



The College of Naturopaths of Ontario

Annual Reports for
Committees of the Council
2024-2025

Introduction

The Statutory Committees of the Council of the College of Naturopaths of Ontario are required under the *Regulated Health Professions Act, 1991*, to file an annual report with the Council. In the interests of transparency and accountability, the Council of the College has asked that all Committees of the Council submit a report on their activities this year and moving forward.

This is the Annual Report of Committee Activities for the period April 1, 2024, to March 31, 2025, the Council.

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AUDIT COMMITTEE ANNUAL REPORT

During the reporting period the Audit Committee held two virtual meetings.

The committee first met on June 11, 2024, in preparation for the College's upcoming annual audit. At this meeting the Audit Committee reviewed and accepted the Auditor's Engagement letter, Audit Scope letter, and Audit Planning letter.

The second meeting within the reporting period was held on July 18, 2024, where the committee reviewed, discussed and accept the Auditor's Report to the Audit Committee and draft Financial Statements for fiscal year April 1, 2023, to March 31, 2024.

Both Audit Committee meetings in the reporting period were attend by the Auditor, Thomas Kriens, CPA, CA, LPA, BBM, who is a partner at Kriens-LaRose LLP,

The Chair of the Audit Committee also provided a report to the Council on July 31, 2024, on the outcomes of the audit process and the recommendation to accept the draft financial statements.

Respectfully submitted,

Shawn Bausch
Acting Chair

DISCIPLINE COMMITTEE ANNUAL REPORT

The Discipline Committee as a whole did not meet during the reporting period.

Ongoing Hearings

The following contested matters were before the panels of the Discipline Committee:

CoNO & Michael Prytula

Hearing dates:

- April 9, 10, 2024
- July 29, 30, 2024
- September 13, 2024

A Decision and Reasons on the merits was rendered on November 7, 2024. The Panel found that the Registrant engaged in professional misconduct as set out in the Notice of Hearing.

Penalty hearing date:

- January 27, 2025

CoNO & Michael Um

Hearing dates:

- September 4, 5, 16, 2024

A Decision and Reasons on the merits was rendered on November 14, 2024. The Panel found that the Registrant engaged in professional misconduct as set out in the Notice of Hearing.

Penalty, costs and motions hearings dates:

- March 25, 31, 2025

New Referrals

No new referrals to the Discipline Committee were made by the Inquiries, Complaints and Reports Committee (ICRC) during the reporting period.

Statistics for the Reporting Period

- Number of Uncontested Hearing Days: 0
- Number of Contested Hearing Days: 11
- Reinstatement Hearings: 0
- Divisional Court Reviews: 0

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

EQUITY, DIVERSITY, INCLUSION AND BELONGING COMMITTEE ANNUAL REPORT

During the reporting period the EDIB Committee held 2 virtual meetings.

The EDIB Committee focused on two key initiatives this year:

- **EDIB self-assessment** - A new EDIB self-assessment tool was created and implemented to help registrants reflect on their understanding and integration of equity, diversity, inclusion, and belonging in their practice. The tool is intended as an educational and developmental tool rather than an evaluative one. Feedback from the self-assessment will help inform future College initiatives.
- **Land Acknowledgement Drafting** - The Committee began developing a formal land acknowledgement for the College. The draft is still being refined to ensure it respectfully and appropriately reflects Indigenous lands and communities.

These initiatives reflect the Committee's continued commitment to embedding equity, diversity, inclusion, and belonging throughout the College's culture and practices.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-chair

Dr. Shelley Burns, ND
Co-chair

EXAMINATION APPEALS COMMITTEE ANNUAL REPORT

During the reporting period noted, the Examination Appeals Committee met twice on June 26, 2024, and December 4, 2024, to review examination appeals and related program policies.

Examination Appeals

Two examination appeals were received between April 1, 2024, and March 31, 2025, on the grounds of a procedural irregularity. Both appeals were related to the entry to practise examination the Ontario Biomedical Examination, and both were approved by the Committee.

Policy Updates

The Committee reviewed and approved draft amendments to the Examination Appeals policy which included minor wording revisions to provide further clarity and to align the definitions section of this policy with other College examination policies.

Respectfully submitted,

Dr. Rick Olazabal, ND (Inactive)
Chair

EXECUTIVE COMMITTEE ANNUAL REPORT

Under its Terms of Reference from the Council, the Executive Committee meets only on urgent matters that cannot wait to be brought before the Council at its next regularly scheduled meeting or in an urgent special meeting of the Council.

