar Series. Project: Developed and Delivered 6 Module Minor Ailment Program across Canada.
2013 - 2015	**National Academic Lead; Clinical Skills Training Program** Project: Developed a one-day interactive workshop on Clinical Decision Making in Pharmacy Practice – to enhance confidence in expanded scope services in Canada. Delivered the program 50 times across Canada to over 5000 practicing pharmacists. Office of Continuous Professional Development, Leslie Dan Faculty of Pharmacy, University of Toronto and Shopper's Drug Mart, Toronto ON, Canada.

3. HONOURS AND CAREER AWARDS

Distinctions and Research Awards

INTERNATIONAL

Received

March 2021 **Rufus A. Lyman Award For Best Paper in Pharmacy Education**. American Association of Colleges of Pharmacy.

NATIONAL

Received

June 2019 **AFPC National Award for Excellence in Education.** Association of Faculties of Pharmacy of Canada.

June 2019 **AFPC Past President Award.** Association of Faculties of Pharmacy of Canada.

June 2019 **CFP Past President Award**. Canadian Foundation for Pharmacy.

May 2015 **Wellspring Pharmacy Leadership Award**. Canadian Foundation for Pharmacy.

PROVINCIAL/REGIONAL

Received

Jan 2009 **Value in Action (VIA) Award of Excellence**. Ontario Shores Centre for Mental Health Sciences. Rewards and Recognition Program.

Nominated

July 2014 **Mentorship Award.** Ontario Branch. Canadian Society of Hospital Pharmacists.

Teaching Awards

LOCAL

Received

June 2021 **Presidents Teaching Award**. University of Toronto

Feb 2018 **Early Career Teaching Award**. University of Toronto.

June 2016 **Professor of the Year Award**. Leslie Dan Faculty of Pharmacy, University of Toronto.

June 2015 **Professor of the Year Award**. Leslie Dan Faculty of Pharmacy, University of Toronto.

June 2014 **Professor of the Year Award**. Leslie Dan Faculty of Pharmacy, University of Toronto.

June 2011 **CSHP Doctor of Pharmacy Award.** Leslie Dan Faculty of Pharmacy, University of Toronto.

Jan 2011 **Doctor of Pharmacy Seminar Award**. Leslie Dan Faculty of Pharmacy, University of Toronto.

Nominated

Jan 2018 **Early Career Teaching Award**. University of Toronto.

Professional Associations

INTERNATIONAL

2015 - Present **Member,** International Pharmaceutical Federation (FIP)

2015 - Present **Member,** American Association of Colleges of Pharmacy (AACP)

2011 - Present **Member,** College of Psychiatric and Neurologic Pharmacists (CPNP)

2011 - Present **Member,** Association of Medical Education in Europe (AMEE)

NATIONAL

2015 – Present **Member**, Association of Faculties of Pharmacy of Canada (AFPC)

2004 - Present **Member,** Canadian Pharmacists Association (CPhA)

2004 - 2018 **Member,** Canadian Society of Hospital Pharmacists (CSHP)

2009 - 2014 **President,** Canadian Association of Psychiatric Pharmacists (CAPP)

PROVINCIAL/REGIONAL

2004 - Present **Member,** Ontario Pharmacists Association (OPA)

Administrative Activities

INTERNATIONAL

Sept 2016 - 2020 **Member**, School of Health Professions Education Research Academy Committee, Maastricht University, Netherlands.
Conference Organization

NATIONAL

Association of Faculties of Pharmacy of Canada (AFPC)

February 2015 – 2021 **Voting Member,** Association of Faculties of Pharmacy of Canada (AFPC) Council of Faculties: adj, Leslie Dan Faculty of Pharmacy

July 2015 – 2021 **Member**, Board of Directors, Association of Faculties of Pharmacy of Canada (AFPC)

July 2018 - 2019 **President**, Board of Directors, Association of Faculties of Pharmacy of Canada (AFPC)

July 2016	**Chair**, National Conference Organizing Committee 2017 *Conference Organization*
July 2015	**Co-Chair,** National Conference Organizing Committee 2016: Building the Future of Pharmacy: We are Agents of Change. *Conference Organization*
July 2015 -2018	**Chair**, Education Committee
Jan 2015 - 2017	**Pharmacy Expert Member**, Canadian Association of Schools of Nursing (CASN) Advisory Committee for Nurse Practitioner Education on Prescribing Controlled Drugs and Substances.

Other

May 2008	**Committee Member**, National Pharmacist Advisory Board Meeting. Supported by Janssen-Ortho Canada. Toronto ON, Canada.

PROVINCIAL/REGIONAL

2008	**Co-Chair,** Organizing Committee, Ontario Hospital Association (OHA) Planning Committee for Mental Health and Patient Safety Conference. *Conference Organization*
Sept 2008	**Expert Member**, Patient Safety Round Table. As part of OHA/CPSI Funded Research Study Examining Patient Safety in Mental Health. Toronto ON, Canada

LOCAL

University of Toronto

Jan 2023 – Present	**Co-Chair** Clinical Partnerships Working Group, Scarborough Academy of Medicine (SAMIH) Academic Planning Table.
Nov 2020 – Present	**Member,** Forum on Student Experience.
Nov 2020 – Present	**Member**, Transforming Informational Landscape Committee
Nov 2020 – Present	**Member**, Principles, Deans, Academic Directors, and Chairs Committee
Nov 2020 – Present	**Member**, Vice Provost Academic Round Table Advisory Committee
June 2021 – Present	**Member**, President's Teaching Academy

Leslie Dan Faculty of Pharmacy

January 2022 – Present	**Chair,** Curriculum Renewal Steering Committee
Nov 2020 – Present	**Member,** Clinical and Licensing Alternatives Working Group
March 2020 – 2022	**Co-Chair,** Vaccine Clinic Learner Working Group
July 2019 – Present	**Member**, Workload Planning Committee
July 2019 – Present	**Chair**, Faculty Recruitment and Admissions Committee
July 2018 – Present	**Member,** Promotion and Tenure Committee

July 2017 – 2021	**Chair,** PharmD Program Committee
July 2017 – Present	**Member,** Dean's Advisory Committee
July 2017 – 2021	**Chair,** Year 1-4 Board of Examiners Committee
July 2017 – Present	**Member,** Program Evaluation and Accreditation Committee,
July 2016 - Present	**Member,** PharmD Admissions Subcommittee
July 2017 – 2021	**Admissions Officer,** Doctor of Pharmacy Program
July 2017 – Present	**Chair,** Hospital University Education Committee (HUPEC)
June 2015 - Present	**Member,** Admissions Committee
Apr 2015 - Present	**Chair,** Student Awards Committee
Jan 2018 – March 2018	**Member**, Dean Search Committee
June 2015 – 2016	**Chair,** Committee for Entry to Practice Professional Degree Programs
July 2015 – 2018	**Member,** Curriculum and Assessment Committee
July 2016 - 2018	**Vice-Chair,** Faculty Council
July 2017- 2019	**Chair**, TAHSN Education Coordinators Committee

CAMH/Leslie Dan Faculty of Pharmacy

2011 - 2016	**Member,** Curriculum and Assessment Committee
2014 - 2015	**Member,** Academic Progress Working Group
2013 - 2015	**Member,** Committee for Entry to Practice Professional Degree Programs
2011 - 2015	**Member,** Pharmacy and Therapeutics Committee
2011 - 2015	**Member,** Division of Pharmacy Practice Committee
2011 - 2015	**Member,** Medication Use Evaluation Committee
2011 - 2015	**Chair,** Pharmacy Resident Advisory Committee
2011 - 2015	**Member,** Faculty Council
2013 - 2014	**Member,** CAMH Clinical Day Planning Committee
2012 - 2013	**Member,** Interprofessional Education Rep for Faculty of Pharmacy
2011 - 2013	**Member,** Clinical Care Committee
2011 - 2013	**Member,** Doctor of Pharmacy Standing Committee
2011 - 2012	**Member,** TAHSN Education Coordinator Committee

Ontario Shores Centre for Mental Health Sciences

2009 - 2011	**Member,** Research Ethics Board (REB)
2009 - 2011	**Member,** Clinical Informatics Steering Committee
2006 - 2011	**Chair,** Medication Reconciliation Steering Committee
2006 - 2011	**Chair,** Nursing Pharmacy Council
2006 - 2011	**Co-Chair,** Pharmacy and Therapeutics Committee
2006 - 2011	**Chair,** Medication Reconciliation Steering Committee,
2006 - 2011	**Member,** Discharge Steering Committee

Peer Review Activities

2024 – Present	Perspectives in Medical Education
2020 – Present	International Journal of Pharmacy Practice
2018 – Present	Academic Medicine
2017 – Present	Research in Social and Administrative Pharmacy
2017 – Present	Currents in Pharmacy Teaching and Learning
2017 – Present	Advances in Health Sciences Education
2017 – Present	BMC Psychiatry
2015 – Present	BMC Medical Education
2013 – Present	Journal of Interprofessional Care
2013 – Present	Canadian Journal of Hospital Pharmacy

EDITORIAL BOARDS

2021 – Present	Associate Editor; International Journal of Pharmacy Practice
2014 – Present	Canadian Pharmacist Association (CPhA); Psychiatry Expert for CPhA Drug Monographs, Therapeutic Choices book chapters and Minor Ailments book chapters.

Innovations and Development in Teaching and Education

Sept 2022 – Present	Insomnia Virtual Education Series: Canadian Pharmacists.
January 2020 – Present	Clozapine: Rethinking the Gold Standard. 3 Module Education Series. Canadian Pharmacists. Renewed Annually.

Jan 2014 - Present	Online Medication Resource for Patients and Families with Mental Illness: Institute for Advances in Mental Health, Toronto ON. Renewed biannually. https://www.iamentalhealth.ca/Find-Support/Medication-Resource-Centre
Dec 2020 – 2021	Mental Health Education Series: Shoppers Drug Mart Ltd. Project Scope: A national educational module on mental health and addictions for practicing community Pharmacists.
2015 - Present	Mental Health Movie Sessions: Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON. Project Scope: A movie series designed to augment teaching in Mental Health and Addictions Curriculum – Mental health and addiction issues are explored through film and discussed through facilitated conversations post-movie. Goal is to increase student and faculty exposure to mental illness while opening the door to conversation with the hope to reduce stigma.
Nov 19, 2017	Practice Essentials for Today's Pharmacist: Enhancing Clinical Skills: National Program; Apotex; British Columbia Roll Out. Vancouver BC.
Oct 14, 2017	Practice Essentials for Today's Pharmacist: Enhancing Clinical Skills: National Program; Apotex; Leslie Dan Faculty of Pharmacy; University of Toronto, Toronto ON.
Dec 2016	Optimizing Patient Care Video Series: *Part 4*. Leslie Dan Faculty of Pharmacy and Ontario College of Pharmacists'. Toronto, ON. Project Scope: 10 online videos available internationally designed increased confidence and skills in clinical pharmacy practice. Available at: https://www.youtube.com/playlist?list=PLVvCH2DPjE05qEwOeomIdrQ9T13O7xYS9
Sept 2016	Optimizing Patient Care Video Series: *Part 3*. Leslie Dan Faculty of Pharmacy and Ontario College of Pharmacists'. Toronto, ON. Project Scope: 10 online videos available internationally designed increased confidence and skills in clinical pharmacy practice. Available at: https://www.youtube.com/playlist?list=PLVvCH2DPjE05qEwOeomIdrQ9T13O7xYS9
June 2015	Optimizing Patient Care Video Series: *Part 2*. Leslie Dan Faculty of Pharmacy and Ontario College of Pharmacists'. Toronto, ON. Project Scope: 10 online videos available internationally designed increased confidence and skills in clinical pharmacy practice. Available at: https://www.youtube.com/playlist?list=PLVvCH2DPjE05qEwOeomIdrQ9T13O7xYS9
Feb 10, 20, 21 2015	Clinical Skills Training Program: National Program; Shopper's Drug Pharmacists; Leslie Dan Faculty of Pharmacy; University of Toronto: British Columbia Roll Out. University of British Columbia, Vancouver BC.
Jan – Nov 2014	Clinical Skills Training Program: National Program; Shopper's Drug Pharmacists; Leslie Dan Faculty of Pharmacy; University of Toronto: Ontario Roll Out. Toronto ON.
Oct 2014	Optimizing Patient Care Video Series: *Part 1*. Leslie Dan Faculty of Pharmacy and Ontario College of Pharmacists'. Toronto, ON. Project Scope: 10 online videos available internationally designed increased confidence and skills in clinical pharmacy practice. Available at: https://www.youtube.com/playlist?list=PLVvCH2DPjE05qEwOeomIdrQ9T13O7xYS9
June 4, 11, 23 - 24 2014	Clinical Skills Training Program: National Program; Shopper's Drug Pharmacists; Leslie Dan Faculty of Pharmacy; University of Toronto: British Columbia Roll Out. University of British Columbia, Vancouver BC.

Mar 28, 2014	Optimizing Patient Care Program: A Practice Change Training Program for Community Pharmacists in Ontario. Leslie Dan Faculty of Pharmacy and Ontario College of Pharmacists. Toronto ON.
Jan 2014	Online Medication Resource for Patients and Families with Mental Illness: Schizophrenia Society of Ontario. Toronto ON.
Jan 2014	Phase 1: Optimizing Patient Care Program: Pharmacy Practice Change Online Course; Licensed Pharmacists in the Province of Ontario; Leslie Dan Faculty of Pharmacy and Ontario College of Pharmacists'. Toronto ON.
Sept – Dec 2013	Clinical Skills Training Program Content Development: National Program; Shopper's Drug Pharmacists; Leslie Dan Faculty of Pharmacy; University of Toronto, Toronto ON.
July 2013 - Present	Pharmacotherapy 7: Neuropsychiatry (Phm 302) Therapeutics Course; 3rd year Doctor of Pharmacy Students; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON. Designed and Delivered.
July 2013 - Present	Mental Health and Addiction Elective Course; 3rd year Doctor of Pharmacy Students; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON. Designed and Deliver.
July 2012	Clinical Skills Training Program: Shopper's Drug Mart Pharmacists; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON.
2006 – 2011	Introductory Psychopharmacology Lectures; Nursing Students; UOIT, Ontario Shores Centre for Mental Health Sciences, Whitby ON.
Jan – Feb 2008	Psychopharmacology Program. Three Part Workshop for Front-line Mental Health Clinicians in York Region. Newmarket ON.
Feb – Mar 2008	Psychopharmacology Program. Three Part Workshop for Mental Health Nurses and Allied Health Professionals. Ontario Shores Centre for Mental Health Sciences, Whitby ON.
Oct 30, 2008	General Psychopharmacology for Treatment of Schizophrenia, Bipolar Disorder and Depression. Canadian Alliance for Education in Mental Health. Toronto ON.

C. Academic History

RESEARCH STATEMENT

My research focuses predominantly on the professional identity of pharmacy, emphasizing the social, cultural, and political conditions that impact professional identity construction in pharmacy education and practice. I am interested in how discourses form and shape what is possible for different healthcare professionals and their trainees to do, think, and act at various points in time. Current work explores professional identity in students from underrepresented groups and the relationship between occupational stress and burnout and professional identity.

In addition to identity research, I am also building a portfolio of research in curriculum development. I am exploring the 'future of work' and the implications for contemporary pharmacy education. I am also interested in how curricular design can impact student well-being, particularly how assessment practices can be redesigned to support learning and mental wellness.