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

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

FITNESS TO PRACTISE COMMITTEE ANNUAL REPORT

There were no referrals to the Fitness to Practise Committee from the Inquiries, Reports and Complaints Committee. Therefore, no hearings of the Fitness to Practise Committee were held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

GOVERNANCE COMMITTEE ANNUAL REPORT

During the reporting period the Governance Committee held three virtual meetings, May 16, 2024, November 26, 2024, and March 6, 2025.

During this period, the Governance Committee reviewed and interviewed one new volunteer application for a committee position.

Also, the Governance Committee reviewed and accepted two volunteer per-diem submission extensions, reviewed various Volunteer Feedback Questionnaires including the Annual Questionnaire and the Volunteer Exit Survey Questionnaire, along with the 2023 submissions, as well as reviewed the Committee Meeting Questionnaire and 2024 submissions, and reviewed their Terms of Reference and provided feedback accordingly to all aspects.

In addition, the committee also received an introduction to the Health & Safety Program in relation to the Joint Health & Safety Committee and reviewed their corresponding Terms of Reference and provided feedback, as well as received an introduction to the Enterprise Risk Management Program in relation to Volunteer Recruitment.

Respectfully submitted,

Hanno Weinberger
Chair

GOVERNANCE POLICY REVIEW COMMITTEE ANNUAL REPORT

Meetings and Attendance

During this review period, the Governance Policy Review Committee met on seven occasions to review the Council governance policies to ensure they remain up-to-date and accurate and have supported the Council in its in-depth review of those policies, as set out in the Annual Planning Cycle policy.

Activities Undertaken

Over the past year, the GPRC created five on-line surveys to support the Council's in-depth policy review. The surveys included multiple choice and true or false questions about the intent of the policies as well as providing summaries of the policy intent in later surveys. The Committee then created presentations for the Council meeting based on the information gleaned from the surveys, most commonly providing information or interpretation of the policies where Council members indicated that they were unclear.

The Committee also provided recommended changes to the Committee Terms of Reference after a comprehensive review as well as changes to several Governance policies. Most notable of these proposed changes was an amendment to the Annual Planning Cycle policy which saw the formalization of an in-person Council meeting each May and changes to the Council Debates and Motions policy incorporating definitions based on Roberts Rules of Order.

The Committee reviewed the Report on Governance from the College of Dental Hygienists of Ontario about its own governance policies and concerns that had been identified, as its Council operates on a similar model as the CONO Council. The Committee did not recommend any changes to this Council's approach as the issues identified had already been addressed in policy.

Finally, in March 2025, the Committee recommended changes to the overall Committee structure to reduce the number of active committees to ensure efficient use of volunteer and staff time.

Respectfully submitted:

Barry Sullivan
Acting Chair

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE ANNUAL REPORT

During the reporting period the ICRC held 12 meetings via video conference.

Closed Matters

The Committee closed 21 matters with the number of dispositions as follows:

No Further Action: 3

Letter of Counsel: 4

Oral Caution: 4

Specified Continuing Education and Remediation Program (SCERP): 4

SCERP & Oral Caution: 3

SCERP & Letter of Counsel: 2

Acknowledgement & Undertaking: 3

Referral to Fitness to Practice: 0

Referral to Discipline Committee: 0

Frivolous and vexatious: 0

Withdrawn - No further Action: 0

Resolved through ADR: 1

Two decisions of the ICRC issued in the reporting period were appealed to the Health Professions Appeals and Review Board. One of the Decisions was upheld by the Board and four decisions remain under review as of March 31, 2025.

Health Inquiries

There were no health inquiries considered during this reporting period.

Interim Orders

There were no Interim Orders made by the ICRC during this reporting period.

New Investigations

11 investigations under s. 75.1.a of the HPPC were initiated in the reporting period based on the information received from the following sources:

Public inquiries: 5

Matters reported by Registrants: 0

Matters reported by other College departments: 2

Referral from ICRC to CEO: 2

Referral from QAC to ICRC: 2

Referral from another regulator: 0

In addition, the ICRC received 18 formal complaints about Registrants of the College.

Complaints and Reports filed with the ICRC included one or more of the following concerns:

- Advertising: 11
- Inappropriate billing: 5
- Inappropriate patient care: 12
- Practising outside of Scope: 9
- Sexual abuse/Boundaries: 1
- Failure to comply with an order of the College: 0
- Practising while inactive/suspended: 0
- Record keeping: 1
- Lab testing: 2
- Delegation: 1
- Failure to comply with QA Program: 2
- Failure to cooperate with an investigator: 0
- Unprofessional conduct: 0

Complaints/Reports Investigation Timelines

The average length of a Complaint/Report investigation during the last reporting period was 230 days, with the shortest investigation completed in 89 days and the longest in 408 days.