RESEARCH AWARDS

Grants, Contracts and Clinical Trials

PEER-REVIEWED GRANTS

October 2024	**Principal Investigator**, Canadian Foundation for Pharmacy Innovation Fund grant Project: An Educational program to support Canadian Pharmacy Professionals Experiencing Mistreatment from Patients in Community Practice. Principal Investigator: Jamie Kellar. Co-Investigators: Natalie Crown, Naomi Steenhof, Meghan Hayes, Lauren Hutton. Amount: $40,875.00
January 2024	**Co-Principal Investigator**, New Initiatives and Innovations Award. University of Toronto. Project: Electronic Asthma Management System (eAMS**).** Principle Investigators: Samir Gupta, **Jamie Kellar**. Co-investigators: Natalie Crown, Mina Tadrous, Lisa Dolovich. Amount: $74,994.
November 2023	**Co-Investigator**, Education Research Grant, Monash University. Project: *A realist evaluation of practitioner involvement in Monash undergraduate pharmacy teaching degree*. Principle Investigator: Angelina Lim. Co-Investigators: Lauren Crawley, Dr. Mahbub Sarkar, **Jamie Kellar**, Elira Menxhiqi. Amount: $9,993.00
July 2023	**Co-Investigator**, New Initiatives and Innovations Award. University of Toronto. Project: *Supporting Mental Health and Addiction Services in Primary Care.* Principle Investigators: Beth Sproule, Allison Crawford. Co-investigators: Maria Zhang, **Jamie Kellar**, Kate Mulligan, Sean Patenaude. Amount: $74,900.
June 2023	**Co-Investigator**, Insight Development Grant. SSHRC. Project: *Exploring the Experience of Senior Indigenous and Black Pharmacy Students' Professional Identity Formation: A Dual Canadian University Site Approach.* Principle Investigator: Jaris Swidrovich. Co-investigators: **Jamie Kellar**, Sandra Jarvis-Selinger. Amount: $55,889.
December 2022	**Co-Investigator**, Climate Positive Energy Transition Grant. University of Toronto. Project: *Development of a climate resilience and environmental sustainability toolkit for pharmacists.* Principle Investigator: Zubin Austin. Co-investigators: Annalise Mathers, **Jamie Kellar**, Fionna Miller. Amount: $49,750.00
Nov 2017 – Jan 2019	**Co-Investigator**, Innovation Fund Grant: Canadian Foundation for Pharmacy. Project: *Strategies to Encourage Pharmacist Routine Follow-up after Initial. Medication Review in People with Diabetes in Primary Health Care*. Principal Investigator: L. MacCallum. Co-Investigators: L. Dolovich, **J. Kellar**. J. Moore, S. Strauss, G. Lewis. Amount: $60,500.00

NON-PEER-REVIEWED GRANTS

Sept 2017 - Aug 2018	**Co-Investigator**, Teaching Innovation Award: Leslie Dan Faculty of Pharmacy, U of T. Project: *Innovative use of Virtual Interactive Cases (VIC) in Pharmacy Practice Labs (MTM3) to Simulate the Hospital Practice Environment*. Principal Investigator: K. Cameron. Co-investigators: M. So, C. Natsheh, H. Halapy, G. Tait. Amount: $2500.00
Jan 2018 - Dec 2018	**Co-Investigator**, Instructional Technology Innovation Fund: U of T Project: *Using Interprofessional, Student-Directed Simulation to Enhance Critical Thinking and Collaboration in Emergency Situations in Community Health Settings*. Principal Investigator: J. Loc. Co-Investigators: E. Cambly, M. Parry, J. Lai, S. Kanofsky, P. Tzakas, C. LeBouthillier, S. Ibrahim, S. Tyrrell, N. MacInnes, Y. Bashiri, M. Gray.

TEACHING FELLOWSHIPS

August – Dec 2024	Teaching Exchange Fellowship University of Toronto and Hong Kong University. Recipients: Ann Leung, Jamie Kellar Amount: $50, 000

D. Publications

1. PEER-REVIEWED PUBLICATIONS

1. Uni E, **Kellar J**. Role of pharmacy education and pharmacy practice in developing pharmacists as researchers. *International Journal of Pharmacy Practice*. In Press.

2. Crawley L, Lim A, Yang S, Sarkar M, **Kellar J**. Realist Evaluations: Relevance to Pharmacy Practice and Education. *International Journal of Pharmacy Practice*. In Press.

3. Papoushek C, Hadden H, Austin Z, Leong C, Christian S, Jorgensen D, Kwan D, **Kellar J**, Cooper J. Development, implementation, and evaluation of an advanced primary care pharmacist pilot training program as a strategy to enhance team-based primary care. Healthcare Management Forum. 2024;37(1_suppl):49S-54S. doi:10.1177/08404704241266111

4. Sihota A, Barrett B, Bonell C, Chehade A, Dhaliwal J, Kani, M, **Kellar J**, Kwong C, Ravinatarajan P, Schwartz K, Smith S, Thiffault,J, Woit, C, Vaisman A. SARS-CoV-2 Rapid Diagnostic Testing: Canadian Consensus Guidance for Pharmacies. Canadian Pharmacist Journal 2023; 156(3):128-136. doi: 10.1177/17151635231164631.

5. Winston N, Robinson A, Arif S, Steenhof N, **Kellar J**. A Study on the Influence of Intersectionality on Professional Identity Formation among Underrepresented Pharmacy Students. American Journal of Pharmaceutical Education 2023; Published online ahead of print.

6. **Kellar J**, Austin Z. The only way round is through: Professional identity in pharmacy education and practice. Canadian Pharmacy Journal 2022; 155(5):238-240.

7. **Kellar J**, Martimianakis T, van der Vleuten C, oude Egbrink M, Austin Z. Factors influencing professional identity construction in fourth year pharmacy students. *American Journal of Pharmaceutical Education 2022*; Published online ahead of print.

8. **Kellar J**, Singh L, Bradley-Ridout G, Martimianakis T, van der Vleuten C, oude Egbrink M, Austin Z. How pharmacists perceive their professional identity: A scoping review. International Journal of Pharmacy Practice 2021; 29(4):299-20307.

9. Surkic N, **Kellar J**, Mathers A, MacCallum L, Dolovich L. Exploring the Perspectives and Strategies of Ontario Community Pharmacists to Improve Routine Follow up for Patients with Diabetes: A Qualitative Study. *Canadian Pharmacy Journal* 2021; 154(5):342-348.

10. Neubert A, **Kellar J**, Miller D, Kulasegaram K, Paradis E. The (lacking) evolution of relational professional identity in pharmacy students? *Canadian Pharmacy Journal* 2021; 154(1):36-41.

11. **Kellar J,** Paradis E, van der Vleuten C, oude Egbrink M, Austin Z. A historical discourse analysis of pharmacist professional identity in pharmacy education. *American Journal of Pharmaceutical Education* 2020; 84(9).

12. **Kellar J**, Lake J, Steenhof N, Austin Z. Professional identity in pharmacy: Opportunity, crisis or just another day at work? Canadian Pharmacist Journal 2020; 153(3):137-40. doi: 10.1177/1715163520913902.

13. Lake J, Steenhof N, **Kellar J**, Austin Z. Letter to the Editor: “Development and validation of key performance indicators for medication management services provided for outpatients” [Res Social Adm Pharm 15 (9) (2019) 1080-

7], Research in Social & Administrative Pharmacy (2019), doi: https://doi.org/10.1016/j.sapharm.2019.09.061.

14. Paradis E, Zhao R, **Kellar J**, Thompson A. How are competency frameworks perceived and taught? An exploratory study in the context of pharmacy education. *Perspect Med Educ* 2018; 7:200-206.

15. Foong A, Patel T, **Kellar J**, Grindrod K. The Scoop on Serotonin Syndrome. *Canadian Pharmacists Journal* 2018; 151(4): 233-239.

16. Foong A, Patel T, Grindrod K, **Kellar J**. Demystifying serotonin syndrome (or serotonin toxicity). *Canadian Family Physician* 2018; 64:720-721.

17. **Kellar J**, Von Heymann C, Zingaro J, Kuriakose B, Li A, Mittmann N. Costs of Employees with Treatment-Resistant Depression Based on a Canadian Claims Database: A pilot study. *American Journal of Pharmacy Benefits.* 2016; 8(4): e67-e74.

18. Spadaro S, **Kellar J**, Al-Sukhni M, Chaiet A, Remington G, Sproule B. Implementation and Evaluation of an Educational Program for Clinical Pharmacists to Conduct Standardized Assessments for Medication-Induced Movement Related Disorders. *Canadian Journal of Hospital Pharmacy* 2015; 68(3): 258-264.

19. **Kellar J**. Should a PGY-1 Residency Be Mandatory for All Hospital Pharmacists in the Era of Entry-Level Doctor of Pharmacy Programs? *Canadian Journal of Hospital Pharmacy* 2015; 68(4): 342-345.

20. Esposto C, **Kellar J**, Al-Sukhni M, Chaiet A, Grindrod K, Sproule B. Mental Health Literacy Assessment of Ontario Pharmacy Students. Submitted to Canadian Pharmacists Journal September 2018.

2. Manuscripts Under Review

1. **Kellar J**, Martimianakis T, van der Vleuten C, oude Egbrink M, Austin Z. Pharmaceutical Care: A discourse of reprofessionalization. *Submitted to International Journal of Pharmacy Practice.*

3. NON-PEER REVIEWED PUBLICATIONS

Journal Articles

Kellar J. Achieving Early Career Success: 5 Tips. Pharmacy Practice; June 2018.

Kellar J. Enhancing Adherence for Patients with Psychiatric Illness: 5 Tips. Pharmacy Practice; December 2016.

Kellar J. Opportunities for Pharmacists in Managing Depression. Pharmacy Practice 2013; 29(2): 32-35
.

Book Chapters

Kellar J. Changing Nature of Pharmacy as a Profession and Occupation. In: Babar, Z editor. Encyclopedia of Pharmacy Practice and Clinical Pharmacy. Oxford, UK: Elsevier; 2018.

Other Non-Peer Reviewed Publications including Multimedia

Kellar J, Castel S. Medication Reconciliation in a Tertiary Care Mental Health Centre. Accepted for publication in 2008 Patient Safety Guidebook. Published by Ontario Hospital Association, October 2008.

E. Presentations and Special Lectures

1. INTERNATIONAL

Abstracts and Other Presentations

November 2024	Oral Presentation: Pharmacy Education and Practice in Canada. Department of Pharmacology and Pharmacy. Hong Kong University. Hong Kong, China. Presenter: **Jamie Kellar**
September 2023	**Poster Presentation.** Is Pharmaceutical Care The Only Way to be a Good Pharmacist? Perspectives on Professional Identity in Pharmacy. International Pharmaceutical Federation (FIP) Congress, Brisbane, Australia. Presenter: **Jamie Kellar**. Authors: **Kellar J**, Martiaminakis T, oude Egbrink M, van der Vleuten C, Austin Z.
September 2023	**Poster Presentation.** Evaluating the Impact of an Interprofessional Education Curriculum on Pharmacy Graduates in Canada. FIP Congress, Brisbane, Australia. Presenter: Della Croteau. Authors: Croteau D, **Kellar J**, Abela H, Crown N, Rojas D, Langlois S.
August 2023	**Poster Presentation.** A Realist Evaluation Exploring Pharmacy Graduates Experience of Collaborative Practice following an Interprofessional Education Curriculum in Toronto, Canada. Association of Medical Education in Europe (AMEE) Conference, Glasgow, UK. Presenter: Della Croteau. Authors: Croteau D, **Kellar J**, Abela H, Crown N, Rojas D, Langlois S.
July 2023	**Poster Presentation.** Evaluating Interprofessional Education Curriculum: Are We Fostering Collaborative Practice Identities? American Association of Colleges of Pharmacy (AACP) Annual Meeting, Aurora, Colorado. Presenter: **Jamie Kellar**. Authors: **Kellar J**, Croteau D, Abela H, Crown N, Rojas D, Langlois S.
July 2023	**Oral Workshop**: Who were they? Who are we? – An Historical Perspective on Professional Identity. American Association of Colleges of Pharmacy (AACP) Annual Meeting, Aurora, Colorado, US. Presenter: **Jamie Kellar**, Scott Wisneski, Karen Nagel-Edwards.
June 2022	**Oral Key Note Presentation**: The only way round is through: Professional identity in pharmacy education and practice. American Association of Colleges of Pharmacy (AACP) Bridging Pharmacy Practice and Education Summit: Virtual Conference. Presenter: **Jamie Kellar**
August 2019	**Oral Presentation**: Pill counter, business person or health care provider? A discourse analysis of professional identity in pharmacy education. Association of Medical Education in Europe (AMEE) Conference, Vienna, Austria. Presenter(s): **Jamie Kellar**. Authors: **Kellar J**, Paradis E, van der Vleuten C, oude Egbrink M, Austin Z.
July 2019	**Poster Presentation**: Pill counter, business person or health care provider? A discourse analysis of professional identity in pharmacy education. American Association of Colleges of Pharmacy (AACP) Annual Meeting, Chicago, United States. Presenter(s): **Jamie Kellar**. Authors: **Kellar J**, Paradis E, van der Vleuten C, oude Egbrink M, Austin Z.
July 2019	**Poster Presentation:** Caring for our future caregivers: Wellness initiatives at the Leslie Dan Faculty of Pharmacy. American Associate of Colleges of Pharmacy (AACP) Annual Meeting, Chicago, United States. Presenter(s): **Jamie Kellar**. Authors: **Kellar J**, Bjelajac-Mejia S, Cameron A, Wasan K, Austin Z.
July 2018	**Oral presentation**, How are competency frameworks perceived and taught? An exploratory study in the context of pharmacy education. International Social Pharmacy Workshop

(ISPW), Leuven, Belgium. Presented by: Alison Thompson.
Authors: Paradis E, Zhao R, **Kellar J**, Thompson A.

Sept 2017 — **Case Presentation,** Professional Identity in Pharmacy Education: From Chemist to Clinician. Invited Case Presentation. Rogano Meeting, Helsinki, Finland. Presented by: **Jamie Kellar**

Aug 2017 — **Poster Presentation,** Mind the Gap: Discursive Discontinuities in Pharmacist Identity in Pharmacy Education and Practice Literature over the Last Century in North America. Association of Medical Education in Europe (AMEE) Conference, Helsinki, Finland. Presenter: **Jamie Kellar**. Authors: **Kellar J**, Paradis E, oude Egbrink M, van der Vleuten C, Austin Z.

Mar 2017 — **Oral Presentation,** Mind the Gap: Discursive Discontinuities in Pharmacist Identity in Pharmacy Education and Practice Literature over the Last Century in North America. SHE Academy, Maastricht University, Netherlands. Presenter: **Jamie Kellar**. Authors: **Kellar J,** Paradis E, Oude Egbrink M, van der Vleuten C, Austin Z.

May 2015 — **Poster Presentation,** Pharmacotherapy via Telepsychiatry: A Literature Review and Quality Improvement Project**.** Accepted as a poster presentation for the 168th American Psychiatric Association Annual Meeting. Toronto ON. Presenters: Williams L, Mumtaz S, Crawford A**.** Authors: Williams L, Mumtaz S, **Kellar J**, Crawford A

Nov 2014 — **Poster Presentation**, Costs of Employees with Treatment-Resistant Depression Based on a Canadian Claims Database. Accepted as poster presentation for International Society for Pharmacoeconomics and Outcomes Research (IPSOR) 17th Annual European Congress. Amsterdam, The Netherlands. Presenter: B. Kuriakose. Authors: **Kellar J**, Von Heymann C, Zingaro J, Kuriakose B, Li A, Mittmann N.

May 2012 — **Poster Presentation**, Evaluating Monitoring Practices for Movement Related Disorders in Patients on Antipsychotics. Accepted as poster presentation. College of Psychiatric and Neurologic Pharmacists Annual Meeting. Tampa, FL. Presenter: Caroline Warnock. Authors: Warnock C, **Kellar J**, Remington G, Sproule B.

July 2008 — **Oral Presentation,** A Review of Psychotic Patients under Forensic Detention With Respect To Security Level Changes Following Introduction of Clozapine. 8th Annual Conference of the International Association of Forensic Mental Health Services, Vienna, Austria. Presenter: William Johnston. Authors: Johnston W, **Kellar J**, Nussbaum D, Bass S**.**

June 2008 — **Oral Presentation,** The Guideline to Assess Pharmacotherapy Scale (GAPS). XXVI CINP Congress, Munich, Germany. Presenter(s): **Kellar J**, Castel S, Streiner D, Scalco M.

2. NATIONAL

Abstracts and Other Presentations

Nov 2, 2024 — **Oral Presentation**: Beyond the Label: Reframing ADHD Care in Community Pharmacy. Pharmacy U Vancouver Conference. Vancouver, BC, Canada. Presenter: **Jamie Kellar**

June 13, 2024 — **Keynote Presentation:** The Future of Higher Education: Implications for Curriculum Reform in Pharmacy. Canadian Pharmacy Education Research Conference, Quebec City, Quebec. Presenter: **Jamie Kellar**

June 13, 2024 — **Oral Presentation**: A Realist Evaluation of an Integrated Interprofessional Education Program at the Leslie Dan Faculty of Pharmacy, University of Toronto. Canadian Pharmacy Education Research Conference, Quebec City, Quebec.
Presenters: **Jamie Kellar**, Della Croteau

June 13, 2024	**Oral Presentation:** PharmD in 3: The University of Toronto's 3-year Proposed PharmD Program. Canadian Pharmacy Education Research Conference, Quebec City, Quebec. Presenters: **Jamie Kellar**, Natalie Crown
March 2, 2024	**Oral Presentation:** Attention Deficit Hyperactivity Disorder. Alberta Pharmacy Association Conference. Webinar. Presenter: **Jamie Kellar**
March 2, 2024	**Oral Presentation:** Patient Mistreatment of Pharmacy Teams. Alberta Pharmacy Association Conference. Webinar. Presenter: **Jamie Kellar**
January 24, 2024	**Oral Presentation**. Checking in on pharmacy team health and wellbeing. Sobeys National Conference. Webinar. Presenter: **Jamie Kellar**
January 20, 2024	**Oral Presentation:** The New Elephant in the Room: Patient Mistreatment of Pharmacy Teams. Rx Talks OPA Conference, Toronto, ON CAN. Presenter: **Jamie Kellar**
September 2023	**Oral Presentation**: Checking in on pharmacy team mental health and wellbeing. Pharmacy Brands Canada Annual Conference. Calgary, AB CAN. Presenters: **Jamie Kellar**, Taria Douw.
April 2023	**Oral Presentation**: Checking in on pharmacy team mental health and wellbeing. Pharmacy Brands Canada Annual Conference. Whistler, BC CAN. Presenters: **Jamie Kellar**, Miguel Lopez-Dee.
September 2022	**Keynote Presentation:** Learning to Bounce: Tools to combat burnout in healthcare. Canadian Society of Transplantation Annual Scientific Meeting. Banff, Alberta. Presenter: **Jamie Kellar**
June 2022	**Oral Presentation:** Professional Identity in Pharmacy Education. Canadian Pharmacy Education and Research Conference. St. John's, Newfoundland. Presenters: **Jamie** Kellar, Sandra Jarvis-Selinger, Jill Hall, Teri Charrois, Natalie Kennie-Kaulbach
June 2022	**Poster Presentation:** How pharmacists perceive their professional identity: A scoping review. Canadian Pharmacy Education and Research Conference. St. John's, Newfoundland. Presenter: **Jamie Kellar** Authors: **Kellar J**, Singh L, Bradley-Ridout G, Martiamanakis T, oude Egbrink M, van der Vleuten C, Austin Z.
June 2022	**Oral Presentation**: A pharmacist by any other name: What is professional identity and how does it impact advancement? Canadian Pharmacists Association National Conference. Ottawa, Ontario. Presenters: **Jamie Kellar**, Andrea Bishop, Aaron Sihota, Bev Zwicker.
May 2022	**Keynote Presentation**: Learning to Bounce: Tools to combat burnout in healthcare. Canadian Coalition for Pharmacists Caring for Aging Canadians. Virtual Conference. Presenter: **Jamie Kellar**
December 2021	**Oral Keynote**: From Pandemic to Endemic: The road forward. Canadian Immunization Conference. Virtual Conference. Presenters: **Jamie Kellar**, Sandra MacDonald
October 2020	**Keynote Presentation**: Professional Identity in Pharmacy: Crisis, Opportunity or Just Work Day? Canadian Society of Hospital Pharmacists Alberta Branch Symposium. Calgary, Canada. Presenter: **Jamie Kellar**

October 2020: **Oral Presentation**: Marijuana and the Adolescent Brain: Cause for Concern or Just Another Friday Night? Canadian Society of Hospital Pharmacists Alberta Branch Symposium. Calgary, Canada.
Presenter: **Jamie Kellar**

June 2019 **Oral Keynote Presentation**: Revisiting our past to shape our future.
Canadian Pharmacy Education and Research Conference (CPERC). Edmonton, Canada.
Presenter(s): **Jamie Kellar**

June 2019 **Poster Presentation**: Use of Virtual Interactive Cases in a Second Year Pharmacy Skills Lab. Pharmacy Education and Research Conference (CPERC). Edmonton, Canada.
Presenter(s): Karen Cameron
Cameron K, Halapy H, Natsheh C, So M, **Kellar J**, Tait. G.

June 2018 **Poster Presentation**: Mind the Gap: Discursive Discontinuities in Pharmacist Identity in Pharmacy Education and Practice Literature over the Last Century in North America.
Pharmacy Education and Research Conference (CPERC). Ottawa, Canada.
Presenter(s): **Jamie Kellar**.
Authors: **Kellar J**, Paradis E, oude Egbrink M, van der Vleuten C, Austin Z.

Nov 2014 **Poster Presentation,** Costs of Employees with Treatment-Resistant Depression Based on a Canadian Claims Database: A pilot study. Canadian Association for Population Therapeutics (CAPT) Annual Conference. Toronto ON. Presenter(s): Nicole Mittmann
Authors: **Kellar J,** Von Heymann C, Zingaro J, Kuriakose B, Li A, Mittmann N.

Feb 2009 **Poster Presentation:** The Guideline to Assess Pharmacotherapy Scale (GAPS). Accepted as Poster Presentation. Canadian Society of Hospital Pharmacist Professional Practice Conference. Toronto ON. Presenter(s): **Jamie Kellar**.
Authors: **Kellar J**, Castel S.

3. PROVINCIAL/REGIONAL

Abstracts and Other Papers

June 2015 **Poster Presentation,** Mental Health Literacy Assessment of Ontario Pharmacy Students. Accepted as Poster Presentation for Ontario Hospital Residency Research Night. Toronto ON. Presenter: C. Esposto. Authors: Esposto C, **Kellar J**, Al-Sukhni M, Chaiet A, Grindrod K, Sproule B.

June 2015 **Poster Presentation,** Characterizing Buprenorphine/naloxone for the treatment of chronic pain and opioid dependence at the Centre for Addiction and Mental Health within the Pain and Chemical Dependence Clinical Consultation Service. Accepted as Poster Presentation for Ontario Hospital Residency Research Night. Toronto ON. Presenter: R. Stutchbury. Authors: Stutchbury R, **Kellar J,** Sproule B, Chaiet A, Kalvik A, Smith A.

June 2014 **Poster Presentation,** Implementation and Evaluation of an Educational Program for Clinical Pharmacists to Conduct Standardized Assessments for Medication-Induced Movement Related Disorders. Accepted as Poster Presentation for Ontario Hospital Residency Research Night. Toronto ON. Presenter: S Spadaro. Authors: Spadaro S, **Kellar J**, Al-Sukhni M, Chaiet A, Remington G, Sproule B.

June 2013 **Poster Presentation,** Benzodiazepine and Zopiclone Use in an Inpatient Psychiatric Hospital. Accepted as Poster Presentation for Ontario Hospital Residency Program

Research Night. Toronto ON. Presenter: E Lee. Authors: Lee E, **Kellar J**, Chaiet A, Sproule B.

June 2012 — **Poster Presentation,** A Descriptive Study of Antimicrobial Utilization in a Mental Health and Addictions Hospital without an Existing Antimicrobial Stewardship Program. Accepted as Poster Presentation for Ontario Hospital Residency Program Research Night. Toronto ON. Presenter: A Chkaroubo. Authors: Chkaroubo A, **Kellar J**, Chaiet A.

Sept 2008 — **Poster Presentation,** Medication Reconciliation in a Tertiary Care Mental Health Centre; Preliminary Data. Poster Presentation for OHA Conference "Mental Health and Patient Safety: The Beginning of Our Journey". Toronto ON. Presenter(s): **J Kellar** and S Castel. Authors: **Kellar J**, Castel S.

4. LOCAL

Abstracts and Other Presentations

August 2018 — **Poster Presentation**: Strategies to encourage pharmacist routine follow-up after initial medication review in people with diabetes in primary health care – preliminary data. Student Research Day, Leslie Dan Faculty of Pharmacy, U of T.
Presenter: J Rousse-Grossman.
Authors: Rousse-Grossman J, MacCallum L, Mathers A, Kagaoan R, **Kellar J**, Lewis G, Moore J, Straus S, Dolovich L.

June 2008 — **Oral Presentation,** The Guideline to Assess Pharmacotherapy Scale (GAPS). 34 Annual Harvey Stancer Research Day. Department of Psychiatry, Faculty of Medicine, University of Toronto. Toronto ON. Presenter(s): Castel S, Streiner D, Scalco M**, Kellar J.**

Other Presentations

March 24, 2024 — Walmart National Conference Presentation. Minding Your Patients with Major Depressive Disorder and Bipolar Disorder: A Focus on Specialty Therapies. Walmart Canada. Toronto, ON, CAN.

March 2, 2024 — RxAlberta Conference Presentation: The Elephant in the Room: Navigating Patient Mistreatment of Pharmacy Teams. Alberta Pharmacists Association Conference. Virtual.

March 2, 2024 — RxAlberta Conference Presentation: Navigating ADHD in Community Pharmacy. Alberta Pharmacists Association Conference. Virtual.

Jan 19, 2024 — RxTalks Conference Presentation: The New Elephant in the Room: Navigating Patient Mistreatment of Pharmacy Teams. Ontario Pharmacists Association Conference. Toronto, ON, CAN.

December 7, 2023 — CPE Speaker Series: Societal and Higher Education Trends and Their Impact on Curricular Reform in Pharmacy. Centre for Practice Excellence. Leslie Dan Faculty of Pharmacy, U of T.

April 17 2023 — Rexall National Conference Presentation. Checking In on Pharmacy Team Mental Health and Wellbeing. Rexall National Conference. Whistler, British Columbia, CAN.

March 2021 — Pharmasave National Webinar: Mental Wellbeing and Resilience in the Time of COVID-19: What does this mean for pharmacists? Toronto, ON

May 2020 — Nova Scotia College of Pharmacists Webinar: Learning to Bounce: Occupational Stress, Burnout and the Role of Resilience. Toronto, ON.

October 2020	Centre for Faculty Development Best Practice in Education Research Rounds. Revisiting our Past to Shape our Future: A historical view of professional identity in pharmacy education. Toronto, ON
December 2019	Canadian Pharmacists Association Webinar: Resilience: A Primer for Pharmacists. Toronto, ON.
June 2019	Shoppers Drug Mart Annual Education Conference. Clinical Decision Making in Pharmacy Practice. Telus Convention Centre, Calgary AB.
April 2019	Shoppers Drug Mart Annual Education Conference. Clinical Decision Making in Pharmacy Practice. Toronto Convention Centre, Toronto ON.
Aug 2017	Canadian Pharmacists Association National Webinar. The Pharmacists Role in Major Depressive Disorder: Optimizing Care. National Webinar.
June 2017	Shoppers Drug Mart Annual Education Conference. Optimizing Pharmaceutical Care in ADHD, Anxiety, Depression: A Case-Based Approach. Telus Convention Centre, Calgary AB.
June 2017	Canadian Pharmacists Conference. Managing Depression and Bipolar Disorder in Pregnancy: The Role of the Pharmacist. Quebec City Convention Centre, Quebec City QC.
June 2017	Canadian Pharmacists Conference. Pharmaceutical Care Opportunities for Individuals with Mental Illness. Quebec City Convention Centre, Quebec City QC.
June 2017	Association of Faculties of Pharmacy of Canada (AFPC) Canadian Education and Research Conference. Education Scholarship in Canadian Pharmacy Faculties. Quebec City Convention Centre, Quebec City QC.
June 2017	Association of Faculties of Pharmacy of Canada (AFPC) Canadian Education and Research Conference. AFPC Educational Outcomes 2017. Quebec City Convention Centre, Quebec City QC.
May 2017	Canadian Association of Pharmacy Technicians Professional Development Conference. Engaging Individuals with Mental Illness in Pharmacy Practice. Marriott Toronto Bloor Yorkville Hotel, Toronto ON.
May 2017	Primary Care Today Conference: Managing Depression in Primary Care. Departments of Family and Community Medicine, Faculty of Medicine and Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
Jan 2017	Whole Health Pharmacy Partners Conference: Engaging Patients with Mental Illness in Community Pharmacy Practice. Whole Health Pharmacy Partners Head Office, Markham, ON.
Nov 2016	Drug Pricing in Canada: Mobilizing Patients to Action Summit. Drug Pricing in Mental Health: The Pharmacist Perspective. Schizophrenia Society of Ontario and Canadian Cancer Survivor Network. Toronto ON.
June 2016	Shoppers Drug Mart Annual Education Conference. Workshop: What Will the Doctor Think? Managing Physician Expectations in the World of Expanded Scope. Telus Convention Centre, Calgary AB.
June 2016	Ontario Pharmacist Association Annual Conference: Managing Depression: A Case Study. Sheraton Hotel, Toronto ON.

June 2016	London Drugs: ADHD Workshop for Community Pharmacists. Holiday Inn, Richmond BC.
May 2016	Shoppers Drug Mart Annual Education Conference. Workshop: What Will the Doctor Think? Managing Physician Expectations in the World of Expanded Scope. Toronto Congress Centre, Toronto ON.
April 2016	Canadian Association of Pharmacy in Oncology Conference (CAPhO). Motivational Interviewing: Tips and Tools for Pharmacists. Sheraton on the Falls Hotel, Niagara Falls ON.
Jan 2016	Professional Development Week (PDW) National Pharmacy Student Conference. Antipsychotics: Revolutionary or Redundant? Canadian Pharmacy Students and Interns, Niagara Falls ON.
Mar 2015	15th Annual Toronto Psychopharmacology Update Day. The Expected, Unexpected and Everything In-between: Navigating Drug Interactions in Psychiatry. Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto ON.
Feb 2015	Canadian Society for Hospital Pharmacy Professional Practice Conference. Now You Feel Better but Your Heart Doesn't: Cardiovascular Side Effects of Psychotropic Medications. Pharmacy Specialty Network Session Lecturer. Sheraton Centre Toronto Hotel, Toronto ON.
Jan 2015	Shoppers Drug Mart Associate Conference. Making and Owning Clinical Decisions. Plenary Discussion. Orlando, Florida.
Oct 2014	Shoppers Drug Mart National Pharmacist Education Conference. Making and Owning Clinical Decisions. Plenary Discussion. Toronto Congress Centre, Toronto ON.
Oct 2014	Shoppers Drug Mart National Pharmacist Education Conference. Making and Owning Clinical Decisions. Plenary Discussion. Calgary Telus Convention Centre, Calgary AB.
Oct 2016	PharmAdvise 2016 Conference: Depression Care in Community Pharmacy Settings. Allied Pharmacists Inc. Toronto Congress Centre, Toronto ON.
May 2016	Primary Care Today Conference: Managing Depression in Primary Care. Departments of Family and Community Medicine, Faculty of Medicine and Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
May 2016	Primary Care Today Conference: Managing Common Side Effects of Psychotropic Drugs. Departments of Family and Community Medicine, Faculty of Medicine and Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
Feb 2016	Pharmacy U Conference 2016. Managing Depression: A case study in patient care. Toronto Congress Centre, Toronto ON.
Oct 2015	Shoppers Drug Mart Annual Conference. Challenging Decisions in Pharmacy Practice. Toronto Congress Centre, Toronto ON.
May 2015	Primary Care Today Conference: Managing Drug Interactions of Psychotropic Drugs: A focus on antipsychotics. Departments of Family and Community Medicine, Faculty of Medicine and Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
May 2014	Counselling Patients with Mood Disorders: Durham Pharmacists Association, Ajax ON.
May 2014	Primary Care Today Conference: Managing Adolescent Depression in Primary Care. Departments of Family and Community Medicine, Faculty of Medicine and Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
Mar 2014	Counselling Patients with Mood Disorders: Metro Toronto Pharmacist Association, Toronto

	ON.
Nov 2013	Grand Rounds Presentation. Comparing Novel Antipsychotics. Women's College Hospital, Toronto ON.
May 2013	Grand Rounds Presentation. Comparing Novel Antipsychotics. Ontario Shores Centre for Mental Health Sciences Whitby ON.
May 2013	Primary Care Today Conference. Non-Antidepressant Medication for Adjunct Use in Depression. Departments of Family and Community Medicine, Faculty of Medicine, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
Mar 2013	Toronto Psychopharmacology Update Day. Comparing Novel Antipsychotics: Aripiprazole, Asenapine and Lurasidone; Department of Psychiatry, Faculty of Medicine University of Toronto, Toronto ON.
Oct 2012	Smoking Cessation for Community Pharmacists. ABCs of OTCs. Leslie Dan Faculty of Pharmacy. University of Toronto, Toronto ON.
Dec 2011	Safety and Efficacy of Psychotropic Medications in Pregnancy and Lactation. Ontario Pharmacist Association Psychiatric Level I Workshop. Toronto ON.
Oct 2011	Psychopharmacology for Medical Residents. Psychiatry Residents; The Hospital For Sick Children, Toronto ON.
Nov 2010	Obesity, Metabolic Disease and Cardiovascular Risk in the Context of Serious Mental Illness. Continuing Medical Education Conference; Panama.
Dec 2009	Navigating Drug Interactions between Psychotropic Medications and Substances of Abuse; Concurrent Disorders Resource Team; Ontario Shores Centre for Mental Health Sciences, Whitby ON.
Jan – Dec 2009	Psychopharmacology for Front Line Staff; Ontario Shores Centre for Mental Health Sciences Shared Journey Recovery Model Training for Front Line Staff. Ontario Shores Centre for Mental Health Sciences, Whitby ON.
Jan – Dec 2009	Psychopharmacology Workshop; Ontario Shores New Staff Clinical Orientation Program. Ontario Shores Centre for Mental Health Sciences, Whitby ON.
June 2009	Drug Interactions between Street Drugs and Psychotropics. The Concurrent Disorders Network of Durham Region, Whitby ON.
June 2009	How "Street Drugs" Interact with Psychiatric Medications. The Concurrent Disorders Network of Durham Region Public Workshop, Whitby ON.
May 2009	Comprehensive Information on Clozapine for Retail and Hospital Pharmacy Staff. Durham Region Pharmacist Association, Whitby ON.
Nov 2008	Psychopharmacology and Concurrent Disorder Workshop. Addiction Services of York Region, Newmarket ON.
Sept 2008	Medication Safety Panel Discussion. Patient Safety and Mental Health; The Beginning of Our Journey. OHA Conference, Toronto ON.
July 2008	Lecture on Psychopharmacology in Bipolar Disorder. Royal Victoria Hospital Psychiatry Program. Barrie ON.

June 2008	Lecture on Navigating Drug Interactions and the Individual Clinical Review Process; The Psychopharmacology Perspective. Sponsored by Janssen-Ortho Peterborough Region Psychiatry Program. Peterborough ON.
May 2008	Lecture on Managing Medications in Mental Health. Durham Mental Health Services & Schizophrenia Society of Ontario Family Support Network. Whitby ON.
May 2008	Presentation on Implementing Medication Reconciliation in Mental Health; Successes and Challenges at Ontario Shores Centre for Mental Health Sciences. Quality Health Network (QHN) Spring Symposium. King City ON.
Feb 2008	Lecture on Drug Interactions between Street Drugs and Psychotropic Medication. Concurrent Disorders Workshop Central LHIN. Markham ON.
Oct 2007	Lecture on Implementing Medication Reconciliation Program in Mental Health Setting. National Teleconference facilitated by Safer Health Care Now & Institute for Safe Medication Practice.
Oct 2007	Understanding Medications and Mental Health. Presentation to Durham Mental Health Services Family Group. Whitby ON.
Oct 2007	Serious Mental Illness 101; Understanding Mental Illness and Psychotropic Medications. Workshop for Mental Health Clinicians in York Region. Newmarket ON.
Sept 2007	Implementing Medication Reconciliation in Mental Health; Successes and Challenges at Ontario Shores. Workshop to Facilitate Implementation of Medication Reconciliation in Mental Health Environments. Sponsored by Quality Health Network, Safer Healthcare Now and Institute for Safe Medication Practice. Whitby ON.

F. Teaching and Design

COURSES TAUGHT FOR THE LESLIE DAN FACULTY OF PHARMACY

2014 - Present	**Coordinator and Lecturer**: Mental Health and Addiction Elective (PHM386); 3rd Year Doctor of Pharmacy Students; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON.
2013 - Present	**Coordinator and Lecturer**: Pharmacotherapy 7: Neuropsychiatry (Phm 302); 3rd Year Doctor of Pharmacy Students; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON
November 2021-Present	**Lecturer:** HAD6560H Health Professions Education Researc (HPER) Comprehensive Exam Course; Graduate students; Institute of Health Policy, Management and Evaluation, University of Toronto.
June 2018 – Present	**Lecturer:** PHM1141F: Introduction to Education theory, practice, and scholarship. Graduate students; Leslie Dan Faculty of Pharmacy University of Toronto
Nov 2017-Present	**Lecturer**: PHM 1128F: Foucauldian Critical Discourse Analysis. Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
2018 – 2019	**Coordinator:** Phm 618: Education Theory and Practice. Doctor of Pharmacy for Pharamcists Program, University of Toronto, Toronto ON.
2015 - 2018	**Coordinator and Lecturer**:: 3rd Year Doctor of Pharmacy Students; Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.

2011 - 2013	**Coordinator/Lecturer**: Neurophsychopharmacology (Phm 615); Doctor of Pharmacy Program; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON.
2015 - 2017	**Coordinator and Lecturer**: Medication Management III – Clinical Skills and Standardized Patient Lab Course: 3rd Year Doctor of Pharmacy Students; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON.
2011 - 2013	**Coordinator and Lecturer**: Pharmaceutical Care III (Phm 421); 4th Year Bachelor of Science in Pharmacy Program; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON.
2011	**Coordinator and Lecturer**: Pharmacotherapy 1: General Medicine (Phm 101); 1st Year Doctor of Pharmacy Students; Leslie Dan Faculty of Pharmacy University of Toronto, Toronto ON.

OTHER COURSES TAUGHT

2021-Present	**Lecturer:** Wilson Centre Fellowship Series. PhD Fellows; Wilson Centre, University of Toronto.
2015 - 2021	**Lecturer**: Phm 421 (IPFC 8): Neuropsychiatry Course; 3rd Year Doctor of Pharmacy Students; School of Pharmacy, University of ogar, Waterloo ON.
Nov 2017	**Lecturer**: Role of Natural Health Products in Managing Mental Health Disorders. University of Manitoba, Winnipeg MB.
March 5 - 6 2016	Practice Level 1; Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
March 21 - 22 2015	Advance Your Mental Health Practice Level 1; Leslie Dan Faculty of Pharmacy, Toronto ON
April 25 - 26 2015	Advance Your Mental Health Practice Level 2: Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
March 28 2014	Training Program: Leslie Dan Faculty of Pharmacy and Ontario College of Pharmacists. Toronto ON.
Feb 8 - 9 2014	Advance Your Mental Health Practice Level 1; Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
Nov 24 - 25 2013	Advance Your Mental Health Practice Level 1; Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
February 23 - 24 2013	Advance Your Mental Health Practice Level 1; Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
April 20 - 21 2013	Advance Your Mental Health Practice Level 2: Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto ON.
March 2011	Facilitator for Interprofessional Pain Week; University of Toronto, Toronto ON.

G. Student Supervision

1. Graduate Students

PhD Student March, 2024 – Present	Committee Member – Timothy Lin Project: Exploring Facilitators, Barriers, and Opportunities to HIV Pre-exposure Prophylaxis (PrEP) Use Among Urban Indigenous Peoples in the Greater Toronto Area (GTA)
MScPhm Student September 2023 – Present	Co-Supervisor - Cheyenne Matinia Project: Exploring How Pharmacy Students Experience Conflict During Pharmacy School
MScPhm Student September 2022 – August 2024	Committee Member – Maddy Hannah Project: Portrayal and Viewer Perception of Selective Serotonin Reuptake Inhibitor Antidepressants in TikTok Video Content: A Reflexive Thematic Analysis
MscPhm Student September 2022-April 2025	Committee Member – Olexi Pukhov Project: Attrition and Workforce Outcomes Among Internationally and Domestically (Ontario) Educated Pharmacy Graduates

2. Undergraduate Students

International Research Students

September – December 20224	**Supervisor:** Caroline Ang, Master of Pharmacy Student, University College London, UK

PHM 389 Research Students

January – June 2020	**Co-Supervisor**, Florence Zhang, Doctor of Pharmacy Student, University of Toronto
January – June 2019	**Co-Supervisor**, Alexandra Neubert, Doctor of Pharmacy Student, University of Toronto

APPE/IPPE PharmD Students

May - June 2020	**Supervisor**, Harshan Gill, Doctor of Pharmacy Student, University of Toronto
May – June 2020	**Supervisor**, Kyle Yuen, Doctor of Pharmacy Student, University of Toronto
Jan 22 – Feb 23 2018	**Supervisor,** Faraz Razzagh, Doctor of Pharmacy Student, University of Toronto
Nov 2 – Dec 4 2015	**Supervisor,** Tess Tsang, Doctor of Pharmacy Student, University of Toronto
Feb 29 – Apr 4 2016	**Supervisor,** Ryan Tham, Doctor of Pharmacy Student, University of Toronto
Nov 3 – Dec 5 2014	**Supervisor,** Yin Cheng, Doctor of Pharmacy Student; University of Toronto
July 21 – Aug 22 2014	**Supervisor,** Abdullah Al-Kazaz, Doctor of Pharmacy Student; University of Toronto
May 12 – July 18 2014	**Supervisor,** Nina Yu, Doctor of Pharmacy Student; University of Toronto

Post-Baccalaureate Doctor of Pharmacy Students

Jan 6 - 31 2014	**Supervisor,** Casey Phillips, Doctor of Pharmacy Student; University of Toronto
Feb 2 - March 1 2013	**Supervisor,** Jolanta Piszczek, Doctor of Pharmacy Student: University of Toronto
Jan 7 - Feb 1 2013	**Supervisor,** Sara Morgan, Doctor of Pharmacy Student: University of Toronto

3. Residents

Sept 2014 - June 2015	**Supervisor,** Rebecca Stutchbury, Pharmacy Resident: Centre for Addiction and Mental Health
July 2014 – June 2015	**Supervisor,** Cassandra Esposto, Pharmacy Resident: Centre for Addiction and Mental Health
February 3 - 28 2014	**Supervisor,** Julia Cahill, Pharmacy Resident: The Windsor Hospital (elective rotation at the Centre for Addiction and Mental Health)
July 2013 - June 2014	**Supervisor,** Sandra Spadaro, Pharmacy Resident: Centre for Addiction and Mental Health
July 2012 - June 2013	**Supervisor,** Esther Lee, Pharmacy Resident: The Centre for Addiction and Mental Health
May 13 - 31 2013	**Supervisor,** Lauren Hutton, Pharmacy Resident, The Ottawa Hospital (elective rotation at the Centre for Addiction and Mental Health)
April 2 - 25 2013	**Supervisor,** Kayla Cameron, Pharmacy Resident; Dalhousie University Nova Scotia (elective rotation at the Centre for Addiction and Mental Health)
Sept 2011 - June 2012	**Supervisor,** Anatoli Chkaroubo, Pharmacy Resident: CAMH

TIANA TILLI, BScH, PHARMD, RPH, ACPR

tiana.tilli@utoronto.ca

EDUCATION

MSc in Evidence-Based Health Care (Teaching & Education), University of Oxford (September 2024 – Present)

Accredited Hospital Pharmacy Residency (ACPR), University of Toronto (July 2017 – July 2018)

Doctor of Pharmacy, University of Toronto, Leslie Dan Faculty (September 2013 – April 2017)

Bachelor of Science Honours, Life Sciences, Queen's University (September 2009 – April 2013)

PROFESSIONAL EXPERIENCE

Lecturer and Clinical Pharmacist
Faculty of Pharmaceutical Sciences, University of British Columbia (March 2021 – Present)

- Provide patient care within interprofessional and pharmacist-led primary care settings
- Precept student pharmacists and pharmacy residents on clinical and research rotations
- Lead classroom and laboratory teaching including co-coordinating the Faculty's primary care elective
- Develop Indigenous cultural safety and humility continuing education courses for practicing pharmacists
- Conduct practice-based pharmacy research pertaining to public health and expanded scope of practice

Course Coordinator
International Pharmacy Graduate Program (IPG), University of Toronto (September 2020 – July 2024)

- Co-coordinate virtual professional practice laboratory courses to internationally trained pharmacists to prepare them therapeutically, technically, and legally for Canadian practice

Sessional Clinical Lecturer (PHM105, PHM205)
Faculty of Pharmacy, University of Toronto (December 2019 – March 2021)

- Co-coordinated medication therapy management courses focused on patient counselling skills

Director of Pharmacy Innovation & Profession Affairs
Whole Health Pharmacy Partners (April 2019 – March 2021)

- Led the continuing education portfolio for over 100 community pharmacies focused on enhancing clinical competencies to provide expanded scope of practice and public health services
- Created resources to help make pharmacies safe spaces for marginalized populations

Pharmacist Research Assistant
Academic Family Health Team, St. Michael's Hospital (August 2018 – March 2021)

- Completed prospective chart reviews to determine the impact of pharmacist-led opioid stewardship initiatives across all six primary care clinics associated with the hospital

Fellow
Health Economics & Outcomes Research, Becton Dickinson Canada (August 2018 – April 2019)

- Conducted literature reviews to identify clinical and economic burden of healthcare challenges
- Developed decision tree models for pharmacoeconomic analysis of medical device adoption

PGY1 Pharmacy Resident
St. Michael's Hospital (July 2017 – July 2018)

- Provided pharmaceutical care to patients while on rotation in the cardiology, internal medicine, infectious diseases, neurosurgery, and intensive care units as well as the HIV outpatient clinic

Research Intern
Non-Communicable Diseases, World Health Organization (May 2016 – July 2016)

- Conducted a literature review on the role of pharmacists in health promotion
- Developed recommendations for updating WHO/FIP Guidelines on Good Pharmacy Practice

Pharmacy Intern
St. Mary's Hospital Lacor, Uganda (December 2016 – February 2017)

- Developed recommendations for implementing hospital surgical antimicrobial prophylaxis guidelines

Research Intern
Ontario Pharmacists Association (OPA) (May 2015 – August 2015)

- Conducted a mixed-methods study to assess pharmacists' travel medicine knowledge
- Developed an interactive tool to support pharmacists in offering travel medicine clinical services

Pharmacy Student
St. Michael's Hospital (May 2014 – May 2015)

- Provided pharmaceutical care to patients admitted to the orthopedic surgery and general surgery units
- Conducted a quantitative research project on medication turnaround time in the in-patient pharmacy and recommended interventions to improve patient safety based on findings

Pharmacology Research Student
Massey Lab, Pharmacology Department, Queen's University (May 2012 – August 2012)

- Thesis on the effects of sulforaphane on expression of Nrf-2-regulated genes in HPL1A cells

GRANTS AND RESEARCH FUNDING

First Nations Health Authority. Building bridges for First Nations primary health care and clinical pharmacy services. $140,000. April 2024 – April 2025.

British Columbia Ministry of Health. Research Seed Grant. Barriers and facilitators to pharmacist contraception prescribing: A qualitative approach to gain a deeper understanding of pharmacist and patient perspectives. $47,500. March 2024 – March 2025.

PUBLICATIONS

Lac J, Leung C, Yan K, Kapanen A, **Tilli T**. Expanding opioid stewardship: Collaboration between hospital and primary care pharmacists. Canadian Journal of Hospital Pharmacy. 2025 Apr 9;78(2).

Athie Martinez MJ, Berreth T, Lim T, Nourse A, Knott R, Chickite CL, Preston C, **Tilli T**. Our learning journey: Creating continuing education courses for pharmacy team members on First Nations cultural safety and humility in British Columbia. Currents in Pharmacy Teaching and Learning. 2025 Apr;17(4):102276. doi: 10.1016/j.cptl.2024.102276

Sihota A, Bonell C, Buffone B, Houle SKD, Kani M, Kim J, MacLean E, Nseir A, Ravinatarajan P, Richard F, **Tilli T**, Whiskin C, Wong V, Roumeliotis, P. A future-forward influenza immunization model of care for high-risk patients in pharmacies: A Canadian consensus. Canadian Pharmacists Journal/Revue des Pharmaciens du Canada. 2024 Jul;157(5):209-217. doi: 10.1177/17151635241263548

Chang P, **Tilli T**. Building cultural safety and providing CARE for First Nations clients in pharmacy practice. British Columbia Pharmacy Association. The Tablet. 2024 May; 33(2):16-17.

Tilli T, Mathers A, Lin Q, Bhaidani S, Baker J, Wei L, Grootendorst P, Cadarette SM, Dolovich L. The appointment-based model in community pharmacies: Patient demographics and reimbursable clinical services uptake in Ontario. Canadian Pharmacists Journal/Revue des Pharmaciens du Canada. 2024 May;157(3):143-52.

Lin, Q, Mathers A, **Tilli T,** Baker J, Bhaidani S, Grootendorst P, Cadarette SM, Dolovich, L. Implementation of the appointment-based model in community pharmacies: An analysis of refills and adherence. Research in Social and Administrative Pharmacy. 2023 Sep;19(9):1286-91. doi: 10.1016/j.sapharm.2023.05.011

Rezahi S, Mathers A, Patel P, **Tilli T,** Dolovich L. Telehealth in community pharmacy: A new "place" for the appointment-based model given COVID-19 and the future of health care. Canadian Pharmacists Journal/Revue des Pharmaciens du Canada. 2021 Nov;154(6):363-7. doi: 10.1177/17151635211014922

Tilli T, Hunchuck J, Dewhurst N, Kiran T. Opioid stewardship: implementing a proactive, pharmacist-led intervention for patients coprescribed opioids and benzodiazepines at an urban academic primary care centre. BMJ Open Quality 2020;9:e000635. doi: 10.1136/bmjoq-2019-000635

ABSTRACTS, PUBLISHED AND PRESENTED

Lac J, Leung C, Kapanen A, **Tilli T.** Expanding opioid stewardship: Hospital and primary care collaboration. Presented (poster). CSHP Professional Practice Conference. Niagara Falls, April 2024. Presented (poster). Multidisciplinary Undergraduate Research Conference. Vancouver, March 2024.

Tilli T, Berreth T, Lim T. Chickite CL, Athie Martinez MJ, Nourse A, Preston C. Developing First Nations-Specific Anti-Racism, Cultural Safety and Humility Pharmacy Education Modules. Presented (oral): CPERC Annual Conference. Winnipeg, June 2023.

Sharma S, Haghdadi H, Li A, Kapanen A, **Tilli T.** Pharmacist-led Virtual Group Appointments for Complex Health Conditions with High Medication Burden. Podium Presentation (oral). Health Quality BC Quality Forum. Vancouver, June 2023. Presented (poster). CPERC Annual Conference**.** Winnipeg, June 2023.

Tilli T, Ng K, Beauchesne A, Chernushkin K, Lim T, Mihic T. Expanding Opioid Stewardship: Hospital and Primary Care Collaboration. Presented (poster). Health Quality BC Quality Forum. Vancouver, June 2023.

Faggioni M, Wong R, **Tilli T**. Did you pneu?: Impact of an adult pneumococcal immunization campaign across independent community pharmacies. Presented (poster). ID Week. Virtual, October 2020. Presented (poster). ASHP Midyear Clinical Meeting. Virtual, December 2020.

Tilli T, Baginska E. Effectiveness of Capnography on Clinically Important Outcomes From Opioid-Induced Respiratory Depression – A Literature Review. Podium Presentation (oral). ISPOR Annual Conference. New Orleans, May 2019.

Tilli T, Hunchuck J, Dewhurst N, Kiran T. Opioid Stewardship: Implementing Pharmacist-Led Assessments for Patients Co-Prescribed Opioids and Benzodiazepines at an Academic Family Health Team. Presented (poster). Health Quality Ontario Patient Safety Conference. Toronto, October 2018.

Tilli T, Rosenberg-Yunger Z**.** Developing and Evaluating a Tool to Support Pharmacists in Providing Travel Health Care. Ontario Pharmacists Association Annual Conference. Presenter (poster). Toronto, June 2016.

Tilli T, Garland J, Lail S. Evaluating Medication Turnaround Time for a Hospital's In-Patient Pharmacy Services. Presented (poster). CSHP Professional Practice Conference. Toronto, February 2015.

INVITED PRESENTATIONS

Minor Ailments: Assessing Dermatological Symptoms (author). Walmart Patient Care National Conference. Toronto, March 2025.

Minor Ailments and Contraception Service (MACS): Shingles. University of British Columbia Continuing Pharmacy Professional Development Online Course, May 2024.

Pharmacist Prescribing for Minor Ailments (author). Walmart Patient Care National Conference. Toronto, March 2024.

A Case-Based Approach for Pharmacy Teams on Providing CARE for First Nations Clients, University of British Columbia Online Course, September 2023.

Preparing Pharmacists for Influenza Season. British Columbia Pharmacy Association Webinars (series of 2), April 2023, August 2023.

COVID-19 Influenza Vaccine Boosters. British Columbia Pharmacy Association Webinar, October 2022.

Optimizing Total Patient Health by Providing Patient-Centred Care. Shoppers Drug Mart Shaping the Future National Conference. Toronto and Calgary, June 2023.

Advocating for Equity, Diversity, and Inclusion in Pharmacy. Walmart Patient Care National Conference. Toronto, June 2023.

Hot Topics in Primary Care. CSHP-BC Annual General Meeting. Vancouver, November 2022.

Adult Immunizations: Respiratory Health. Ontario Pharmacists Association Webinars (series of 2), June 2020, March 2021.

Implementation of the Appointment-Based Model. Canadian Foundation for Pharmacy Forum. Toronto, November 2019.

Surviving Residency: Top 10 Tips All Residents Should Know. CSHP-Ontario Branch Residents' Clinical Conference. Toronto, September 2019.

Pharmacy as a Career. Queen's University Career Conference. Kingston, November 2016, November 2018.

Optimizing the Pharmacy Student Experience to Create Innovative Leaders. Canadian Pharmacists Association Annual Conference. Fredericton, June 2018.

TEACHING ACTIVITIES

Courses Co-ordinated

Course	Institution	Role	Years
Pharmacy 300 Primary Care Pharmacy Practice	University of British Columbia	Course Co-coordinator	2023 - 2024
Canadian Pharmacy Skills 1: Professional Practice Laboratories 1	University of Toronto	Course Co-coordinator	2020 – 2024
Canadian Pharmacy Skills 2: Professional Practice Laboratories 2	University of Toronto	Course Co-coordinator	2020 – 2024
Pharmacy 205 Medication Therapy Management 2	University of Toronto	Course Co-coordinator	2020 - 2021
Pharmacy 105 Medication Therapy Management 1	University of Toronto	Course Co-coordinator	2019 – 2020

Course Contributor

Course	Institution	Role	Years
Pharmacy 130 Professional Practice 2	University of Waterloo	Guest Lecturer Health Benefits for Indigenous Peoples	2022-2024
UBC 23 24 Indigenous Cultural Safety	Faculty of Medicine, University of British Columbia	Facilitator	2022-2023
Pharmacy 211 Medication Management II	University of British Columbia	Case Facilitator and Examiner	2021-2023
Pharmacy 311 Medication Management IV	University of British Columbia	Case Facilitator and Examiner	2021-2023
Pharmacy 312 Medication Management V	University of British Columbia	Guest Lecturer Complex Cases in Primary Care	2021-2023
Pharmacy 361 Clinical Skills: Administration of Injections	University of British Columbia	Lab Facilitator and Examiner	2021-2023
Pharmacy 362 Advanced Patient Self Care	University of Waterloo	Guest Lecturer Health Benefits for Indigenous Peoples	2021-2022

Recent Students Supervised

Student, University	Course	Year(s)	Notable Achievements
Devon Borody PharmD Student University of British Columbia	Work Learn (Health Promotion)	May – July 2024	"Pharmacy as a Career" Presented at D'HoPE (Diversifying Health and Human Service Professions Education" Summer Program
Isabella Durante	Work Learn	Jan 2023 –	

PharmD Student University of British Columbia	(Health Promotion)	Apr 2024	
Esther Ko PharmD Student University of British Columbia	PHRM 473 – Direct Patient Care (Primary Care)	Feb – Apr 2024	
Hasti Haghdadi PharmD Student University of British Columbia	Work Learn (Health Promotion)	May 2023 – April 2024	"Pharmacist-led Virtual Group Appointments for Complex Health Conditions with High Medication Burden" Poster at CPERC June 2023. "Pharmacy as a Career" Presented at D'HoPE (Diversifying Health and Human Service Professions Education" Summer Program
Karen Yan Flex PharmD Student University of British Columbia	PHRM 496 –Non-Direct Patient Care (Research)	Jan – Feb 2024	"Expanding Opioid Stewardship: Hospital and Primary Care Collaboration." Co-author. CJHP (In Press).
Patricia Chang PharmD Student University of British Columbia	PHRM 496 –Non-Direct Patient Care (Research)	Jan – Feb 2024	"Building Cultural Safety and Providing CARE for First Nations Clients in Pharmacy Practice". Primary author. BCPhA The Tablet. May 2024.
Joycelyn Lac PharmD Student University of British Columbia	PHRM 306 – Directed Studies in Pharmacy Practice (Research)	May – Dec 2023	"Expanding Opioid Stewardship: Hospital and Primary Care Collaboration." Presented poster at CSHP PPC. April 2024. Primary author. CJHP (In Press).
Carmen Leung PharmD Student University of British Columbia	PHRM 306 – Directed Studies in Pharmacy Practice (Research)	May – Dec 2023	"Expanding Opioid Stewardship: Hospital and Primary Care Collaboration." Presented poster at Multidisciplinary Undergraduate Research Conference. March 2024. Co-author. CJHP (In Press).
Kristy Scarfone PharmD Student University of Toronto	APPE – Non-Direct Patient Care (Academia)	May – June 2023	
Ginny Chen PGY1 Resident Lower Mainland Pharmacy Services	Residency Primary Care Rotation	Oct – Nov 2023	Rural rotation at Tla'amin Health at Tla'amin First Nation.
Sonia Sharma PharmD Student University of British Columbia	Work Learn (Health Promotion) & PHRM 306 – Directed Studies in Pharmacy Practice (Research)	Sep 2021 – Apr 2023 May – Aug 2021	"Pharmacist-led Virtual Group Appointments for Complex Health Conditions with High Medication Burden" Presented orally at Health Quality BC Quality Forum June 2023. "Pharmacist-led Virtual Group Appointments for Complex Health Conditions with High Medication Burden" Poster at CPERC June 2023.

Angus Li PharmD Student University of British Columbia	PHRM 496 –Non-Direct Patient Care (Research)	Jan – Feb 2023	"Pharmacist-led Virtual Group Appointments for Complex Health Conditions with High Medication Burden" Poster at CPERC June 2023.
Charissa Tonnesen Flex PharmD Student University of British Columbia	PHRM 494 – Direct Patient Care (Primary Care)	Jan 2023	
Arooj Hayat PharmD Student University of British Columbia	PHRM 473 – Direct Patient Care (Primary Care)	Aug – Oct 2022	
Jenny Chen PGY1 Resident Lower Mainland Pharmacy Services	Residency Primary Care Rotation	Sep – Oct 2022	
Rebecca Leung PharmD Student University of British Columbia	Work Learn (Health Promotion)	May 2021 – Apr 2022	
Wei Tao Sun PharmD Student University of British Columbia	PHRM 496 –Non-Direct Patient Care (Research)	Feb – Mar 2022	
Ana Baskalovic PharmD for Practicing Pharmacists Student University of Alberta	PHRM 513 – Direct Patient Care (Primary Care)	Jan – Feb 2022	
Mantaz Sidhu PharmD Student University of British Columbia	PHRM 473 – Direct Patient Care (Primary Care)	Sep – Nov 2021	
Valeria Carvalho PharmD Student University of British Columbia	Work Learn (Health Promotion)	May – Aug 2021	

AWARDS

Emerging Leader in Pharmacy Practice Award - University of Toronto (March 2022)

- For an alumnus who has graduated in the past 10 years and has shown a level of achievement in their career that is extraordinary for an individual early in their career

New Practitioner of the Year Award - Ontario Pharmacists Association (June 2021)

- For a pharmacist who has been practicing no more than five years who is committed to outstanding patient care and innovative practice

Faculty & Staff Impact Award - Department of Family and Community Medicine, University of Toronto (June 2019)

- For achievement of improvement across patient experience and/or population health

Paul Halligan Memorial Pharmacy Resident Award - CSHP-Ontario Branch (November 2018)

- For the resident that most embodies dedication, discipline, determination, and enthusiasm

Pharmacy Practice Residency Award - CSHP-Ontario Branch (November 2018)
- For a residency research project that represents a significant innovation, practical application, and/or development in an institutional pharmacy practice setting

Ontario Pharmacy Residency Association Poster Award – CSHP-Ontario Branch (November 2018)
- For the top residency research poster presented at the Annual General Meeting

Deanna Williams Award - University of Toronto (June 2017)
- For innovative leadership in pharmacy-related settings, the likelihood of a noteworthy future contribution to the profession, and a commitment to continuous learning

Student of Distinction Award - Ontario Pharmacists Association (June 2017)
- For strong leadership qualities and a commitment to advancing the profession

American College of Apothecaries Award - University of Toronto (June 2017)
- For accomplishments in patient counseling including addressing medication therapy needs and establishing a patient-centered therapeutic relationship

Dean Donald Perrier Award – University of Toronto (April 2017)
- For the fourth year student who has made the greatest contribution to organizations and councils with the goal of advancing the practice of pharmacy

Gordon Cressy Student Leadership Award – University of Toronto (April 2017)
- For students who have made outstanding extra-curricular contributions to their college, faculty or school, or the university as a whole

OTC Counselling & Patient Interview Competition Winner – CAPSI (November 2016, November 2014)

Frank Kwiecien Memorial Scholarship – University of Toronto (July 2016)
- For exceptional vision and leadership through service to the community and profession

Ruth Segal Memorial Award – University of Toronto (July 2016)
- For the third year student who obtains the highest standing in PHRM386 Mental Health and Addictions

K. Wayne Hindmarsh Award of Excellence – University of Toronto (July 2016)
- For a student who shows outstanding achievement in leadership, academics and the advancement of the pharmacy profession

Centennial Leadership Award - Canadian Pharmacists Association (June 2016)
- For actively promoting the profession of pharmacy and achieving strong academic results

Guy Genest Passion for Pharmacy Award – University of Toronto (January 2016)
- For notable passion for, and dedication to, the profession of pharmacy

Doris C. Kalamut Award – University of Toronto (September 2015)
- For strong leadership skills that contribute to the betterment of student life

Pharmacology/Toxicology Award Excellence in Undergraduate Research – Queen's University (June 2013)
- For a student who obtained the highest standing in a fourth-year discipline specific research project

ACADEMIC SERVICE

Mentor – PharmaSEE Mentorship Program – University of Toronto (November 2024 – Present)

Underserved Communities Task Force Member – University of British Columbia (September 2023 – Present)

D'HoPE Faculty Lead – University of British Columbia (August 2022, August 2023, August 2024)

Pharmacy Admissions Preparation Team Member – University of Toronto (January 2021 – Present)

Pharmacy Young Alumni Committee Member – University of Toronto (September 2019 – Present)

President - Ontario Pharmacy Residents Association (June 2017 – July 2018)

President & Past President – Undergraduate Pharmacy Society (UPS) (June 2015 – June 2017)

Class President & Vice-President – 1T7 Class Council (September 2013 – June 2015)

EXTERNAL VOLUNTEERING

Youth Mentor – Urban Native Youth Association (UNYA) (January 2022 – Present)

Clinic Volunteer – IMAGINE Clinic (September 2016 – January 2022)

Health Professional Volunteer - Yonge Street Mission (April 2018 – March 2021)

PROFESSIONAL LICENSURE & MEMBERSHIP

Pharmacist – College of Pharmacists of British Columbia

Pharmacist – Ontario College of Pharmacists

Pharmacist Supporter – Ontario Pharmacists Association (2015-Present)

Pharmacist Supporter – Canadian Society of Healthcare-Systems Pharmacy (2017-2018, 2023-2024)

BRIEFING NOTE
Human Rights Tribunal of Ontario - Matter Update

PURPOSE: To brief the Council on the final resolution of the matter before the Human Rights Tribunal of Ontario

OUTCOME Information

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

PROCESS:

Activity:	Presentation and discussion.		
Results:	None required		
Overall Timing:	15 minutes		
Steps/Timing:	**1.**	CEO will present the briefing and the list of appointments.	5 minutes
	2.	Council questions and discussion.	5 minutes

BACKGROUND:

In 2018, the College received a complaint against a registrant and the Inquiries, Complaints and Reports Committee (ICRC) initiated an investigation in accordance with the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991*.

At the outcome of its investigation, the ICRC decided not to refer the matter to a hearing before the Discipline Committee but instead decided to address the areas of concern by requiring the Registrant to complete a Specified Continuing Education or Remediation Program ("SCERP"). The ICRC required the Registrant to unconditionally pass the PROBE: Ethics and Boundaries Program – Canada ("PROBE"), an external and independent ethics program. PROBE is administered by the Center for Personalized Education for Physicians ("CPEP"). The approximate cost of the PROBE program is USD 2,480.

In 2019, the College received the PROBE Program Evaluation and Assessment Report directly from PROBE. The Report stated that the Registrant conditionally passed the course. This meant that the Registrant had not met the terms of the SCERP and would have an additional attempt to unconditionally pass the PROBE course. The Registrant subsequently wrote to the College indicating that due to their financial situation they could not complete the course a second time and as such, an extension of time to complete the course was granted. Additionally, the College offered the Registrant financial support to pay for the second PROBE attempt; however, the Registrant declined. The Registrant had also sought to have an alternative course made available to her.

Around the same time, the College was advised by CPEP that they would not enroll the Registrant in a subsequent PROBE course thus not allowing her to complete the course a second time. As a result, the College advised the Registrant of an alternative course, which also happened to have a lower cost associated with it.

Subsequently, the Registrant filed a complaint against the College with the Human Rights Tribunal of Ontario on the basis that the College discriminated against them on the basis of disability when the College considered the request to complete an alternate form of remediation.

This matter has been on-going before the HRTO since 2019.

DISCUSSION POINTS:

College denies claims

The College has and continues to deny that it discriminated against the Registrant on the basis of her disability. The evidence, if presented, would likely demonstrate that the College was both responsive to her financial situation and the issues that arose with CPEP.

Inadmissibility of evidence

The broader issue for the College relates to the inadmissibility of any evidence relating to the ICRC matter. Section 36(3) of the Code prohibits the use of any "report, document or thing prepared for or statement given at a proceeding under the Act" from being admitted in a civil proceeding. Complaints before the HRTO are civil matters. In the College's opinion, any materials submitted by the Registrant and any materials submitted by the College in its defense would be inadmissible and by using them, the College itself would be breaching the Code.

The HRTO has upheld this position in several other matters before it in the past.

What constitutes the "proceeding"?

One of the challenges in this case has been the narrowing of the allegations against the College to avoid the prohibitions of section 36(3). The Registrant was preparing to argue that the decisions made by the College after the ICRC decision were not a part of the proceeding while the College would have submitted that any and all communication relating to the decision by the ICRC constituted part of the proceeding and was therefore protected by 36(3).

Offer to Settle

The College has been asking the HRTO for a summary hearing on the admissibility of the evidence under section 36(3). After arguments on the merits of this, the HRTO had reserved its decision; however, in April 2025 the HRTO ruled against holding a summary hearing and decided to proceed to a full hearing. No reasons for the decision were presented.

Following this decision, the Registrant presented the College with an offer to settle the matter in exchange for a payment of $6,000. The College counter offered to settle for $2,500 with the proviso that the settlement was not an admission on the merits of the matter. The Registrant responded seeking $3,500 to which the College agreed.

Risks and Costs

When assessing the offer to settle, the College had to consider several key issues, including but not necessarily limited to:

- The legal costs of proceeding to a hearing before the HRTO,
- The potential legal costs of proceeding to a judicial review of an HRTO decision should they not accept the 36(3) argument from the College,
- The costs associated with the time and effort that would be required by College staff to support moving forward,

- The principle of fighting in support of section 36(3) and the proper manner in which the College handled the issues surrounding the ICRC processes.
- The risk that the HRTO might find against the College and the reputational damage that might cause as it would suggest that the College did discriminate against the Registrant.
- The differential between the costs associated with settlement versus the costs associated with proceeding.

The decision to agree to a settlement is based on it having considered the totality of the matter. While defending the proper actions of the College and the application of section 36(3) are both important and principled, the final analysis was that the costs of doing so far outweighed the principles at play.

ANALYSIS

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

- Hazard risk:
    - Liability – the costs of defending the claims before the HRTO were already significant; however, moving forward as a matter of principle would have increased these costs significantly. Additionally, had the HRTO ruled in favour of the Registrant, there would also have been additional punitive costs to the College.
- Operational risk:
    - People – While the College did and continues to believe that the College staff acted appropriately, these kinds of matters have a negative impact on the overall experience of staff. This would have been increased if the College risked an adverse finding from the HRTO.
    - Processes – Once again, the College believes its processes are sound and appropriate, however, there was a risk that the HRTO, may find otherwise bringing our processes into question when they need not be.
- Strategic risk:
    - Reputation – Careful consideration was given to the potential damage to the College's reputation among the registrants, other Colleges, stakeholders and the public should the HRTO make an adverse finding against the College. While the College believes it acted appropriately, if the HRTO were to make the finding, the outcome might suggest otherwise.

Privacy Considerations – The facts of the matter and the issues leading to a settlement are being provided to the Council; however, the name of the registrant is not being disclosed. While the College would have taken this position regardless (it has never disclosed the name of the registrant taking the matter to the HRTO), not disclosing the name is also a part of the settlement agreement.

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

- Timely, accessible and contextual – release of the briefing materials and the discussion of outcome on this matter in open Council provides timely information as well as providing it in the context of the issues.
- Balance – in this instance, the College is balancing accountability against fairness and privacy to the registrant. It is important to note that while the College believes it acted appropriately, any registrant has the right to access outside tribunals and doing so should not be a reason to disclose sensitive information about them publicly as a means of retribution. There should be no retribution against a registrant who exercises their rights.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Good governance, and proving such, might have been a reason for continuing to pursue the matter before the HRTO; however, good financial stewardship of the organization would suggest otherwise. The final amount paid is a fraction of the costs to continue with the matter and the public interest would suggest that settlement was the correct choice, even if we believed we had the “winning hand”.

Andrew Parr, CAE
Chief Executive Officer
May 2025

BRIEFING NOTE
Review of the Regulatory Framework – Approach to Outcomes

PURPOSE: To seek Council's guidance on their preferred approach to receiving outcomes from the review of the regulatory framework.

OUTCOME Acceptance

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

PROCESS:

Activity:	The CEO will provide highlights of the briefing and identify the matter on which guidance is sought.		
Results:	Council is asked to provide guidance.		
Overall Timing:	30 minutes		
Steps/Timing:	**1.**	Review of issued by CEO	10 minutes
	2.	Q & A from Council members	15 minutes
	3.	Motion and vote	5 minutes

BACKGROUND:

In January 2023, the Council adopted a new Strategic Plan for the College that it developed in November and December 2022. The new plan took effect on April 1, 2023 and was supported by a new Operational Plan presented by the Chief Executive Officer (CEO) and accepted by the Council.

The two objectives set out by the Council were:

1. The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform it role.
2. Naturopathic Doctors are trusted because they are effectively regulated.

Within the second object where four strategic priorities, namely:

- Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.
- Registrants and the public are aware of and adhere to the standards by which NDs are governed.
- Registrants are held accountable for their decisions and actions. • Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care.
- The College examines the regulatory model to maximize the public protection benefit to Ontarians.

The matter being brought before the Council on which guidance is sought relates to the final priority identified by the Council.

DISCUSSION POINTS:

The CEO and Senior Management Team of the College presented an Operational Plan in March 2023 that set out the activities in which the College would engage to achieve the Strategic Objectives of the Council and act on the Strategic Priorities.

With respect to the priority stated as “The College examines the regulatory model to maximize the public protection benefit to Ontarians”, several initiatives were identified as follows:

- Registration Regulation and Related Policies
    - In consultation with the Registration Committee, the College will undertake a comprehensive review of the structure and provisions of the Registration Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included. Specific indicators included:
        - The College will consider the current classes of registration to determine if there is an alternative approach that might improve public protection and reduce the regulatory burden on registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation.
        - The College will consider the current structure of the entry-to-practice examinations to determine whether there may be opportunities to streamline the examinations and improve timeliness of access to the profession.
        - The College will consider whether all of the current ETP requirements surrounding acupuncture and naturopathic manipulation should remain or whether an alternative post-certification approach, such as rostering, may be beneficial to public protection and access to the profession.
        - The College will consider whether a specialization program might be warranted and in the public interest.
        - The College will consider current requirements set out in by-laws and standards that might more appropriately be incorporated into the Registration Regulation to improve enforcement opportunities in the public interest.
        - The Registration Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.
- General Regulation and Related Policies
    - The College will undertake a comprehensive review of the structure and provisions of the General Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.
- Professional Misconduct Regulation and Related Policies
    - In consultation with the Inquiries, Complaints and Reports Committee, the College will undertake a comprehensive review of the structure and provisions of the Professional Misconduct Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included. Specific indicators included:

        - The College will consider whether retaining the prohibition on the use of testimonials is in keeping with modern approaches to regulation or whether it might be restructured or removed.
        - The College will consider whether a program of specialization is recommended in other reviews and therefore whether changes to the Professional Misconduct Regulation might be warranted.
        - The College will consider whether a breach of by-laws should be included as a defined act of professional misconduct.
        - The ICRC and staff, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.
- Quality Assurance Regulation and Related Policies
    - In consultation with the Quality Assurance Committee, the College will undertake a comprehensive review of the structure and provisions of the Quality Assurance Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.
- Standards Review
    - In consultation with the Standards Committee, the College will undertake a comprehensive review of the structure and provisions of the standards and related policies and in the context of other recommendations made under this priority activity and will make recommendations to the Council on any changes necessary. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.
- By-law Review
    - The College will undertake a comprehensive review of the structure and provisions of by-laws in light of other recommendations made under this priority activity and will make recommendations to the Council on any changes that may be necessary. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.

Neither the Council's Strategic Plan nor the College's Operational Plan set out an approach to receiving the information obtained by the College during conducted reviews nor any methodology for receiving any recommendations relating to 'maximizing the public protection benefit to Ontarians.'

Thus far, there have been four consultations undertaken by the College that would fall under this review. They include:

- Currency – outcomes of which have been acted on by the Registration Committee and filed with Council.
- Data Collection – outcomes of which have been acted on by the CEO under the Risk-based Regulation Program.
- Therapies Consultation – outcomes of which must be determined by Council.
- Classes of Registration – outcomes of which must be determined by Council.

Additional consultations are planned as follows:

- Specialties (May-June 2025)
- Oral Micronized Progesterone (July-august 2025)
- Testimonials (September-October 2025)
- General Regulation proposals (2026)
- Professional Misconduct Regulation proposals (2026)

- Quality Assurance Regulation proposals (2026)
- Registration Regulation proposals (2026).

At issue is the preferred approach for the Council moving forward. Some questions to consider include:

- Whether the Council would prefer to receive a report on the individual consultations or wait to see the outcomes as part of the overall consultations on the regulations?
- If the Council prefers to receive reports on the individual consultations, should these reports consider recommendations and rationale for those recommendations?

Presently, the consultations move forward as “preliminary” or “factfinding” consultations. This works well for specific issues such as classes of registration, testimonials, and specialties; however, experience has shown that when a draft regulation is included in the consultation, it tends to garner more attention and in some cases consternation because they have not been vetted by the Council.

Therefore, when it comes to the General, Professional Misconduct, Quality Assurance and Registration Regulations:

- Would Council prefer to vet and approve in principle these potential changes before release, or would the Council wish to continue with the approach that the changes being put forward are factfinding surrounding the desire and impact for the changes? If the latter approach is taken, Council will be required to review and approve in principle any actual changes and undertake formal consultations subsequently.

An Important Note about Consultations

Section 95(1) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act*, sets out the regulation making authority of the Council. This section sets out a large number of areas in which the Council can make regulations as well as referring to any regulation making authority of the Council set out in the health professions act, i.e., the Naturopathy Act, 2007 for this Council.

This section also sets out that any Regulations made by the Council are subject to “the approval of the Lieutenant Governor in Council and with prior review of the Minister.”

Furthermore, and notably, section 95(1.4) requires that a regulation shall not be made unless the proposed regulation is circulated to every member at least 60 days before it is approved by the Council, unless the regulation is required by the Minister under clause 5 (1) (c) of the RHPA.

On the other hand, the Council’s Governance Policies, namely Executive Limitation policy EL03.02-Communications and Council Support, indicates that the CEO shall not fail to collect for the Council as many staff and external points of view, issues and opinions as needed for fully informed Council choices.

Hence, the approached to operationalizing this strategic initiative has been that any suggested changes to the Regulations made under the Act, would undergo two distinct consultations. The first as a factfinding or exploratory consultation, the second after Council has approved in principle actual changes to the regulations that would then undergo a formal 60-day consultation process.

In consideration of these two requirements, it has been contemplated that as the College nears the end of the current strategic plan timeframe, Council would receive recommendations for changes to any of the regulations necessary to support strengthening the public protection benefit together so as the impact on the entire regulatory framework could be identified.

ANALYSIS

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

- Operational risk:
    - Process – relates to the sheer volume of the consultations underway as well as the preparation time and analysis and summary of feedback received.
- Strategic risk:
    - Economic environment – growing market uncertainty has created a degree of uncertainty around the job market and how this might impact salary as well as operational costs.
    - Political – with the recently re-elected government there is a consistent approach to regulation, however, the economic issues raised with the US have created an incentive to find ways to reduce red tape and ensure access across Canada.
    - Reputation – Consultations raise the ire of many registrants who fear overregulation and limits on the innovation that they can bring in their practices.

Privacy Considerations – There are no privacy considerations.

Transparency – The transparency assessment is based on the document *Understanding the College's Commitment to Transparency*, a copy of which is included in the Information Items of the Consent Agenda. Only those transparency principles that are relevant have been identified and addressed. The consultation processes is open and transparent and provides as much information as is possible. Any reports crafted from the consultations will be disclosed publicly and any final decisions made by the Council will likely result in further consultations.

Financial Impact – There is no immediate financial impact; however, the nature of the reporting and extent of consultations will impact the College's human resources.

Public Interest – The public interest assessment is based on the document Understanding the Public Interest, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed. The consultation processes of the College are open to all to participate; however, in the evaluation process of the feedback the College receives, it is understood that there is a healthy dose of profession-interest above the public interest. While the public is invited to participate, the number of submissions from members of the public are always low. Therefore, the College and its Council will be called upon to consider the public interest very carefully in its deliberations.

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. Although College consultations are inclusive in that they invite all registrants and the public to respond, including through discussions using the In Conversation With series, there are concerns that many registrants merely reiterate feedback provided by the professional association rather than providing their own person views. It is unclear if individuals who have differing opinions are comfortable to provide those to the College.

Andrew Parr, CAE
Chief Executive Officer
May 2025

BRIEFING NOTE
Educational Briefing - Complaints and Reports Processes

BACKGROUND

The College of Naturopaths of Ontario is established under the *Naturopathy Act, 2007* and the *Regulated Health Professions Act, 1991*. Its duty, as set out in the legislation, is to serve and protect the public interest. Its mandate is to support patients' rights to receive safe, competent, and ethical naturopathic care.

The College achieves its mandate by performing four key functions.

1. **Registering Safe, Competent, and Ethical Individuals -** The College establishes requirements to enter the practice of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical and qualified individuals to practise naturopathy in Ontario.

2. **Setting Standards –** The College sets and maintains standards of practice that guide our Registrants to ensure they provide safe, ethical and competent patient care and guide patients to understand the standard of care that they can expect from a naturopath.

3. **Ensuring Continuing Competence –** The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent and ethical naturopathic care.

4. **Providing Accountability through Complaints and Discipline –** The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

Some elements of the College's role, such as setting standards and ensuring continuing competence, are proactive insomuch as they attempt to prevent issues from arising by setting minimum standards and ensuring a competent profession. Other elements of the College's role, such as registering individuals and holding naturopaths accountable, are reactive, that is, they are initiated only after an event occurs. The event may be a request to sit an exam or to become registered or a complaint that has been filed against a Registrant.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement; and we have held those who may have faltered to be accountable for their decisions and actions.

The focus of this briefing is on the Complaints and Reports program and processes of the College.

Complaints and Reports Program

The Complaints and Reports Program is the primary method by which the College responds to concerns about the practice, conduct or health of a Registrant in instances where they may have failed to meet the standards of the profession. These concerns can be raised by formal complaints, reports filed by regulated health professionals, employers or other organizations or as the result of investigations initiated by the College's CEO. The formal process for investigation of a complaint is outlined in the *Regulated Health Professions Act*. Each step of the complaints and reports process is designed to ensure fairness to both the person filing the complaint, and the ND named in the complaint. Although the College investigates all complaints received, the RHPA does permit the Inquiries, Complaints and Reports Committee (ICRC) to take no action if it considers the complaint to be frivolous, vexations, made in bad faith, moot or otherwise an abuse of power.

The ICRC is responsible for overseeing the investigation of inquiries, concerns or reports regarding the conduct and/or competence of Registrants. An investigation may include appointing formal investigators to obtain records, interviewing parties or witnesses, collecting any relevant documentation.

The ICRC is composed of Naturopathic Doctors, appointed public members and representatives of the public. The Committee works in panels of no less than three people, one of which must be a public member.

The ICRC does not have the authority to order monetary compensation or process anonymous complaints.

Complaint Process

Given the importance of the Complaints Program to the College's mandate and to the Registrants against whom allegations may be made, the Complaints Process can be complex and depending on the nature and complexity can take a great deal of time. The *Regulated Health Professions Act* requires that investigations of complaint be completed within 150 days of it being filed with the College. Should more time be necessary the College is required to send regular notifications to the Health Professions Appeal and Review Board, as well as both the complainant and Registrant, explaining the reason for the delay and the anticipated date of completion.

The Complaints and Reports process begins when the College receives information that a Registrant may have committed acts of professional misconduct and/or incompetence. This can be in the form of a formal complaint, which can be filed at any time and by any person including but not limited to patients, other health professionals, Registrants or any member of the public. All complaints must be submitted to the College in writing or recorded in video or audio format. Complaints must include:

- The name of the naturopathic doctor.
- The Complainant's name and contact information.
- Details of the problem or concern, including specific places, dates and issues that occurred, etc.
- The names of other individuals or witnesses who may be able to provide the College with more information.
- Any other information that may help the ICRC process the complaint.

Outside of a formal complaint sometimes information is brought to the attention of the College from a variety of other sources. This information might include a criminal case being reported in the newspaper or information provided by an employer or insurance company who may choose not to file a formal complaint or go through the complaints process. In these situations, the CEO will consider the

information and College staff will verify the information if possible. If there are reasonable and probable grounds to believe that a Registrant has committed acts of professional misconduct or is incompetent and the CEO determines that action is needed, with the approval of the ICRC, the CEO may appoint an investigator to collect information about the matter and file a Report with the ICRC.

The following is a general outline of the stages of a Complaint/Report process. As a part of its transparency initiatives, the College publishes anonymized summaries of outstanding complaint and report investigations on its website.

Stage 1: Notice of Complaint/Report

Within 14 days of receipt of a complaint or a report, the College issues a notice of complaint/report to the Registrant in question. The Registrant may make a written submission to the ICRC within 30 days of the date of the notice.

Stage 1a: Interim Order

In extreme situations after receiving a complaint or appointing an investigator, a Panel of the ICRC may make an interim order to suspend or impose terms, conditions or limitations on a Registrant's certificate of registration if it believes that the Registrant's conduct is likely to expose patients to harm or injury. If an interim order is being contemplated, the Registrant will typically receive notice about the intention to impose and interim order and provided an opportunity to respond. In certain circumstance, a Panel of the ICRC may impose an interim order without notice where it believes that urgent intervention is required. Where an interim order is made, the information is posted on the public register.

Stage 2: Additional comments from complainant (Complaints ONLY)

The Registrant's response is provided to the complainant who may provide comment. Should new information or allegations be raised in the response, the information will again be provided to the Registrant for comment.

Stage 3: Review by ICRC

Once all documentation and relevant information has been collected from the parties and possible witnesses, the matter is reviewed by a panel of the ICRC. The Panel conducts a thorough review of the information and considers whether there are any additional documents that should be obtained or any other witnesses who should be approached and interviewed.

Stage 3a. Expert Opinion

Where unwritten standards of practice within the profession are an issue, the Panel may retain a knowledgeable member of the profession to provide an expert opinion. Similarly, experts in document analysis, DNA, mental health or other disciplines may be required in some cases.

Stage 3b: Formal Investigation (Complaints ONLY)

In some circumstances the Panel may request that the CEO appoint a formal investigator, who has the power to:

- Enter the Registrant's place of practice and examine records or equipment and, where necessary, copy or remove them;
- Summons witnesses or documents; and

- Obtain and enforce a search warrant.

Stage 4: Decisions and Reasons

Once the investigation is completed the ICRC reviews all available materials and deliberates on the potential outcomes of the complaint/report. A written decision and the reasons for the decision are provided to both the complainant and the Registrant except where the matter has been referred to the Discipline Committee or to another panel of the ICRC to conduct health inquiries.

A panel of the ICRC, after investigating a complaint or report, may do any one or more of the following:

Take no action

if the conduct and/or actions meet reasonable and acceptable standards of practice, or if there is insufficient information to support the allegations, the Committee may decide to take no action.

Issue a Letter of Counsel

A Letter of Counsel if a communication of the ICRC's expectations for corrective action on behalf of the Registrant, and may include advice, guidance and recommendations to review particular standards or publications.

Oral Cautions

An Oral Caution requires the Registrant to appear before a panel of the ICRC to be cautioned about their practice or conduct. The RHPA requires the details of all Oral Cautions to be listed on the Public Register.

Specified Continuing Education or Remediation Program (SCERP)

A SCERP requires the Registrant to successfully complete an educational or remediation program specified by the ICRC. SCERPs may include educational training, self-directed learning, inspections and or assessments. The RHPA requires the details of all SCERPs to be listed on the Public Register.

Discipline Committee Referrals

Where the allegations are sufficiently serious and information exists to support the allegations, a Panel of the ICRC may refer the matter to the Discipline Committee to hear specified allegations of professional misconduct or incompetence. All referrals to the Discipline Committee including the Specified Allegations are listed on the Scheduled Hearings page of College's website and posted on the Public Register.

Health Inquiry Referrals

Where a panel of the ICRC investigating a complaint or report believes that the Registrant may have a physical or mental condition which prevents them from providing safe, ethical and competent care, they may refer the matter to another panel of the ICRC for investigation of possible mental or physical health concerns that might interfere with their ability to practise. The Health Inquiry Panel may require an independent medical examination of the Registrant. If the Registrant is considered to be incapacitated, the panel may refer the matter to the Fitness to Practice Committee who may suspend, attach specific

limitations or revoke a certificate of registration. Information about incapacity proceedings and decisions regarding a Registrant's capacity are not published publicly. However, if their ability to practise has been restricted, that information is made available on the public register.

Stage 5: Implementation of the Outcomes

The College monitors compliance with all ICRC outcomes. If a Registrant fails to comply with a decision of the ICRC, the CEO of the College, with the approval of the ICRC may appoint an investigator to inquire into the Registrant's actions and the reasons for non-compliance.

Reviews by Health Professions Appeal and Review Board (HPARB)

Either the complainant or Registrant may request any of the decisions in complaint matters, except for a Referral to the Discipline or Fitness to Practice Committee, be reviewed by HPARB. The Board is an independent body established by the provincial government and is made up on non health care professionals. Following a review HPARB may:

- Confirm the Committee's decision;
- Refer the matter back to the Committee for further investigation;
- Require the Committee to take a specific action;
- Make recommendations to the Committee.

Importance of this Program

The College's Complaints and Report program is a critical aspect of self-regulation and maintaining the trust of the public. It can be a lengthy and costly process as each complaint and report is thoroughly investigated, reviewed, and considered. Each matter is unique and as such there is complexity in the administration of the ICRC's functions.

The Complaints and Reports Program is the primary method by which the College responds to concerns about the practice, conduct or health of a Registrant in instances where they may have failed to meet the standards of the profession and ensures that Registrants provide safe, competent and ethical care.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO

May 2025

BRIEFING NOTE
Educational Briefing - Discipline Processes

BACKGROUND

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Other elements that will arise within the regulatory framework include "right touch regulation", using the approach that is best suited to the situation to arrive at the desire income of public protection, and

risk-based regulation, focusing regulatory resources on areas that present the greatest risk of harm to the public. Both of these will be further elaborated upon in later briefings.

The focus of this briefing is on the discipline program and processes of the College. It is presented as a natural follow on the Complaints and Reports program and processes.

Discipline Program

The Discipline Program is the primary vehicle through which the College holds Registrants accountable for their conduct and competence. The Discipline Program involves a minimum of three parties.

1. The College of Naturopaths of Ontario – as the regulatory authority, the College has the responsibility to set out specific allegations against a Registrant and to present the evidence in support of those allegations as part of its prosecution of the Registrant. The College is represented by the Chief Executive Officer and by General Counsel of the College. "The prosecution."
2. One (or more) Registrants of the College – as the individuals who are regulated, Registrants are a party to the Discipline Program as they have the right to defend themselves against the allegations set out by the College. The Registrants are typically (though not always) represented by Legal Counsel and together, they are "The defence."
3. Discipline Committee (a Panel thereof) – the Discipline Committee of the College is independent of the College (although many Council members will sit on the Committee). It will be made up of a minimum of three and a maximum of five individuals, two of which must be Public members (individuals appointed to the Council by the Government), and one of which must be a Professional member from the Council. The remaining two individuals may be any of Public members, professional members of the College (Registrants) or Public Representatives appointed by the Council as set out in the by-laws. The Panel is "The Jury."

Notwithstanding the imagery evoked by the terms "Prosecution", "Defence" and "Jury", the matter is not a criminal proceeding but rather, a civil one. In a disciplinary matter brought before a panel of the Discipline Committee, the College is responsible for presenting sufficient evidence to "prove" its case. The burden of proof is "on the balance of probabilities", that is, having weighed the evidence, that the Registrant is more likely than not to have committed acts of professional misconduct or demonstrated incompetence. This is different than a criminal matter where the burden of proof is "beyond a reasonable doubt".

A discipline hearing is conducted in a formal quasi-judicial setting which is held virtually with all parties present. Evidence is presented under oath and witnesses are called before the Panel and subject to examination and cross-examination.

If the "prosecution" can prove the allegations, the Panel of the Discipline Committee will make a finding of either professional misconduct or incompetence, or both. The Panel will issue a decision and reasons for that decision and they will set out a penalty in the form of an order from the Panel. The Panel may order any one or more of the following as part of its penalty:

- a reprimand;
- a fine to the Minister of Finance;
- direct the CEO to impose restrictions on the Registrant's registration, called terms, conditions or limitations, including but not limited to completing a specified education and remediation program;
- direct the CEO to suspend the Registrant's Certificate of Registration for a period of time;
- direct the CEO to revoke a Registrant's Certificate of Registration.

In addition to the penalty that can be imposed by the Panel, the Panel may also impose "costs" on the Registrant, that is, the Panel can order that the Registrant reimburse the College for part of its costs of the investigation, its legal costs and hearing costs. Where a finding of professional misconduct has been made that relates to sexual abuse, the Panel can also order the Registrant to reimburse the College for funding provided to patients for counseling in sexual abuse.

Both the Registrant and the College have the right to appeal a Discipline Committee decision to the Superior Court of Justice.

Discipline Process

Given the importance of the Discipline Program to the College's mandate and to the Registrants against whom allegations may be made, the Discipline Process is quite complex and can take a great deal of time. Due process requires that the Registrant have sufficient time to mount a defence of the allegations while the College has an obligation to both the public and the Registrant to ensure that the process is timely.

The discipline process begins when the Inquiries, Complaints and Reports Committee (ICRC) refers specified allegations of professional misconduct and/or incompetence to the Discipline Committee for a hearing. The ICRC will make such a referral only after they have completed a fulsome investigation into either a complaint filed against a Registrant or an inquiry initiated by the CEO. The ICRC will have considered, among other things, the public interest, the risk of harm posed to the public and the likelihood of success within the discipline program. The ICRC is required to be very specific in the allegations referred to the Discipline Committee and once made, additional allegations cannot be raised as part of the discipline program.

The following is a general outline of the stages of a disciplinary matter involving a Registrant of the College. As a part of its transparency initiatives, the College ensures that the public is aware of the status of each matter being brought before the Discipline Committee.

<u>Stage 1: Notice of Hearing and Disclosure</u>

Legal Counsel for the College will, based on the referral of the specified allegations, draft the Notice of Hearing. Once signed by the CEO, the Notice of Hearing, Rules of Procedure of the Discipline Committee, and the Disclosure (which is all of the information the College has that is relevant to the allegations) will be sent to the Registrant or the Registrant's Legal Counsel, if one is appointed.

<u>Stage 2: CEO and Legal Review</u>

The CEO of the College is purposefully not directly involved in matters under investigation by the ICRC. This ensures that when a matter is referred by the ICRC to the Discipline Committee, the CEO who is responsible, along with Legal Counsel, for taking the matter before the Discipline Committee does so with a fresh look and without any potential bias.

In this stage, the CEO and Legal Counsel will review the allegations, the evidence in support of the allegations, witness statements and expert opinions to determine how the College wishes to proceed with the Discipline Hearing.

Also in this stage, Legal Counsel will prepare a memorandum to the CEO setting out the range of penalties that might be imposed in the matter and the case law from other regulatory authorities that support the range of penalties. Legal Council will also begin drafting an Agreed Statement of Fact (ASF) and Joint Submission on Penalty (JSP) for use later in the process.

Stage 3: Pre-Hearing Conference (PHC)

In accordance with the Rules of Procedure of the Discipline Committee, a Pre-hearing Conference (PHC) is held. The PHC is chaired by an independent person familiar with discipline proceedings before regulatory bodies or a member of the Discipline Committee appointed by the DC Chair.

At the PHC, the College presents an overview of its case and the Registrant or their Legal Counsel presents their defence. The PHC Chair will review the evidence and advise the parties about the strengths of their cases and areas where they may be weak. The Chair will also, based on their experience in discipline matters, provide the parties with advice as to whether the case might lead to a finding against the Registrant.

The parties also often engage in discussions surrounding whether a settlement is possible. A settlement occurs when the Registrant agrees to some or all of the allegations against them and when both the College and the Registrant can agree on a penalty. A settlement is seen as serving the public interest as it will result in an admission by the Registrant, an agreement on penalty and remediation and potentially limits on the Registrant's practice, either temporary or permanent.

Legal counsel for the College will present to the PHC Chair and the Registrant a draft Agreed Statement of Facts (ASF) and Joint Submission on Penalty (JSP) at the PHC in an attempt to facilitate settlement.

Stage 4: Setting a Hearing Date

Following the PHC and based on the outcome of on-going settlement discussions, both parties will ask the Chair of the Discipline Committee to appoint a panel to hear the matter and to set the date(s) for a hearing.

Although the Notice of Hearing is publicly released and the referral information about the matter is posted to the College's website, the Discipline Committee has not yet been involved while the preliminary stages are completed.

The Discipline Committee Chair will canvass members of the Committee to ensure that no one who has a conflict of interest with the Registrants against whom the allegations are made is potentially appointed to the Panel. The Chair will then appoint a Panel as well as a Panel Chair.

Stage 5: The Hearing

At this stage, the panel appointed by the Chair of the Discipline Committee will be convened for one or more days during which they will be presented with evidence in support of the allegations by the College and with the defense case for the Registrant. A hearing has the following components:

a. Presentation of the case by the College and the defense by the Registrant.
b. Verbal decision and reasons on the allegations by the panel.
c. If a finding of professional misconduct or incompetence is made, submissions by the College and Registrant on penalty.
d. Verbal decision and reasons on penalty.
e. Submissions on costs by the College and Registrant.

In an uncontested, single day hearing the College and the Registrant present the ASF, the fact relating to the allegations against the Registrant as well as a joint submission on penalty and proposed costs. More information about the settlement process is provided below.

In a contested hearing, the panel typically issues initial verbal decisions. If a finding of professional misconduct or incompetence is made, the panel will ideally proceed as soon as time permits to hear submissions on penalty. If the College is also seeking costs, these submissions will occur after the submissions on penalty as costs are not part of the penalty. After hearing these submissions, the panel will usually (although not in every case) issue a verbal decision and a written order on penalty and, if applicable, costs.

Stage 6: Decision and Reasons

After the hearing has concluded, the Panel will draft the written Decision and Reasons. This document, once finalized, is formally issued by the Panel to the College, the Registrant and the Complainant (if applicable) and is also released publicly by the College on its website and through The Canadian Legal Information Institute (CanLII), a subsidiary of the Federation of Law Societies of Canada.

If either the Registrant or the College does not agree with the Decision and Reasons as issued by the Discipline Panel, either may appeal the outcome to the Superior Court of Justice for Ontario.

Stage 7: Implementation

If the Panel finds that the Registrant had committed acts of professional misconduct or incompetence, and imposes a penalty, and assuming there is no appeal of the Decision and Reasons, the College will implement any penalty imposed by the Panel.

The penalty, which must be completed within a set period of time, typically includes one or more of the following:

- Revocation of their certificate of registration or a suspension from practising the profession for a period of time;
- A reprimand of the Registrant by the Panel;
- Applying a term, condition or limitation on the Registrant's certificate of registration which may include the following;
    - Taking one or more continuing education courses related to matters relevant to the findings against the Registrant;
    - One or more meetings with Experts in areas of the practice of the profession related to the findings against the Registrant;
    - One or more meetings with Experts in regulation;
    - One or more inspections on the Registrant's practice and files to review matters related to the findings against the Registrant;
- A fine of not more than $35,000 payable to the Minister of Finance.

Reaching a Settlement

There are a number of reasons why one or both parties to a hearing may wish to reach a settlement, some of which are:

- Witnesses to the matter, including patients, may decide they no longer wish to testify;
- Information received during the process may bring doubt upon the credibility of a witness;
- Expert testimony may not be as strong as initially anticipated or new information brings the credibility of the Expert themselves into question;
- The costs of proceeding to a full hearing outweigh the potential benefits for either side in terms of likely outcomes.

The parties can reach a settlement at any time before or even during a hearing; however, the closer the settlement occurs to the start of a contested hearing the more likely the College is to be seeking higher costs (as the costs to the College have increased).

An offer to settle the matter is typically made either just prior, during or immediately following the Pre-Hearing Conference. The College will often make an initial offer to the Registrant and their legal counsel by drafting an Agreed Statement of Facts (ASF) and a draft Joint Statement on Penalty and Costs (JSOC). In most circumstances, a negotiation follows these offers where either side indicates its willingness to agree to or withdraw allegations, agree to penalties and agree to costs for the process.

Allegations- allegations may be withdrawn because the College does not have sufficient evidence (witnesses, experts, documentation) to obtain a finding from a Panel of the Discipline Committee or the allegation is not crucial to the overall matter at hand.

Penalties – penalty discussions are always based on the case law from other regulatory bodies in matters that are similar. It is highly improbable that another case exists that exactly matches the matter before the Discipline Committee; however, through a series of similar cases, a range of penalties can typically be derived. If both sides can agree on the range and the seriousness of the case to be brought before a panel, then the likelihood of agreeing on penalty is increased.

In any penalty discussion, the College is considering four principles. First, specific deterrence to ensure that the Registrant does not repeat the allegations to which they are agreeing. Second, general deterrence to provide information to the profession on the whole as to what happens when regulations and standards are breached. Third, the ability to remediate the Registrant through education and training to improve compliance and outcomes in the future. Fourth, whether the penalty will allow the public to have confidence in the ability of the College to regulate its Registrants in the public interest. The College will also consider aggravating and mitigating factors, that is, factors that affect the decision including the parties involved, the circumstances of the matter, agreeing to settle among many others.

Costs – while the courts have made several rulings on the validity of cost awards (up to 66% of the costs of a contested hearing, provided the costs have been well documented and are reasonable), cost discussions in an uncontested matter are detailed. The College documents all of its costs throughout the process; however, when making an “offer” as to the costs, some costs have to be estimated on how long the settlement discussions will take and how close to or into an actual hearing the process will go. Once again, costs are considered in the context of other rulings by regulatory bodies; however, the range is usually broader and more dependent on the organization involved. The CEO will also consider facts presented, in good faith, by the Registrant, in particular when it involves potential hardship imposed on the Registrant.

Any settlement must be acceptable to the Panel of the Discipline Committee. Again, the courts have consistently ruled that panels must accept any joint proposal on penalty unless the panel can reasonably conclude that the penalty is beyond the range for such cases, either too harsh or too lenient and that the settlement will undermine public confidence in the regulatory body and process. Not included among the reasons for rejecting a joint proposal on penalty is that a panel simply does not like or agree with the penalty itself.

Importance of this Program

The importance of the Discipline Program and related processes cannot be overstated. It is a critical aspect of self-regulation and maintaining the trust of the public. It can be a very lengthy process as it requires a great deal of careful thought on the part of all three (or more) parties.

It is the role of the College to proceed on these matters and to do so with the intent to serve and protect the public interest. There is no satisfaction derived from successfully prosecuting a Registrant just as there is no embarrassment of not being successful. The College's role is to present the evidence that is available to it. The Panel's role is to weigh that evidence and the credibility of witnesses and experts and to render a decision.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO

May 2025

BRIEFING NOTE
Educational Briefing - Policy Governance Model

BACKGROUND

The College of Naturopaths of Ontario is established under the *Naturopathy Act, 2007* and the *Regulated Health Professions Act, 1991*. Its duty, as set out in the legislation, is to serve and protect the public interest. Its mandate is to support patients' rights to receive safe, competent, and ethical naturopathic care.

The College achieves its mandate by performing four key functions.

1. **Registering Safe, Competent, and Ethical Individuals -** The College establishes requirements to enter the practice of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical and qualified individuals to practise naturopathy in Ontario.

2. **Setting Standards –** The College sets and maintains standards of practice that guide our Registrants to ensure they provide safe, ethical and competent patient care and guide patients to understand the standard of care that they can expect from a naturopath.

3. **Ensuring Continuing Competence –** The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent and ethical naturopathic care.

4. **Providing Accountability through Complaints and Discipline –** The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

Some elements of the College's role, such as setting standards and ensuring continuing competence, are proactive insomuch as they attempt to prevent issues from arising by setting minimum standards and ensuring a competent profession. Other elements of the College's role, such as registering individuals and holding naturopaths accountable, are reactive, that is, they are initiated only after an event occurs. The event may be a request to sit an exam or to become registered or a complaint that has been filed against a Registrant.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement; and we have held those who may have faltered to be accountable for their decisions and actions.

The focus of this briefing is on the Governance Process Policies and processes of the Council of the College.

GOVERNANCE PROCESSES

Good governance is considered a vital aspect of the public interest. There are very broad principles behind good governance, including objectivity and transparency; however, many of these can be subsumed to a sound policy structure for governing the Council as it performs its role.

The Council of the College has adopted a "modified policy governance model" to its governance processes. Policy Governance (PG), a model developed by John Carver, establishes two separate and distinct governing bodies for an organization. The Board, which sets direction and monitors performance, and the CEO (the staff) which sets in play the operations of the organization. In this model, the two roles are complementary but seldom interact, except through the contact between the CEO and the senior Board official.

The College Council, like many other organizations, has modified the model to achieve important differences between how the College Council must govern and what the PG approach would require. The modifications and their purpose are as follows.

Committees making decisions not recommendations – Under the PG model, Committees are subservient to the Board (Council) and are not empowered to make decisions. They merely make recommendations to the Board who then makes decisions. Under the *Regulated Health Professions Act, 1991* (RHPA), the Statutory Committees are established and given the authority to make independent regulatory decisions that are beyond the purview of the Council. The Council is absolutely prohibited from interfering in or overseeing Statutory Committee decisions.

Council role versus Management role – The PG model places a high degree of rigidity over each of the two arms of the organization staying within their individual domains. For example, the CEO makes all operational decisions and Council neither weighs in nor provides advice or guidance. Doing so would be considered allowing the CEO to delegate their decisions to the Board. Under the College's model, this line between functions is far less rigid. The CEO will often seek the advice of the Council and the Council will seek the advice of the CEO and Management. This serves a highly beneficial function and works well provided one side is not allowing the other to make decisions on their behalf.

Role of the College

The role of the College as a regulatory authority is set out in the RHPA and its Health Professions Procedural Code. This role is essentially divided into two parts, the responsibility of the Council and the responsibility for operations belonging to Management. The Committees of the College either make regulatory decisions (delegated by statute to statutory committees) or make governance recommendations to the Council. The day-to-day activities of the College are undertaken by Management.

Role of the Board

The model, both in its purest PG form and under the College's model establishes a clear role for the Board of Directors, i.e., the Council of the College. Its role is to:

1. Establish the long-term strategic goals of the organization.
2. Hire and monitor CEO performance.
3. Ensure the organization complies with the legislative framework.

Any activity that does not fall within these three functions belongs either to Management because it is operations or to a statutory committee, because it is regulatory as set out in the legislation. While the

Council cannot interfere with regulatory decisions, it is responsible for ensuring that the statutory committees do the work that is assigned to them and must act if any committee fails to do so.

Four Policy Sets

To establish the modified PG model, the Council has established four sets of policies:

- Ends Policies – setting the strategic goals and priorities of the organization,
- Council-CEO Linkage Policies – delegating all operations to the CEO,
- Executive Limitations Policies – setting limitations on CEO activities and monitoring CEO performance,
- Governance Process Policies – setting how Council governs itself.

The policies themselves are created in a very specific model established in the PG model. They are written like a set of inverted nesting bowls. A policy begins with a large bowl or policy statement and clarifies that policy with nested smaller policy aspects that provide clarity. The Council continues to add policy sets until it is satisfied that the policy can be adequately understood and reasonably interpreted, either by the CEO for operational purposes or the Council Chair for governance purposes.

<u>The Ends Policies</u>

The Ends Policies are the strategic objectives and priorities of the College as set by the Council. The College Council completed a strategic planning process in December 2022 and developed a new strategic plan. The Ends Policies were therefore amended to reflect these new objectives and priorities.

The Ends Statements (E01) sets out the strategic objectives and priorities and the Ends Priority Policy (E02) sets out which objectives and priorities are more important and should be addressed first. Management reacts to these policies through its Operational Plan and its Operating and Capital Budgets to support these goals.

The Council does not speak to the how or means to accomplish the objectives, however, through its policies it can directly influence and prohibit activities it does not believe fit with its mandate or values.

<u>Council-CEO Linkage Policies</u>

In keeping with the PG model and the concept that the organization has two halves, the linkage policies speak to how the two halves interact and work with each other making the organization whole. There are three policies in this area, Delegation to the CEO (formal delegation of operations), CEO's Job Description and Monitoring of the CEO's performance.

The CEO's job description is much simpler than a typical position description. It sets out that the CEO's job is to accomplish the ends or objectives, comply with the limitations set by the Council and fulfill the responsibilities delegated to that position in the RHPA.

<u>Executive Limitations Policies</u>

This briefing has referred to CEO limitations a couple of times. These limitations are the Executive Limitations set by the Council. To understand them we need to first understand their context.

The Council sets objectives or directions and delegates all operations to the CEO. The Council does not weigh in on operational decisions and therefore, it is assumed within the model that the CEO can accomplish the objectives by any means possible. Of course, that could result in activities that are not appropriate or are outside of the values of the Council. The Council therefore uses the Executive

Limitations policies to set limits on what it deems to be inappropriate. To accomplish this, the policies are very distinctly worded in the negative. They are designed to limit in as narrow a fashion as possible what the CEO cannot do in order that they can be both creative and flexible to achieve the objectives as quickly as possible.

In the absence of a stated limitation, the CEO is free to operationalize any activity they believe is prudent and necessary to achieve the established objectives. The limitations include:

- That any activity undertaken must be legal, ethical and moral.
- That finances must be managed within certain risk tolerance levels.
- That budgets must be done in three year cycles.
- That staff must be treated within the bounds of applicable legislation, fairly and equally.
- That the public register must be maintained.
- That the CEO "cannot fail" to support the Council in its activities.

Governance Process Policies

While the Executive Limitations are directly applied to the CEO, the Governance Process policies are applied to the entire Council and its Committees. These are the "how to" policies of the Council, how it will go about doing its work. These policies are the purview of the Council Chair to interpret; however, they are not worded in the negative.

These policies set out such things as:

- The roles of Council, Committees & Chairs.
- Linkages with public.
- Council/Committee evaluation processes.
- Conflict resolution processes.
- The Council's interaction with stakeholders and staff.
- Election of Officers.
- The Council's processes for decision making.
- The risk management approach of the Council.
- A commitment to equity, diversity, inclusion and belonging.

Governance Policy Monitoring

Given that the Council speaks through policy and given the importance of its policies to the governance of the College, the process of monitoring these policies is important. Since no policy can be so detailed as to be clear to every person who reads them, there is always an element of interpretation to policy statements. When it comes to the Governance Process policies, the Council Chair is charged with interpreting them. When it comes to the Executive Limitations policies, the CEO is charged with interpreting them. How will the Council know the interpretations being given to a policy and how can it address an interpretation that it sees as inappropriate?

At each Council meeting, the Council Chair and the CEO file reports to the Council on their activities. These will address any instances where the policies have been used or interpreted. For example, the Report on Regulatory Operations (bi-monthly) or the Operations Report (semi-annual) provide insight into the activities the CEO is undertaking. If the Council is concerned about them, they can ask the CEO direct questions about the activities and how the CEO believes they comply with policy. The same applies to receiving the Council Chair's Report.

Learning how they are interpreted through the activities undertaken then allows the Council to alter the policies by editing them to ensure the appropriate future interpretation. Changes made by the Council to policies are applied to operational programming and Council activities from that point forward, i.e.,

they do not apply retroactively. Through these changes, the Council can maintain control over operational activities that it believes would be contrary to the public interest or not in line with its values.

The second method by which the Council learns how the policies are being interpreted by the CEO and Council Chair is through the in-depth review of policies held at each Council meeting. In accordance with the Council's annual planning cycle, at each meeting a set or part of a set of policies are scheduled for in-depth discussion. The Governance Committee (formerly the Governance Policy Review Committee) supports the Council by putting forward the meaning of policies and enabling feedback from Council members to identify issues or questions which are then addressed during the review process.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Council Chair (Outgoing)

Andrew Parr, CAE
Chief Executive Officer

May 2025