Health Professions Appeal and Review Board

Two new ICRC decisions were appealed to HPARB during the reporting period. One ICRC decision was upheld. As of March 31, 2025, there were 4 files before HPARB.

Respectfully submitted,

Dr. Erin Psota, ND
Chair

INSPECTION COMMITTEE ANNUAL REPORT

During the reporting period, the Inspection Committee held 8 virtual meetings.

Inspection Outcomes

A total of 47 inspections occurred during this period.

Part I inspections – 20

Pass - 7

Pass with recommendations - 8

Pass with conditions/recommendations - 4

Pass with condition restricting practice - 1

Part II inspections – 19

Pass - 1

Pass with recommendations - 8

Pass with conditions/recommendations - 10

Pass with condition restricting practice - 0

5-year inspections – 8

Pass - 0

Pass with recommendations - 0

Pass with conditions/recommendations - 7

Pass with condition restricting practice - 1

Inspection Outcomes to Submissions

21 premises were requested to make a submission in regard to the pass with conditions. 18 premises made a submission and received a final outcome of a pass. Three premises did not make a submission and received a final outcome of a pass with conditions.

Two premises were requested to make a submission to the pass with conditions restricting practice. Both made a submission; one was issued a pass, and the other was issued a pass with conditions.

Deferral Request

Four deferral requests were made and granted.

Two were granted 90 days, one was granted 180 days, and one was granted 270 days.

Type 1 Occurrence Reports

16 Type 1 Occurrences were reported during this period.

Administration of emergency drug - 3

Referral to emergency – 12

Death of a patient – 1

No further action was requested from the Committee.

Respectfully submitted,

Dr. Sean Armstrong, ND
Chair

PATIENT RELATIONS COMMITTEE ANNUAL REPORT

During the reporting period the Patient Relations Committee (PRC) held 1 virtual meeting and received 1 electronic update on funding.

The PRC did not receive any new applications for Funding for Therapy/Counselling during the reporting period.

The PRC continues to oversee the funding of approved applications. The College's funding program managed by the PRC provided \$4,760 to applicants during the reporting period and \$47,155.60 since it's inception.

In addition to overseeing the Funding program, the PRC reviewed and considered policy changes allowing for the extension of funding for therapy/counselling beyond the regulatory maximums. Respectfully submitted,

Dr. Gudrun Welder, ND
Chair

QUALITY ASSURANCE COMMITTEE ANNUAL REPORT

During the reporting period, the QAC held 8 virtual meetings.

Self-Assessments

For the 2024-25 year, Registrants were required to complete a total of 3 online self-assessment questionnaires. These included 2 mandatory self-assessments: EDIB and Informed Consent and one additional self-assessment of their choosing.

- # of Registrants required to complete the Self-Assessment by March 31, 2025: 1,672
- # of Registrants who completed the Self-Assessment by March 31, 2025: 1,548
- % of Registrants who submitted by the deadline: 92.5%

Continuing Education

Applications

- # of CE applications received: 338
- # of CE applications approved: 251
- % of received applications approved by the Committee: 74%

Number of approved applications requesting Jurisprudence, Pharmacology, or IVIT credits:

- IVIT: 10
- Pharmacology: 60
- Jurisprudence: 7
- Pharmacology and IVIT: 3

Number of approved Live/In-person and On-line course applications:

- # of live/in-person course applications: 218 (87%)
- # of online/webinar course applications: 33 (13%)

CE Logs

- # of Group I Registrants required to submit their CE logs by the Sept. 30th deadline: 530
- # of Group I Registrants who submitted by the deadline: 519
- % of Registrants who submitted by the deadline: 97%
- # of Registrants submitting CE Logs with discrepancies requiring correction: 88
- % of CE Logs submitted with discrepancies requiring correction: 16%

Deferral/Extensions

- # of CE deferral/extension requests received: 3
- # of CE deferral/extension requests approved: 1

Peer & Practice Assessments

For the reporting year all peer and practice assessments were conducted virtually. The assessment included a review of specific aspects of the Registrant's premises, record keeping practices, certain College standards and guidelines, their professional portfolio and an in-depth clinical discussion of one patient chart.

- # of Registrants selected for a Peer & Practice Assessment: 150
- # of deferral requests received: 18
- # of deferral requests approved: 13
- # of QA Ordered Assessments outside of regular Peer & Practice Assessment Schedule: 15
- Total number of Peer & Practice Assessments completed: 150

Non-Compliance

In accordance with the Regulated Health Professions Act, the Quality Assurance Regulation and the Program Policies, where a Registrant fails to participate in the Quality Assurance Program and is deemed to be non-compliant, the Quality Assurance Committee may refer the matter to a panel of the Inquiries, Complaints and Reports Committee for investigation.

- # of Registrants referred to the ICRC for non-compliance with the QA Program: 2

Respectfully submitted,

Barry Sullivan
Chair

REGISTRATION COMMITTEE ANNUAL REPORT

During the reporting period noted, the Registration Committee met 11 times to review referred applications for registration, class change applications (over two-years), program policies related to Registration and Examinations, set remediation plans for exam candidates who had made two unsuccessful attempts of a college examination, petitions for additional exam attempts, remediation extension requests and refresher program related to currency remediation.

Entry-to-Practise

Eight applications for registration were referred to the Committee between April 1, 2024, and March 31, 2025. Of these, five were for currency [under subsections 5(4)(a) and 5(2)(b) of the Registration Regulation] and one application was to address concerns regarding a physical or mental condition or disorder [under subsection 3(4) of the Registration Regulation]. One application was to address concerns regarding previous conduct under subsection 3(2) of the Registration Regulation and one was for interprovincial transfer under subsection 7(1), 7(3), 3(1)(vi) and 3(2) of the Registration Regulation.

Registration

Seven applications for class changes were reviewed during the reporting period. Of these four applications were for class change from Inactive to General (over two-years), one application was a remediation extension request and two applications to the General class (under subsection 10(6) of the Registration Regulation) having been inactive for more than two years.

Examinations

The Committee continued to set exam plans of remediation for 26 candidates who have made two unsuccessful attempts of a college examination [including one Prior Learning Assessment and Recognition Program (PLAR) Applicant] and two extensions for exam plans of remediation. Additionally, the Committee reviewed petitions for an additional examination attempt on the grounds of exceptional circumstances under subsection 5(5)(b) of the Registration Regulation for three candidates.

Policy Updates

The Committee reviewed and approved amendments to the Examinations Policy, the Examination Appeals Policy, the PLAR Program Policy and the PLAR Appeals Policy, with updates primarily focusing on updating definitions and noted processes to ensure consistency and currency. The Committee also reviewed and approved a new Examination Accommodations Policy to help streamline the accommodation request, the Opening and Closing of the Emergency Class and the Supervision Policy.

Committee Terms of Reference

The Committee reviewed the amended Terms of Reference for the Registration Committee, as approved by Council.

Per Diems and Expenses

The Committee reviewed the changes to the per diems & expense policy.

Declared Controlled Acts and Practice Information

The Committee reviewed data collected from new fields that were added on the 2024 Information Return form regarding Controlled Acts performed, the nature of registrant practice and patient data for 2023 registration year.

CANRA National Entry to Practise Competency Profile

The Committee approved adoption of the CANRA National Entry to Practice Competency Profile for Naturopathic Doctors.

Refresher Program Guideline and Charts

The Committee reviewed the draft Refresher Program Guideline and Charts and agreed that the guideline and charts set out a more objective, clear and concise criteria of what is expected of registrants and allows for a more structured approach to refresher programs for registrants to complete.

Currency Remediation

The committee reviewed 40 proposed refresher program submissions for registrants deemed to not satisfy the 750-hour currency requirements under subsection 6(2)(a) of the Registration Regulation.

Respectfully submitted,

Danielle O'Connor, ND
Chair

STANDARDS COMMITTEE ANNUAL REPORT

During the reporting period the Standards Committee held 3 virtual meetings. The Committee conducted an internal consultation and subsequently initiated a public consultation on proposed amendments to the following Standards of Practice:

- Acupuncture,
- Collecting Clinical Specimens,
- Communicating a Diagnosis,
- Compounding
- Consent,
- Delegation
- Dispensing,
- Dual Registration,
- Inhalation,
- Injection,
- Internal Examinations,
- Intravenous Infusion Therapy,
- Manipulation,
- Point of Care Testing,
- Prescribing,
- Recommending Non-Prescription Substances,
- Requisitioning Laboratory Tests,
- Selling, and
- Therapeutic Relationships.

The public consultation invited feedback from the profession and other stakeholders to ensure the revised standards reflect current practice, enhance clarity, and support high standards of professional practice.

The finalized standards are now being completed, after which the Committee will begin work on the next batch of standards scheduled for review.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair