



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #51

Draft Agenda

January 28, 2026 (2025/26-05)

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

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario
COUNCIL MEETING #51
January 28, 2026
9:15 a.m. to 12:00 p.m.
DRAFT AGENDA

Time ¹	Item	Action	Item	Page ²	Responsible
30	0. Pre-Meeting Networking (8:45 am to 9:15 am – 30 minutes)				
	0.1	Networking	Information networking for Council members (8:45-9:15am)	--	All
5	1. Call to Order and Welcome (5 minutes)				
	1.1	Procedure	Call to Order	--	B Lessard-Rhead
	1.2	Procedure	Meeting Norms	4	
	1.3	Discussion	“High Five” – Process for identifying consensus	7	
5	2. Consent Agenda (3 minutes)				
	2.1	Approval	i. Draft Meeting Minutes of December 10, 2025	8	B Lessard-Rhead
			ii. Disclosures	16	
			iii. Committee Reports	18	
			iv. Information Items	30	
			v. Revised Land Acknowledgement	59	
2	3. Approval of Agenda and Conflicts of Interest (2 minutes)				
	3.1	Adopt	Review of Main Agenda	3	B Lessard-Rhead
	3.2	Discussion	Declarations of Conflict of Interest	60	
-	4. Monitoring Reports (35 minutes)				
5	4.1	Acceptance	Report of the Council Chair	62	B Lessard-Rhead
10	4.2	Acceptance	Report on Regulatory Operations at December 31, 2025	63	A Parr
-	5. Council Governance Policy Confirmation (35 minutes)				
5	5.1	Discussion	Policy Issues Arising from Monitoring Reports ³	--	B Sullivan
20	5.2	Review	In-depth Review Governance Process Policies (1-18)	76	
-	6. Regular Business (300 minutes)				
30	6.1	Decision	Defining Relationships and Related Terminology	102	A Parr
-	7. Council Education (10 minutes)				
20	7.1	Education	Program Briefing – Quality Assurance Program	109	J. Quesnelle
-	8. In Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC)				
2	8.1	Procedural	To move in to an in-camera session	--	B Lessard-Rhead
30	8.4	Discussion	Workplace Environment	--	B Lessard-Rhead
3	8.5	Procedural	To move out of the in-camera session	--	B Lessard-Rhead
-	9. Other Business (10 minutes)				
10	9.1	TBD		--	
-	10. Evaluation and Next Meeting (9 minutes)				
10	10.1	Discussion	Meeting Evaluation	--	B Lessard-Rhead
2	10.2	Discussion	Next Meeting – March 25, 2026 (Video Conference)	--	
-	10. Adjournment (1 minute)				
1	10.01	Decision	Motion to Adjourn	--	B Lessard-Rhead

¹ Allocated time in minutes to guide the Chair and Council.

² For this meeting page numbers are hyphenated, e.g., P1-1 where the first number is the Package number (there are six) and the second number is a specific page reference within the package.

³ 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, Council Linkage, Executive Limitations policies).

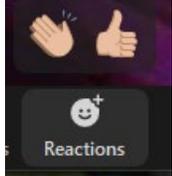
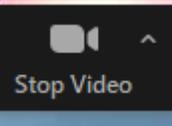
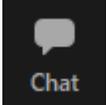


The College of Naturopaths of Ontario

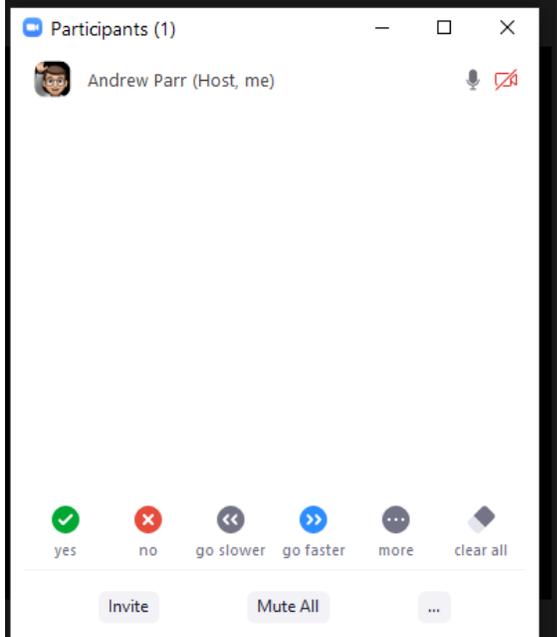
Meeting Norms

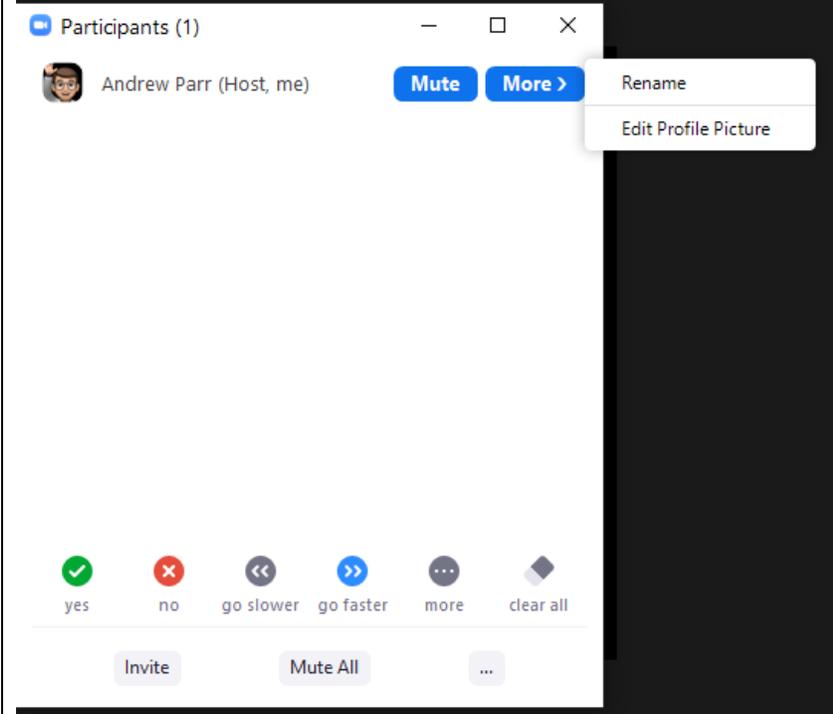
- We will always be polite and respectful with all participants including:
 - Allowing others to speak and participate,
 - Refraining from interrupting others when they are speaking,
 - Always listening but not judging of others.
- We will actively listen to others respecting that everyone's opinion counts.
- We will respect the authority of the person presiding over the meeting such that:
 - We will not speak until recognized by the Chair to do so,
 - We will address our comments or questions to the Chair as opposed to other Committee members or staff,
 - We will respect the ruling of the presiding officer and behave in accordance with the rules of order.
- We will be respectful of meeting processes such that:
 - We will provide our undivided attention during the meeting and to the matters brought forward,
 - We will always keep our camera on unless an emerging or urgent issue requires otherwise, and then only briefly,
 - We will keep our microphone muted until we are recognized by the presiding officer to speak, and we will mute as soon as we are done speaking,
 - We will take collective responsibility for the conduct of those present,
 - When speaking, we will add new or nuanced information or perspectives rather than repeating things said by others.

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
	 	 	

Other Helpful Tips

	<ul style="list-style-type: none"> • Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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The screenshot shows a Zoom meeting interface. At the top, the window title is "Participants (1)". Below it, the host's name "Andrew Parr (Host, me)" is displayed next to a profile picture. To the right of the name are two buttons: "Mute" and "More >". The "More >" button is highlighted, and a white dropdown menu is open over it, containing two options: "Rename" and "Edit Profile Picture". At the bottom of the participants list, there is a row of six icons with labels: a green checkmark labeled "yes", a red X labeled "no", a left arrow labeled "go slower", a right arrow labeled "go faster", a three-dot menu labeled "more", and a grey square labeled "clear all". Below this row are three buttons: "Invite", "Mute All", and a three-dot menu.

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



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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

When asked you would show:

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

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

Image provided courtesy of Facilitations First Inc.

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The College of Naturopaths of Ontario

**Council Meeting
December 10, 2025**

**Video Conference
DRAFT MINUTES**

Council	
Present	Regrets
Dr. Felicia Assenza, ND (4:4)	Ms. Sarah Griffiths-Savolaine (0:4)
Dr. Amy Armstrong, ND (4:4)	Dr. Jacob Scheer, ND (3:4)
Ms. Naomi Bussin (1:1)	
Mr. Dean Catherwood (4:4)	
Ms. Lisa Fenton (4:4)	
Dr. Brenda Lessard-Rhead, ND (Inactive) (4:4)	
Dr. Denis Marier, ND (4:4)	
Ms. Marjia Pajdakovska (3:4)	
Mr. Paul Phillion (4:4)	
Dr. Erin Psota (4:4)	
Staff Support	
Mr. Andrew Parr, CAE, CEO	
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	
Dr. Jamie Kellar, Associate Dean, Academic of the Leslie Dan Faculty of Pharmacy at the University of Toronto	
Mr. Barry Sullivan, Governance Committee, Vice-Chair	

1. Call to Order and Welcome

The Chair, Dr. Brenda Lessard-Rhead, ND (Inactive), called the meeting to order at 9:16 a.m. and she welcomed everyone to the meeting, welcoming the Council's new Public Member, Ms. Namoi Bussin who was recently appointed by Order-in-Council.

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:	Paul Phillion
SECOND:	Amy Armstrong
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 items to be added to the agenda. No items were added to the agenda.

MOTION:	To adopt the Main Agenda as presented.
MOVED:	Erin Psota
SECOND:	Dean Catherwood
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair reminded Council members of the updated Declarations of Conflict-of-Interest process. A summary of the Annual Conflict of Interest Questionnaires completed by Council members have been included in the Council package 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 with Council. She welcomed and responded to questions from the Council.

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Lisa Fenton

SECOND:	Denis Marier
CARRIED.	

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

The Report on Regulatory Operations at October 31, 2025, from the CEO was circulated in advance of the meeting. Mr. Andrew Parr, CEO, 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 October 31, 2025, from the CEO.
MOVED:	Paul Phillion
SECOND:	Denis Marier
CARRIED.	

4.03 Report on Operations – Mid-Year Report

The Report on Operations – Mid Year-Report at September 30, 2025, was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Mid-Year Report on Operations from the CEO.
MOVED:	Amy Armstrong
SECOND:	Lisa Fenton
CARRIED.	

4.04 Unaudited Financial Statements for Q2

A copy of the Unaudited Financial statements ending September 30, 2025 (Q2) were included in the materials circulated in advance of the meeting. Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services, provided a detailed review of the Statements and highlighted 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 the Unaudited Financial Statements at September 30, 2025, as presented.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Executive Limitation 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) Governance Process Policies

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

5.02 Detailed Review (as per GP08) – Ends Policies and Council-CEO Linkage (CCL) Policies

Mr. Barry Sullivan, Governance Committee (GC) Vice-Chair, provided the Council with a detailed presentation reviewing the survey responses and comments submitted by Council members in relation to the Ends and CCL policies detail review, and highlighted each policy's directive.

Council members were also asked if there were any members who wished to discuss the grouping of policies, and Mr. Sullivan and Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To approve the proposed amendments to the Ends and Council-CEO Linkage policies as presented.
MOVED:	Paul Phillion
SECOND:	Denis Marier
CARRIED.	

5.03 GP34.00 – Council Member Performance Assessment Policy

Mr. Sullivan informed the members of Council that the CEO and Governance Committee have been working on a Council Performance Assessment policy and highlighted that the policy was designed to enhance the Council and Committee assessment process by giving Council members a formal review process. Therefore noting, that should the Council approve the by-law changes relating to the election of Council members, this policy is required to be implemented.

In addition, the Chair noted that to streamline activities, the panel created by GP34 will be the same panel noted in GP19 – CEO Annual Performance & Compensation Review. Thus, should Council approve GP34, an amendment to paragraph 1 of GP19 will be made as well.

Mr. Sullivan and the Chair responded to questions as they arose during the discussion.

MOTION:	To approve GP34 – Council member Performance Assessment as presented/amended and to amend paragraph 1 of GP19 – CEO Annual Performance & Compensation Review to rename the panel established therein to the Council & CEO Performance Review Panel.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood

CARRIED.	
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5.04 GP36 – Governance Policy Review Process

Mr. Sullivan informed the members of Council that the CEO and Governance Committee have also been working on a new policy that would set out the detailed policy review processes for reviewing the governance policies.

Mr. Sullivan and Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To approve GP36 – Governance Policy Review Process as presented.
MOVED:	Amy Armstrong
SECOND:	Erin Psota
CARRIED.	

6. Business

6.01 Appointment of the Council & CEO Review Panel

The Chair advised Council members that according to GP19, each year the Council needs to appoint members to the Council & CEO Performance Review Panel (“Review Panel”) with a minimum of three and maximum of four members, that is comprised of the Council Chair and Council Vice-Chair and up to two additional Council members.

She noted that last year, the panel included Dr. Denis Marier, ND and Dr. Jacob Scheer, ND, but Dr. Marier, ND has decided not to continue this year due to other time commitments, however, the Council can proceed with the three individuals, or if someone else is interested, they are welcome to indicate their interest now. Dr. Amy Armstrong, ND indicated her interest to join the newly renamed Council & CEO Performance Review Panel.

MOTION:	To appoint Dr. Brenda Lessard-Rhead, ND (inactive), Council Chair, Dean Catherwood, Council Vice-Chair, Dr. Jacob Scheer, ND, Dr. Amy Armstrong, ND to the Council & CEO Performance Review Panel.
MOVED:	Paul Phillion
SECOND:	Dean Catherwood
CARRIED.	

6.02 Understanding Off-label Prescribing Presentation

The Chair introduced Dr. Jamie Kellar, Associate Dean, Academic of the Leslie Dan Faculty of Pharmacy at the University of Toronto and welcomed her to the meeting to give a presentation to the Council about off-label prescribing. The presentation covered off-label prescribing in both general terms and the risks and ways to reduce those risks as well as in the context of the proposed amendment to Table 3 of the General Regulation to add OMP as a drug that can be prescribed by NDs.

Dr. Kellar responded to any questions that arose throughout her presentation.

The Chair thanked Dr. Kellar for her presentation and her work in reviewing the OMP on behalf of the Council and the College.

6.03 Proposed General Regulation Amendment (Table 3)

A Briefing Note and corresponding documents were circulated to the Council in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, Regulation, provided a detailed overview of the information in the Briefing Note and highlighted the proposed amendment to Table 3 of the General Regulation.

Mr. Quesnelle responded to any questions and provided clarification that arose throughout the fulsome discussion.

MOTION:	To amend the proposed amendment to Table 3 of the General Regulation to remove the limitation on OMP and to direct the CEO to re-circulate the amendment for a formal 60-day consultation.
MOVED:	Dean Catherwood
SECOND:	Amy Armstrong
CARRIED.	

6.04 Public Register Audit

Mr. Parr, CEO, reviewed the information gathered during the audit process of both the Public and Information registers completed by College staff and highlighted that most of the measures have been met and those that aren't or are partially met are a result of limitations within the database but it is too costly to change or there have been Legislative changes.

He responded to any questions that arose during the discussion.

MOTION:	To adopt the audit report of the Public and Information registries as presented.
MOVED:	Erin Psota
SECOND:	Denis Marier
CARRIED.	

6.05 Framework for Evaluation of Laboratory Test Submissions

A Briefing Note and corresponding documents were circulated to the Council in advance of the meeting. Mr. Parr, CEO, provided a detailed overview of the information in the Briefing Note and highlighted the Framework for the Review of Laboratory Test Submissions and the results of the consultation.

Mr. Parr responded to any questions and provided clarification that arose throughout the fulsome discussion.

MOTION:	To adopt the Framework for the Review of Laboratory Test Submissions as amended by the CEO based on feedback received.
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MOVED:	Denis Marier
SECOND:	Amy Armstrong
CARRIED.	

6.06 By-law Amendments for Election of Council Members

A Briefing Note and corresponding documents were circulated to the Council in advance of the meeting. The Chair also noted that on Monday, the CEO circulated an updated version of the proposed by-law amendments, after legal counsel's review, in which eight additional minor wording changes were included to ensure consistency. In addition, an updated version of Appendix 2, was circulated, this is the document that will be referred to when speaking to the by-law amendments themselves.

Mr. Parr, CEO, provided a detailed overview of the proposed amendments to the by-laws relating to the election of Council members and the feedback received from the consultation.

Mr. Parr responded to any questions and provided clarification that arose throughout the fulsome discussion.

MOTION:	To adopt the proposed by-law changes as amended by the CEO based on feedback received.
MOVED:	Lisa Fenton
SECOND:	Dean Catherwood
CARRIED.	

6.07 By-law Amendments Relating to Information and Fees

A Briefing Note and corresponding documents were circulated to the Council in advance of the meeting. Mr. Parr, CEO, provided a detailed overview of the proposed by-law amendments relating to the fees and the feedback received based on the consultation.

Mr. Parr responded to any questions and provided clarification that arose throughout the fulsome discussion.

MOTION:	To adopt the \$250 increase to each registrant class effective April 1, 2026.
MOVED:	Dean Catherwood
SECOND:	Paul Philion
CARRIED.	

MOTION:	To adopt the proposed by-law and Schedule Fee changes as amended by the CEO based on feedback received.
MOVED:	Paul Philion

SECOND:	Dean Catherwood
CARRIED.	

7. Council Education

7.01 Program Briefing – Quality Assurance Program

The Council members asked to have this Agenda Item deferred to the next Council meeting to ensure adequate time would be available to fully understand the education being presented.

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 Meeting 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 three areas of concern were raised. The Chair spoke to this and asked if the people are comfortable in doing so, to reach out to her and provide more details.

9.02 Next Meeting

The Chair noted for Council that the next regularly scheduled meeting is set for January 28, 2026. This meeting will be held virtually via video conference.

10. Adjournment

10.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 4:08 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Denis Marier
SECOND:	Amy Armstrong

Recorded by: Monika Zingaro
Human Resources Coordinator
December 10, 2025

MANAGEMENT DISCLOSURES
Period November 15, 2025 to January 15, 2026

In the on-going effort to provide the Council with the maximum in operational transparency and oversight, the College Management Team will be providing the Council with various legal, financial and policy disclosures since the prior Council meeting.

Date	Type	Disclosure	Details
November 15, 2025	Financial	Payroll Remittance Received	Confirmation of remittance of payroll deductions and College contributions.
November 20, 2025	Financial	GST/HST Notice of Assessment	Notice of Assessment for period September 1, 2025 to September 30, 2025
November 24, 2025	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario)
November 28, 2025	Financial	GST/HST Return	Return filed for period October 1, 2025 to October 31, 2025.
December 10, 2025	Financial	GST/HST Remittance	Confirmation of receipt of HST Remittance.
December 10, 2025	Financial	Payroll Remittance Received	Confirmation of remittance of payroll deductions and College contributions.
December 15, 2025	Financial	ADP – Payroll taxes	This tax deductions were for pay period November 1, 2025 to November 15, 2025.
December 18, 2025	Financial	GST/HST Notice of Assessment	Notice of Assessment for period October 1, 2025 to October 31, 2025.
December 18, 2025	Financial	Payroll Remittance Received	Confirmation of remittance of payroll deductions and College contributions.
December 23, 2025	Financial	GST/HST Return	Return filed for period November 1, 2025 to November 30, 2025.
December 24, 2025	Financial	ADP – Payroll taxes	This payroll tax covered the period from November 29-December 12, 2025, with a pay date of December 24, 2025. ADP will file this amount to CRA on December 24, 2025.

January 2, 2026	Financial	Payroll Remittance Received	Confirmation of remittance of payroll deductions and College contributions.
January 12, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from December 13-26, 2025, with a pay date of January 08, 2026. ADP has filed this amount to CRA on January 08, 2026.
January 12, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario).
January 12, 2026	Financial	Payroll Remittance Received	Confirmation of remittance of payroll deductions and College contributions.

Copies of the physical documentation is available on the new [Council Disclosures Smartsheet](#).

MEMORANDUM

DATE: January 28, 2026

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, Finance & Risk Committee
2. Discipline Committee
3. Examination Appeals Committee
4. Executive Committee
5. Governance Committee
6. Inquiries, Complaints and Reports Committee
7. Inspection Committee
8. Patient Relations Committee
9. Quality Assurance Committee
10. Registration Committee
11. 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.

FINANCE, AUDIT & RISK COMMITTEE REPORT
Period of November 01, 2025, to December 31, 2025

This report serves as the Acting Chair report of the Finance, Audit & Risk Committee for the period of November 01 to December 31, 2025.

The Finance, Audit & Risk Committee met on November 25, 2025, to review the Unaudited Financial Statements for Q2 (July 1, 2025-September 30, 2025) and first bi-annual update to the Enterprise Risk Management Plan.

Following a thorough discussion, both reports were accepted by the Committee.

The next meeting of the Finance, Audit & Risk Committee is scheduled for February 25, 2026.

Respectfully submitted,
Dr. Amy Armstrong, ND
Acting Chair
December 23, 2025

DISCIPLINE COMMITTEE REPORT
Period of November 1, 2025 to December 31, 2025

The Discipline Committee (DC) is independent of Council and has no legal obligation to submit quarterly 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 November 1, 2025 to December 31, 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 December 31, 2025, there were no ongoing discipline matters before the committee.

Discipline Hearings

Discipline matter DC25-01 involving Tina Sestan

A full-day uncontested hearing for matter DC25-01 was held on December 2, 2025. The Registrant's certificate of registration was revoked as per the Order of the DC Panel.

New Referrals

2 new referrals, involving the same Registrant, to be heard together, were made to the Discipline Committee from the ICRC during the reporting period.

Committee Meetings and Training

There were no Committee meetings held during the reporting period. The annual Committee training was held on November 24, 2025, and was presented by Lonny Rosen and Sari Feferman of Rosen Sunshine LLP.

Respectfully submitted,

Dean Catherwood
Chair
January 2, 2026



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE REPORT
Period of November 1, 2025 to December 31, 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
January 7, 2026



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of November 1, 2025 to December 31, 2025

This serves as the Executive Committee Chair's Report for the period of November 1 to December 31, 2025.

During this reporting period, the Executive Committee met once on December 2.

The following decisions were made and were submitted to the Council for ratification at their December 10 meeting:

- Amendments to the Terms of Reference of the Inspection Committee were ratified to allow for registrants who have not met the Standard of Practice for IVIT to be appointed to the Committee.
- GP35.00 – Skills, Expertise and Diversity Policy was approved with amendments based on Council and Governance Committee feedback.
- Feedback to the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario on their draft amendments to the Registration Regulation made under the Traditional Chinese Medicine Act was approved.
- Naomi Bussin, Public member, was appointed to the Inquires, Complaints and Reports Committee effective immediately, to ensure that there was no risk to meeting quorum for their December meeting.

As this committee meets on an as-needed basis, no additional meetings have been scheduled at this time.

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)
Council Chair
January 4, 2026

GOVERNANCE COMMITTEE REPORT
Period of Period of November 1, 2025, to December 31, 2025

During this last reporting period the Governance Committee met once, on December 15, 2025

At that meeting, the committee dealt with the following business:

1. Received an overview of two new Smartsheet pages for general committee reference documents and ones specifically created for the Governance Committee.
2. Received a detailed outline of the upcoming Council Elections and the responsibilities of the Governance Committee.
3. Met with Mr. Elvis Dorencec of Satori Consulting Inc. where the committee members reviewed in detail the results of the Council members' self assessment of their skills, expertise and diversity which was developed as a result of the Executive Committee approving the related policy GP35 - Skills, Expertise & Diversity.
4. After a fulsome discussion, the committee identified the three key areas that an applicant seeking election to Council should meet at least one of.
5. Reviewed the newly accepted policy by Council at their December meeting GP36 – Governance Policies Monitoring and Review Process.
6. Deferred the detailed review of GP01-GP06 as they are being reviewed in January 2026 based on the newly adopted GP36 and aligning with GP08.
7. Reviewed the processes in place in preparation for the January Council Survey/Presentation.
8. Completed a re-review of the Land Acknowledgement Statement and approved as presented. Next step is to have the Statement reviewed and adopted by Council.
9. Determined agenda items for the next meeting which included any new volunteer applications for the committee to review, a presentation on the Governance Model by Mr. Barry Sullivan, Vice-Chair, and the detailed review - Part 1 of the Governance Process Policies (GP01-GP18).

The committee is scheduled to meet next on January 12, 2026. I would like to take the opportunity to thank committee members and staff for their time, effort and participation.

Respectfully submitted,

Hanno Weinberger, Chair
January 2026

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of November 1, 2025 to December 31, 2025

Between November 1, 2025 and December 31, 2025, the Inquiries, Complaints and Reports Committee held two regular online meetings – November 6 and December 4.

November 6, 2025: 10 matters were reviewed, ICRC members approved 4 Decisions and Reasons and referred specified allegations for 2 matters to the Discipline Committee. There were no reports prepared by the ICRC members for ongoing matters. Committee members also delivered 2 oral cautions to registrants.

December 4, 2025: 7 matters were reviewed, ICRC members drafted 4 reports for ongoing matters. No Decisions and Reasons were approved at this meeting. Committee members also received their annual training presented by the College CEO and the College's Legal Counsel, Rebecca Durcan.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
January 8th, 2026

INSPECTION COMMITTEE REPORT

For the period November 1, 2025 to December 31, 2025

Meetings and Attendance

Since the date of our last report to Council in November, the Inspection Committee met on one occasion, via videoconference on November 20th. There were no concerns regarding quorum.

Activities

At this meeting, the Committee reviewed and made decisions with respect to seven Inspection Reports and one Type 1 Occurrence Report, as follows:

Inspection Report Review Outcomes

Part I Inspections

Pass with conditions/recommendations - 1

Part II Inspections

Pass – 2

Pass with recommendations – 2

Existing/5-year Inspections

Pass- 1

Pass with recommendations – 1

Type 1 Occurrences

One Type 1 Occurrence Report was received and reviewed, with a decision of ‘no further action’ taken by the Committee.

Next Meeting Date

January 20, 2026.

Respectfully submitted by,

Barry Sullivan, Chair

January 5, 2026.

PATIENT RELATIONS COMMITTEE REPORT
Period of November 1, 2025 to December 31, 2025

During the reporting period the Committee did not have any meetings scheduled. The Committee has been reviewing and submitting feedback and edits to College staff on the Patient and Registrant Guides on Sexual Abuse.

The Committee is next scheduled to meet on February 11, 2026.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
January 2026

QUALITY ASSURANCE COMMITTEE REPORT

For the period November 1, 2025 to December 31, 2025

Meetings and Attendance

Since the date of our last report to Council in November, the Quality Assurance Committee met on one occasion via videoconference, on November 20th. There were no concerns regarding quorum.

Activities Undertaken

At this meeting, the Committee continued with its regular ongoing review and approval where appropriate, of new and previously submitted CE category A credit applications.

Additionally, after reviewing information supplied by staff, the Committee addressed the case of a Registrant who did not submit their CE log as required by the QA Program.

The Committee also considered and approved one Registrant's request for an amendment related to the 'patient- file review' portion of their Peer and Practice Assessment.

Finally, after considering background information provided by staff on the operation of the Self-Assessment component of the QA Program, the Committee determined that for 2026/27, Registrants would again be required to complete **3 Self- Assessments**; including **Lab Testing** and **Record- Keeping** as **mandatory** Self Assessment topics and **one additional** topic to be chosen by the Registrant from the Self- Assessment topics list.

Next Meeting Date:

January 20, 2026

Respectfully submitted by:

Barry Sullivan

January 5, 2026.

REGISTRATION COMMITTEE REPORT
Period of November 1, 2025 to December 31, 2025

At the time of this report, the Registration Committee met once, on November 18, 2025.

Applications For Registration

The Committee reviewed two applications for registration: one under subsections 7(3) and 3(2) of the Registration Regulation, and one under 5(2) of the Registration Regulation to determine eligibility for registration with the College.

Exam Remediation – Ontario Clinical Science Examination

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

Exam Remediation - Ontario Biomedical Examination

The Committee reviewed and set plans of exam remediation for four candidates who had made two unsuccessful attempts at the Ontario Biomedical Examination, in accordance with subsection 5(4)(b)(ii) of the Registration Regulation.

Program Policy Update – Prior Learning Assessment & Recognition (PLAR) Program Policy

The Committee reviewed and approved amendments to the PLAR Policy to help streamline the accommodation request and review process.

Program Policy Update - Registration Program Policy

The Committee reviewed amendments to the Registration Policy and Refresher Program Guideline and Charts, further discussion and approval will be sought at the next Registration Committee meeting in January 2026.

Respectfully submitted,



Danielle O'Connor ND
Chair
January 7, 2026

STANDARDS COMMITTEE REPORT
Period of November 1, 2025 to December 31, 2025

During the reporting period the Committee had one meeting on November 5, 2025 where they began their initial review of 6 Standards of Practice. The Committee is next scheduled to meet on February 4, 2026.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
January 2026

MEMORANDUM

DATE: January 16, 2026

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. 309 & 310)	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 (November & December 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.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

The Use of Published Guidelines for Discipline Tribunals

Natasha Danson

December 2025 - No. 309

While many Canadian discipline tribunals have rules of procedure, few publish guidelines on how they make substantive decisions. Such guidelines are common in the UK, with those for the medical tribunal being quite comprehensive.

The Medical Practitioners Tribunal Service (MPTS) makes both interim and final discipline decisions and its [newly-revised guidelines](#) have just taken effect.

Introduction

The purpose of their guidelines is described as follows:

This guidance should be used by tribunals to support consistent decision making and to ensure that their decisions meet the overriding objective of the MPTS to deal with cases fairly and justly. This includes acting in a way that is proportionate, transparent and fair. Tribunals should ensure that they refer to the relevant

part of the guidance when reaching their decision(s).

The guidelines are not only intended to guide panels making individual decisions, but also to assist physicians and participating legal counsel present their cases effectively. The guidelines expressly consider equity principles. They also define the public interests that panels protect.

The guidelines provide a detailed analysis of the types of behaviour that constitute “impaired fitness to practise” (including professional misconduct). For example, the discussion of sexual misconduct includes types of intent, conduct towards colleagues, and conduct in a registrant’s private life. The analysis ties sexual misconduct to its definition of public interests. A range of suggested sanctions is provided for different categories of sexual misconduct. Footnotes reference policies published by the regulator.

Interestingly, one of the categories of impaired fitness to practise is where the physician cannot communicate effectively in English to such extent that patient safety

could be compromised. Except in the most serious of cases, the suggested sanction is to impose conditions on practice.

Interim Orders

The guidelines devote an entire section to making interim orders (which are made by the tribunal). A decision-making tree is provided with the following steps:

- Is the test for imposing an interim order met? (i.e., “whether there is a risk arising from that information that means it’s necessary to take interim action on the doctor’s registration”).
- What degree of risk arises? (i.e., “the seriousness of the concern or allegation, the likelihood of repetition, and the weight of the information available”).
- Is it necessary to restrict the physician’s registration? (i.e., what “is necessary for the protection of the public or is otherwise desirable in the interests of the public and/or in the interests of the doctor”).
- Where an interim order is needed, what is proportionate? (i.e., conditions or a suspension, and for how long).

Again, factors to consider are offered for various types of misconduct. For example, for sexual misconduct some factors include:

- Whether there is a criminal investigation.
- Whether the information suggests predatory behaviour.
- The seriousness of the nature of the sexual conduct.
- Evidence of a pattern of sexually motivated behaviour.

Findings on the Merits

On making findings of fact, the guidelines suggest that the hearing panel begin with the admitted facts, understand the burden of

proof, assess the reliability and credibility of witnesses, address hearsay evidence, make only appropriate inferences, and state and explain factual findings.

Unlike most Canadian discipline tribunals, UK hearing panels can only act if the registrant poses a current and ongoing risk to the public interest (including a risk of future public harm and whether the finding undermines public confidence in the profession). Again, a decision-making tree is provided for making this determination.

Sanction

Guidance is also given to ensure that any sanction is proportionate, transparent, and fair. The primary goal is to protect the public, not to punish the registrant. Where possible the sanction should facilitate the registrant’s return to safe practice.

The appropriateness of each type of sanction is canvassed. For example, the guideline states as follows:

Suspension may be proportionate in cases where some, or all, of the following factors are present:

- a. conditions are not appropriate, measurable and/or workable
- b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or
- c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.

Evidence of the registrant's level of insight and remediation is relevant to the length of the suspension.

Given this purpose-driven approach to sanctions, the guidelines state the following:

Any time spent under an interim order of conditions or suspension is unlikely to be relevant to deciding the appropriate length of a suspension. This is because the type of action and the length of time it's put in place for both need to adequately address the decision that the doctor poses a current and ongoing risk to public protection requiring restrictive action in response.

Interim orders serve a very different purpose to sanctions....

However, time spent under an interim order of suspension may be relevant when determining the proportionate period of suspension to be imposed purely on the grounds of public confidence.

This article only scratches the surface about the level of advice provided in the guidelines.

Canadian regulators often provide high-level orientation to discipline panel members on these sorts of topics. However, such orientations are not directive in nature (recognizing the importance of the independence of the panels). Canadian regulators generally do not provide ranges of sanction for particular types of misconduct.

However, the guidelines are attractive. Some advantages of these sorts of guidelines include fostering increased consistency in decision-making and enabling hearing participants to better understand what issues they need to address.

There are at least two possible downsides to consider. The first is that the law is constantly evolving, and such a document can become legally inaccurate (so there is a need for regular updates). The second is that where the hearing panel departs from the guidance (which it is entitled to do), it may open itself up to criticism, especially without explaining why the departure was justified.

Conclusion

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please visit our website to subscribe: <https://sml-law.com/resources/grey-areas/>

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

An Alternative Approach to Sexual Abuse?

Rebecca Durcan

January 2026 - No. 310

The groundbreaking 1991 *Final Report of the Task Force on Sexual Abuse of Patients* transformed the regulatory approach to sexual behaviour towards patients. Instead of viewing it merely as sexual misconduct, it was now treated as a fundamental breach of trust exercised through the exploitation of an inherent power imbalance. Several resulting legislative provisions in the *Regulated Health Professions Act* reflect this approach including mandatory revocation (with an inability to apply for reinstatement for five years) for frank sexual acts between a registrant and a patient. Consent is irrelevant. Mandatory reports are required from any registrant or employer learning of any form of sexual abuse of patients by registrants. Some procedural protections were enacted including publication bans on the identity of the patient and the right to file an impact statement describing the impact of the abuse. Funding for therapy and counselling related to the sexual abuse is also available.

This approach has survived several legal challenges and is now well entrenched in Ontario. Despite these legislative changes,

the discipline process often remains difficult for patients. Further, given the private nature of the interactions and the serious sanction that results from a finding, allegations are often disputed, thus requiring a contested public hearing.

Regulators are rightly concerned that any departure from the “zero tolerance” approach to sexual abuse of patients could lead to at least a perception that they are minimizing the seriousness of such conduct and placing the public at risk.

However, a recent report, targeted at the criminal process, is raising the question as to whether alternatives might be available to better serve patients while still protecting the public: Evans, J. & Gray, M. (2025). [*Bridging Justices: A Critical Exploration of Moratoriums on Restorative and Transformative Justice for Sexual harm in Ontario*](#). The report is co-sponsored by the Community Justice Initiatives (CJI) and Women's Legal Education and Action Fund (LEAF). A [webinar](#) accompanied the report.

The report speaks to the Crown policy of rarely permitting the diversion of sexual assault criminal charges from the trial stream. The report notes:

Decades of research has demonstrated that survivors of sexual violence often experience secondary victimization by the criminal legal system due to their treatment when disclosing or making a formal report of sexual harm, including disbelief or dismissal of their experience.... Research has demonstrated secondary victimization has a profoundly negative impact on psychological and physical wellbeing....

The research, including extensive interviews with those involved in addressing gender-based violence (GBV) and those who have experienced it, indicates that many “emphasized that offering alternative options could restore survivor autonomy and dignity, while also improving community safety through non-adversarial accountability.”

The options presented in the report are restorative justice (RJ) or transformative justice (TJ). RJ is defined as a process “... in which the victim and the offender, and where appropriate, any other individuals or community members affected by a crime, participate together in the resolution of matters arising from the crime, generally with the help of a facilitator....” TJ is described as an “alternative justice process intended to repair harm and prevent further or repeated injury by changing the structures and norms of a community” typically occurring outside of state control.

The report emphasizes the need for safeguards: “However, it is imperative that survivors are presented RJ/TJ as a potential option but are not pressured to take this route....” Concern is expressed that diversion is not permitted to lighten Crown case loads or be employed where

stereotypical views about the validity of the allegations are influencing the decision.

The report identifies the following safeguards as necessary preconditions to RJ/TJ:

- The option must be survivor-led and initiated. This would include the survivor defining “what accountability and repair look like for them.” For example, this could vary from a written acknowledgement, a face-to-face apology, steps to redress past harm or actions to prevent future harm.
- “RJ/TJ for sexual harm must be facilitated by someone with appropriate training and expertise in GBV”. Facilitators “must be knowledgeable about trauma and the unique power dynamics of sexual violence from a feminist lens.”
- Training must be provided for all those involved in the process including those working in GBV, facilitators, legal system actors, survivors, and the broader public.
- Ensuring that the process be culturally safe and relevant for the individual participants.
- Criminal legal proceedings need to remain an option at the discretion of the survivor.

The report addresses some misconceptions about RJ/TJ:

- “One is that people who have caused sexual harm are unlikely to take responsibility for the harm they have caused. While this does occur, it is not always the case.... The threshold for participation in the CJI Revive program is that the person who caused harm must acknowledge that they caused harm, and that their capacity for accountability can grow through ongoing discussions with a trained facilitator. The facilitator will

make this assessment after speaking to the person who caused harm.”

- “Another common misconception is that the survivor and the person who caused harm must meet face-to-face to discuss the specifics of what happened. While this may occur, it is not required. If a meeting between the parties is to occur, both the survivor and the person who caused harm work with an independent facilitator in preparation. Sometimes the survivor chooses alternative routes of communication with the person who harmed them, such as writing letters, text messaging, or video call.”

A particular challenge about transferring these concepts to professional regulation is the regulators’ mandate to serve and protect the public interest. RJ/TJ is principally focussed on choices of the individuals, particularly survivors. Regulators clearly will

want to know the perspective and position of patients but are not bound by them when they do not align with the public interest. While the larger community can have some involvement (e.g., Indigenous healing circles or circle sentencing), this is not a necessary part of the process. Even where public protection safeguards can be built into the process, publication of the outcome on the public register could be another hurdle.

If these concepts were to be incorporated into professional regulation, legislative change would likely be required. For example, the *Regulated Health Professions Act* prohibits any form of alternative dispute resolution for sexual abuse complaints.

As the report acknowledges in the criminal law context, much work needs to be done before RJ/TJ can become viable options for regulated professions.

FOR MORE INFORMATION

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From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 56, Building a More Competitive Economy Act, 2025 – (Government Bill, passed third reading and received Royal Assent). Bill 56 is an omnibus Bill that affects several statutes. Changes that come into effect on January 1, 2026, include:

- Permitting chiropodists, dental hygienists, midwives and optometrists to have greater access to drugs.
- Expanding the as-of-right authority of those in good standing in other Canadian jurisdictions to practise in Ontario pending processing of their application for registration for 16 additional professions.
- Permitting more professions to order and administer testing including x-rays.
- Allowing for the almost automatic registration of practitioners (likely nurses and physicians) from select jurisdictions.

Bill 68, Plan to Protect Ontario Act (Budget Measures), 2025 (No. 2) (Government Bill, passed all three readings and received Royal Assent). Bill 68 is an omnibus budget Bill. Tucked in amongst its provisions is an amendment to the *Insurance Act* that limits the use of preferred provider networks for drug coverage under group insurance plans.

Commencement Orders

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

No relevant commencement orders were filed this month. (NB many Bills now include their commencement date in the text of the Bill itself).

Regulations

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

Midwifery Act. Immunizations for respiratory syncytial virus (RSV) monoclonal antibody is added to the regulation. ([O. Reg. 244/25](#))

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Optometry Act. The proposed amendments would expand the scope of practice of optometrists including additional tests, minor surgical procedures, and dispensing medication. Comments were due by November 3, 2025.

Diagnostic Imaging Under Various Acts. The proposed amendments would enable dental hygienists, denturists, chiropodists, chiropractors, physiotherapists, and speech language pathologists to order or administer various forms of diagnostic imaging such as x-rays. Comments were due by November 3, 2025.

Psychology and Applied Behaviour Analysis Act. The proposed amendments would permit some psychologists to prescribe select psychotropic drugs and order laboratory tests to monitor those drugs. Comments were due by November 3, 2025.

Pharmacy Act. Proposed amendments would expand the ailments for which pharmacists can assess and prescribe and the vaccines for which pharmacists or pharmacy technicians can administer. Comments were due by November 24, 2025.

Bonus Features

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

(www.sml-law.com/blog-regulation-pro/)

Costs Must be Proportionate

Courts are reflecting on how costs should be assessed in discipline hearings where findings have been made against registrants. Alberta's highest court has shifted from a position that there should be no presumption of costs awarded to regulators to one where costs should focus on what expenses of the hearing process, excluding the usual overhead, should reasonably be borne by the registrant. See: [Jinnah v Alberta Dental Association and College](#), 2022 ABCA 336 (CanLII), and [Charkhandeh v College of Dental Surgeons of Alberta](#), 2025 ABCA 258 (CanLII).

In the first Ontario court decision dealing with a significant costs order since *Charkhandeh*, the Divisional Court is not following either of those approaches. Rather, the Court retained its previous position that it is reasonable to impose costs on a registrant as a way to prevent the profession from bearing the entire expense of the hearing process, so long as the panel does not

make any error in principle. The Court has identified one such error of principle as being where the panel does not consider whether the overall costs order is proportionate.

In [*Moore v College of Chiropractors*](#), 2025 ONSC 6190, a chiropractor was found to have engaged in eleven instances of misconduct related to the care of a patient and her husband. The patient was vulnerable due to her frailty and pain. The panel found significant gaps in the assessment, treatment, documentation, and billing of the patients including non-disclosure and dishonesty. The panel imposed a reprimand, remediation, and a fifteen-month suspension (that could be reduced to twelve if there was compliance with the remedial order).

The panel also ordered the chiropractor to pay \$690,376, representing 60% of the College's costs and expenses. On appeal, the Court acknowledged the wide discretion available to the panel and that it was appropriate for the panel to consider that the chiropractor had prolonged the hearing, the length of the hearing (28 days), and the offer to settle made by the regulator. The Court also accepted that the reasonable expectations of the chiropractor are not a proper consideration.

However, the Court concluded that the panel had not considered the overall proportionality of the amount of the costs ordered. The tribunal could have done more to keep the lengthy hearing "within reasonable bounds". While the panel was right to note that no evidence was led of the financial impact of the costs on the chiropractor, it was inevitable that the order would have a significant financial impact on him. The panel also did not address the potential chilling effect that such a high costs order would have on this and future registrants fully defending themselves. Proportionality requires panels to not simply make mathematical calculations (i.e., percentage of total costs, number of hearing days) when the amount at issue is so high. The Court concluded:

Considering the factors that were properly identified by the Panel and having due regard to the principle of proportionality and some division of responsibility for the length of the proceedings, I would fix costs below in the amount of \$450,000.

There were several other aspects to the Divisional Court decision including confirming the use of non-Council public members, the exclusion of an expert witness, the use of written submissions, the appropriateness of the sanction, and that the panel decision was not initially signed by all its members. Regulators may also be interested in some of those determinations supporting their legal authority.

Ontario does not appear to be following the Alberta approach to costs.

Don't Ask for the World

It is a delicate task to word an investigative summons to produce documents. On the one hand, the investigator wants to ensure that all helpful documents are produced. Yet, the wording should not be too broad, for the sake of both the registrant and the regulator. In [*Binance Holdings Limited v. Ontario Securities Commission*](#), 2025 ONCA 751 (CanLII), Ontario's highest court confirmed that an excessively broadly worded summons is contrary to the *Canadian Charter of Rights and Freedoms*.

Binance operates an online crypto asset trading platform used by thousands of Ontario investors. The Ontario Securities Commission (OSC) believed that Binance did not comply with Ontario securities requirements. As a result of the concerns, Binance entered into an undertaking with the OSC. However, the OSC subsequently claimed that Binance violated the undertaking. The OSC appointed an investigator who issued a summons requiring Binance to "provide all communications regarding Ontario (or Canada generally) among directors, officers, employees, contractors, agents and consultants of Binance Holdings Limited and related entities" Binance challenged the validity of the summons arguing, among other things, that it amounted to an unreasonable search or seizure contrary to s. 8 of the *Charter*.

The Court held that the OSC (which appointed the investigator and holds enforcement hearings) did not have the jurisdiction to review the validity of the summons issued by the investigator. There was also no constitutional right for Binance to require a court to affirm the validity of the summons before Binance was required to comply with it. However, there was discretion by the court to judicially review the validity of the summons in appropriate cases. In this matter, given the nature and obvious breadth of the summons and the unavailability of an alternative means to question it, the Court agreed that the application for judicial review should have been heard.

The Court imposed a fairly stringent test for challenging the summons. The level of relevance expected in criminal proceedings did not apply. The reasonable expectation of privacy of business records in a regulated sector is low. Regulators often legitimately use such summons as an "exploratory tool". Regulators do not know what the documents say. "The most that can be expected is that the regulator will identify categories of documents that they have reason to believe may be relevant." Further, some degree of flexibility in language is warranted where the registrant has already demonstrated an unwillingness to be forthcoming. All that is required is that there is a realistic foundation for believing that the requested documents will facilitate a proper inquiry.

The Court held that the summons in this case was worded too broadly:

However, the Summons demanded production, without limitation, of all communications between virtually anyone that may have managed, been employed by, or done work for

either Binance or its related entities over a two-and-a-half-year period relating not only to Ontario but to all of Canada, regardless of the subject matter of those communications. This demand, enforceable by the threat of contempt proceedings, is staggering in its breadth and in my view was made without apparent concern about the relevance of what was being demanded, beyond mere speculation that there could be something relevant that would otherwise be missed. I am therefore persuaded that the s. 13 Summons issued in this case is unconstitutionally overbroad.

Some degree of specificity is also required to enable the recipient of the summons to understand what should be produced. Further, the scope of the summons in this case was clearly burdensome.

The Court also expressed concern that the provision authorizing the production of documents was being used, in part, to demand the recipient answer questions. A different investigative authority (which often exists for regulators) is required.

The OSC was ordered to return the documents already produced to Binance. However, the OSC was not precluded from issuing a new, *Charter*-compliant summons.

While the decision does not result in a requirement for high degree of precision in the wording of a summons, regulators should avoid excessively broad language.

Quality Improvement Programs vs Transparent Inspections

A current consultation in the UK highlights the complexity of policy choices involved in the regulation of professions. One such choice is whether to take a quality improvement or a transparent inspection approach to enhancing registrant performance in a particular area.

The quality improvement approach focusses on supporting and encouraging registrants to enhance their performance to a high level. Typically, this will involve tools such as self-reflection and peer support to maximize the registrant's motivation to perform well. (See: [Regulators' Role in Professional Identity Formation](#).) To foster registrant participation, this approach generally treats the information gathered during the process as confidential and generally precludes its use in the complaints and discipline process. The [quality assurance programs](#) for Ontario health regulators adopts this approach.

The transparent inspection approach is more often used for compliance assurance. The regulator will have an inspector attend (usually on-site) to determine whether the registrant is complying with specific objective requirements. Usually, this approach focusses on achieving minimum expectations rather than fostering excellence. For example, a regulator for retirement homes

might inspect whether a home has updated the care plans for each resident every six months or whether medications are administered on schedule. Typically, the inspection report, or a summary of its findings [are posted publicly](#).

Where the transparent inspection approach is used, a further choice is whether to post a rating summarizing the result for easy public viewing. Residents of Toronto will be familiar with the colour-coded ratings signs (green for pass, yellow for conditional pass, red for closed notice) posted at all eating establishments under the city's [DineSafe](#) program.

The United Kingdom's Care Quality Commission (CQC) [is consulting on changes to its rating system](#). The CQC inspects health facilities to assess whether the: "services [are] safe, effective, caring, responsive and well-led." The facilities inspected include the offices of general practitioner physicians, hospitals, and care homes. Current inspection reports indicate whether the indicators for each of these categories are "outstanding, good, require improvement or are inadequate."

The CQC is considering whether to provide an overall rating for each facility. This is not a simple decision. An inquest into the death by suicide of head teacher Ruth Perry, after receiving an unexpected negative rating of her school, [recommended changes](#) to the school inspection process to reduce the stress caused by such blunt public postings.

Right-touch regulation involves careful application of the most effective regulatory tools to each circumstance.

Challenging a Referral to Discipline

Courts strongly discourage registrants from judicially challenging the validity of a referral of allegations of professional misconduct to discipline. The latest court decision on the topic out of Alberta highlighted many of the possible arguments a registrant can make: [Akinawonu v College of Physicians and Surgeons of Alberta](#), 2025 ABKB 644 (CanLII).

The physician was the subject of two complaints from colleagues related to allegedly making inappropriate sexual propositions. After allegations were referred to discipline, the physician applied to the Court to have the referral set aside on several grounds including:

- The investigation was incomplete when the referral was made. The investigator's report that was relied on in support of the referral was labelled "preliminary" and evidence that arose subsequently, such as a statement from a key witness exonerating the physician and criticizing the investigation, was inadequately pursued. In addition, investigative steps continued after the referral was made.
- Issues related to race and ethnicity had tainted the complaints and the investigation.

- The referring entity breached its statutory duty to consider the strength of the evidence before sending the matter to discipline.

The Court determined that the physician's application was premature. It explained that administrative proceedings should proceed to their conclusion before judicial intervention unless there were rare and exceptional circumstances. "Concerns about procedural fairness or bias are not rare and exceptional circumstances so long as the process allows the issue to be raised and an effective remedy to be granted..." The Court said that the physician should dispute the case against him at the hearing, where the physician could challenge the credibility and biases of the witnesses and even of the investigator. If the physician was unsuccessful, he could appeal the decision to the courts.

In terms of the completeness of the investigation, the Court said:

The HPA [the enabling statute] does not require the investigator to take direction from the investigated person regarding who should be interviewed, how their evidence should be interpreted, or when the investigation is sufficiently complete. It will be prudent in most cases for the investigator to interview and consider the investigated person's views before finalizing a report, but it is the investigator's job to form an independent view on the totality of the information received. In this case, the record shows the investigator did both these things in a manner that was consistent with his obligations. Dr. Akinnawonu can bring forward additional evidence at the hearing and argue that on the totality of the record it is clear that the Complaints should be dismissed, but he cannot stall the hearing by making repeated demands that the investigator take further steps or take a different view of the evidence.

The Court also noted that additional investigation of late-arising information after the referral was made was appropriate and did not mean that the initial investigation was incomplete.

In the circumstances of this case, the Court found that "the application was an abuse of process and likely brought to delay or interfere with the investigation and hearing process under the [legislation]."

Rare and exceptional circumstances justifying judicial intervention will indeed be rare and exceptional.

A Regulator with a Grudge?

An appearance of bias can nullify a regulator's decision. However, it can be difficult for an applicant or a registrant to prove bias. Thus, a preliminary issue can be how an applicant or registrant can obtain such evidence. An applicant sought to re-register as a real estate broker after having been revoked for removing funds from his trust account. The regulator refused because of concerns about his past conduct, especially since no new evidence of suitability was offered. At the resulting hearing before a Tribunal, the applicant requested a summons to examine the Registrar of the regulator as a witness. The applicant hoped that the examination would reveal that the Registrar held a "grudge" against him and that statistical evidence of past complaints against him (compared to other registrants) would help establish his position. The Divisional Court held that the Tribunal's refusal to issue a summons for this purpose was reasonable. The Court indicated that the Tribunal's decision was not procedurally unfair and that its conclusion that the purpose of the summons was irrelevant to the issues raised in the hearing did not constitute palpable and overriding error.

The Court also upheld the Tribunal's decision that an adjournment was not warranted, saying:

[The Tribunal] considered other relevant factors before denying the Appellant's request for an adjournment. Those included the history of two previous adjournments, the lack of consent to the adjournment request, the age of the file, which had commenced over one year prior, the prejudice to the parties, the undisclosed length of the requested adjournment and the broader public interest.

See: [*Lamba v. Registrar Trust in Real Estate Services Act, 2002 and The Licence Appeal Tribunal*](#), 2025 ONSC 6338 (CanLII).

Alberta's Jordan Peterson Act

A news release from Alberta says:

The Alberta government has tabled legislation that will limit professional regulatory bodies from disciplining workers for expressive off-duty conduct.

Bill 13, the *Regulated Professions Neutrality Act*, protects lawful and off-duty free speech of doctors, nurses, teachers, lawyers and other regulated professionals.

"Our aim is to uphold professionals' rights and freedoms while continuing to protect the public interest so that both public confidence and professional integrity are maintained," said Premier Danielle Smith at a press conference Thursday. "No professional should fear

losing their licence, their reputation or their livelihood because of a personal opinion, a social media post, an interview or open dialog outside of working hours.

The premier called the bill “the Peterson Law” after psychologist Jordan Peterson, who faced disciplinary proceedings by the College of Psychologists of Ontario (CPO) [now the College of Psychologists and Behaviour Analysts of Ontario (CPBAO)] following comments he had made on social media....

The UCP bill will also restrict mandatory training unrelated to competence or ethics, such as diversity, equity and inclusion (DEI) training.

See: <https://www.ctvnews.ca/edmonton/article/province-tables-free-speech-for-regulated-professionals-bill-coined-the-peterson-law/>

Misusing the Complaints Process

If a complainant seeks money to resolve a complaint, is this evidence that the complaint is frivolous and vexatious? Ontario’s Divisional Court upholds the decision to take no action on a complaint. The complainant was the power of attorney for care for a patient. The initial complaint was that the physician should not have initiated proceedings before the Consent and Capacity Board to transfer the patient to palliative care. The Consent and Capacity Board ruled on that issue. In asking for a review of the decision by the regulator that the complaint was frivolous and vexatious, the complainant wrote to the physician seeking \$10,000 to resolve all matters. The Court said:

My concern with respect to this aspect of the Applicant’s letter is that he seems to be using his Board application as a means of applying pressure on Dr. Trussler to pay money to him which would have been outside of the authority of the Board to order.

See: [*Fisher v. Health Professions Appeal and Review Board*](#), 2025 ONSC 6272 (CanLII).

Screening Committee Findings of Fact

In declining to grant an extension of time for initiating a judicial review of a complaints-screening decision (i.e., remediation for medication and record keeping concerns by a nurse), the Court said:

- “Although the ICRC does not make “factual findings” but instead raises concerns arising from the evidence, it is relevant that a reviewing court will not interfere

with factual determinations absent exceptional circumstances.... The ICRC is a screening committee made up of a majority of professional members. The court will show deference to its assessment of possible harm to the public and in its choice of remedial outcomes....”

- “... prejudice may be presumed in cases where an applicant has not brought an application for judicial review within the stipulated timelines”.
- Emotional distress, in the absence of medical evidence, does not explain the almost two-year delay in seeking judicial review.

See: [McMillan v. College of Nurses](#), 2025 ONSC 6295 (CanLII).

Emotional Regulation Training

A research article suggests that including emotional regulation training for students entering a profession (in this case, nursing) can have lasting benefits for their wellness (e.g., reduced burnout), enjoyment of the profession, and the quality of services they provide to patients. The article’s conclusion says, in part:

The present study found that an emotional regulation program effectively improves emotional adjustment and reduces psychological distress in nursing students. These are crucial skills for providing holistic and empathetic patient care. The challenging educational and clinical environments of nursing can disrupt students’ ability to regulate their emotions, which may negatively impact their communication with patients and the overall effectiveness of their care. Strengthening emotional regulation skills can enhance a nurse’s mental focus, improve clinical decision-making, and facilitate effective patient communication. Given these findings, we recommend that emotional regulation training be integrated into the nursing curriculum. This can be done through structured formats such as interactive workshops, online modules, or blended learning early in a student’s theoretical education or clinical internships.

See: Balideh, D., Nejati, F. & Torkaman, M. *Emotional regulation training for nursing students: effects on emotional adjustment and psychological distress*. *BMC Nurs* 24, 1379 (2025). <https://doi.org/10.1186/s12912-025-04029-1>

From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 89, Massage Therapy Tax Act, 2025 – (*Private Member’s Bill, passed first reading*). Bill 89 “enacts the *Massage Therapy Tax Act, 2025*. The Act provides that the Minister of Health shall take all necessary steps, including introducing legislation if necessary, to ensure that the tax treatment of massage therapy services provided in Ontario by registered massage therapists is the same as the tax treatment of those services provided by other practitioners.”

Bill 80, Gender Affirming Health Care Advisory Committee Act, 2025 – (*Private Member’s Bill, passed first reading*). Bill 80 “provides that the Minister of Health shall, within 60 days of the Act coming into force, establish a Gender Affirming Health Care Advisory Committee. The Advisory Committee shall submit a report making recommendations to the Minister for improving access to and coverage for gender affirming health care. After receiving the Advisory Committee’s report, the Minister shall inform the Assembly of the measures that the Minister recommends the Government of Ontario implement.”

Commencement Orders

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

Personal Health Information Protection Act. Several provisions related to digital health identifiers came into force on January 1, 2026. ([ORDER IN COUNCIL 1649/2025](#))

Regulations

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

Regulated Health Professions Act. The regulation authorizes as-of-right practitioners from several health professions to perform or authorize the performance of controlled acts even though they are not, technically, registrants. ([O. Reg. 342/25](#))

Regulated Health Professions Act. The regulation authorizes as-of-right audiologists, physicians, dentists and denturists to authorize hearing aids and dental devices (respectively) even though they are not, technically, registrants. ([O. Reg. 343/25](#))

Regulated Health Professions Act. The regulation designates the College of Physicians and Surgeons of Ontario and the College of Nurses of Ontario as being able to almost automatically register registrants with equivalent certificates from other Canadian regulators, subject to some limitations. ([O. Reg. 341/25](#))

Regulated Health Professions Act. The regulation authorizes as-of-right dentists, optometrists and some psychologists and physicians to use the “Dr.” title even though they are not, technically, registrants. ([O. Reg. 340/25](#))

Several Profession-Specific Acts associated with the Regulated Health Professions Act. These regulations expand the as-of-right provisions to several, but not all RHPA Colleges. The regulations also address a gap in the existing regulations related to terminating an as-of-right status in certain circumstances (such as where false or incomplete information was provided to the College). In addition, for physicians only, some US practitioners are included. (CRTO [O. Reg. 336/25](#)) (CMLTO [O. Reg. 335/25](#)) (CNO [O. Reg. 334/25](#)) (CPBAO [O. Reg. 333/25](#)) (CPhysioO [O. Reg. 331/25](#)) (COptomO [O. Reg. 330/25](#)) (COpticO [O. Reg. 328/25](#)) (COTO [O. Reg. 327/25](#)) (CPSO [O. Reg. 326/25](#)) (CMO [O. Reg. 325/25](#)) (CMRITO [O. Reg. 324/25](#)) (CDentO [O. Reg. 323/25](#)) (RCDSO [O. Reg. 322/25](#)) (CDTO [O. Reg. 321/25](#)) (CDietO [O. Reg. 320/25](#)) (CDHO [O. Reg. 319/25](#)) (COCO [O. Reg. 318/25](#)) (CASLPO [O. Reg. 317/25](#))

Retirement Homes Act. The regulation authorizes as-of-right practitioners from several health professions to provide care in retirement homes even though they are not, technically, registrants. ([O. Reg. 374/25](#))

Laboratory and Specimen Collection Centre Licensing Act. The regulation authorizes as-of-right practitioners from several health professions to provide services in a laboratory even though they are not, technically, registrants. ([O. Reg. 356/25](#))

Fixing Long-Term Care Act. The regulation authorizes as-of-right practitioners from several health professions to provide care in long-term care homes even though they are not, technically, registrants. ([O. Reg. 353/25](#))

Healing Arts Radiation Protection Act. The regulation authorizes as-of-right practitioners from several health professions to provide radiation-related services even though they are not, technically, registrants. ([O. Reg. 352/25](#))

Health Protection and Promotion Act. The regulation requires as-of-right practitioners from several health professions to make mandatory reports even though they are not, technically, registrants. ([O. Reg. 347/25](#))

Drug and Pharmacies Regulation Act. The regulation authorizes as-of-right practitioners from several health professions to be deemed to be prescribing practitioners even though they are not, technically, registrants. ([O. Reg. 344/25](#))

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Ontario Free Trade and Mobility Act, 2025. The proposed legislation offers wide-ranging free trade and mobility measures. However, it “will not apply to workers, as out of province regulated professionals coming through labour mobility are governed by the *Ontario Labour Mobility Act, 2009 (OLMA)* and the *Regulated Health Professions Act, 1991 (RHPA)*. Significant progress has recently been made to streamline labour mobility through various initiatives, including "as-of-right" entry. As-of-right enables out-of-province non-health regulated professionals and regulated health professionals to practice their profession in Ontario for up to six months while completing their registration with the Ontario regulatory authority or health regulatory college, respectively.” [Comments are due by January 28, 2026.](#)

Ontario Immigration Act. Under the Ontario Immigrant Nominee Program (OINP), “Ontario selects candidates who meet provincial labour market needs and formally nominates them to the federal government for permanent residence.” One change would facilitate the use of the OINP for health care workers as follows:

A dedicated pathway for high-skilled healthcare professionals:

- Would provide a pathway for applicants with valid professional registration to apply without a job offer.
- May include eligibility for recent graduates finalizing registration with regulatory bodies.
- Intended to address demand in regulated healthcare professions across Ontario.

[Comments were due by January 1, 2026.](#)

Bonus Features

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

Investigative Choices

Investigations require the regulator and investigator to make multiple choices throughout. Registrants sometimes suggest that some of the choices made are unfair. Courts tend to show deference to investigative choices by regulators.

In [*Saeed v. College of Physicians and Surgeons of Ontario*](#), 2025 ONSC 6485 (CanLII), the regulator received several adverse event reports about a general practise anaesthesiologist. It appointed a specialist in anesthesiology as an assessor to investigate. The Assessor was given twelve charts to review, mostly of high-risk patients. “The Assessor raised concerns about the Applicant's medical record keeping, triaging of patients for procedures at the [clinic], delegation of responsibility to an Anesthetic Assistant, and clinical care and judgment.” The physician responded acknowledging some, but not all, of the concerns. The Assessor later submitted an addendum to his report noting improvements by the physician and indicating that he did not know that the charts selected were of high-risk patients. The physician also submitted an expert report indicating “that in a significant number of cases, the medical records did not contain enough information to permit anyone to assess the [physician’s] standard of care.” The screening committee directed the physician to undergo remediation to improve both record keeping and quality of care.

The physician challenged the decision on several grounds, all of which the Court dismissed. The Court made the following points:

- A process that involved giving notice of the concerns and an opportunity to respond in writing at the complaints-screening stage was procedurally fair.
- “The [complaints screening committee] has wide discretion in choosing what documents to review when disposing of an investigation. An assessor is not required to include a randomized practice assessment.” The decision to review files of high-risk patients “was reasonable and relevant”.
- There was no bias on the part of the screening committee because of some errors made by the Assessor (e.g., extrapolations based on inadequate records) where the committee was aware of them and disregarded them.
- It was within the discretion of the regulator to select an Assessor who had specialized qualifications even though the physician being assessed was not a specialist. It was reasonable for the committee to view the standard of care for sedation as remaining the same regardless of the qualifications of those administering it.
- The screening committee was not required to review all the source material. It has discretion to actually review some charts but rely on the expert reports for the other patients. In any event, even if the screening committee relied on just one of the charts, there was sufficient evidence to support its decision.
- “Even if the [committee’s] finding was just with respect to insufficient record keeping, the Court has previously agreed that the two aspects of a doctor's medical practice, clinical care and record-keeping, are inextricably linked and that good medical record keeping is part of providing good medical care....”
- There was a concern that the committee may have been confused about the physician’s prior history. The Court said: “Even if this amounts to an error, it does not render the decision unreasonable. If there are mistakes with some individual items,

such mistakes do not reach the threshold required for the court to intervene.” In this case it would have made no difference to the outcome.

The investigation by this regulator was determined to be fair and appropriate.

Interpreting Legislation vs Making Legislation

Regulators cannot enact legislation through policy. However, regulators frequently publish policies interpreting or applying their legislation. The line between those two activities is sometimes fine. A recent BC decision offers some reassurance to regulators: [*LGM Financial Services Inc. v British Columbia Financial Services Authority*](#), 2025 BCSC 2423 (CanLII).

LGM sold “appearance protection service contracts” to automobile purchasers for many years without objection. Following an investigation into a related matter, the regulator issued a Statement indicating that automobile insurance covers a loss “if the glass, paint, or other part of a motor vehicle is otherwise damaged due to a fortuitous event.” LGM argued that the Statement materially altered the definition of automobile insurance in the legislation and that the Statement indicated that compliance was mandatory.

The Court concluded that the Statement simply interpreted and provided examples of the definition of automobile insurance contained in the legislation (which referred to protection from “damage to” an automobile). Quoting from [*Laboratories C.O.P. Inc. v. New Brunswick College of Pharmacists*](#), 2020 NBCA 74 (CanLII), the Court said: “Importantly, ‘professional bodies charged with administrative and regulatory duties over their members are entitled to issue’ statements which serve to inform and guide entities subject to its authority, without attracting judicial review”

The Court also found that the Statement did not have a mandatory effect. Despite using language about compliance with a Statement as being mandatory, those words had to be read in context. When reading the Statement as a whole, it was apparent that, because the Statement was explaining the meaning of the legislation, it was compliance with the legislation that was seen as mandatory. The Court said: “LGM would have still needed to comply with the requirements outlined in the Statement even if it had not been issued, because LGM is required to comply with the underlying legislation.”

The Court would also have declined to make a declaration on the issue without the regulator first making a formal decision respecting LGM providing the courts with its reasons for decision and an evidentiary record to evaluate.

While this decision gives comfort to regulators trying to provide guidance to its registrants and the public as to how it interprets and applies its enabling legislation, it is also a reminder that regulators should be careful in the language used in such policies.

Jurisdiction Over Cosmetic Procedures

Health regulators are receiving frequent expressions of concern about “medical spas” that provide cosmetic procedures. Complex questions arise as to the legal authority to provide such procedures and the jurisdiction of regulators over non-therapeutic conduct. Alberta’s highest court has waded in on the interpretation of their provincial health regulatory legislation.

In [*Al-Hallak v Alberta College of Pharmacy*](#), 2025 ABCA 419 (CanLII), a pharmacist performed various cosmetic procedures including injecting threads (dissolvable sutures) under the skin, administering platelet rich plasmas, and injecting Botox. The hearing panel found that the pharmacist had not complied with professional standards. However, the regulator’s internal appeal panel reversed those findings on the basis that those procedures were performed for cosmetic purposes and, thus, did not constitute a “professional service” that could be regulated by the College (at least as a standard of practice issue).

The Court disagreed with the appeal panel. The definition of the practice of pharmacy included “promoting health”. That phrase is broad and can include cosmetic services. Other health professions provide services related to the well-being of patients including patient concerns about their appearance. Also, limiting the jurisdiction of a regulator to the intention behind a procedure is unworkable. In order to protect the public interest (and public confidence), the legislation is to be interpreted to permit regulators to regulate the performance of health-type procedures that carry risk. The Court returned the matter to the appeal panel to address whether the hearing panel’s finding of a failure to meet professional standards in the context was reasonable (something the appeal panel had not addressed).

The Court addressed several other matters that mostly depended on the quality of the evidence before the hearing panel.

While the decision of the Court depended on the wording of the specific legislation, its general approach to taking a purposive interpretation of the role of health regulators oversight of cosmetic procedures is helpful for other jurisdictions.

Complaints About the Conduct of Regulatory Staff

Many registrants serve as staff or on the governing board and committees of their regulator. An issue arises as to whether the regulatory-complaints process can be used where someone disagrees with the regulatory actions made by those registrants. After all, regulators often take the position that a registrant is accountable for “conduct unbecoming” even when they are not practising the profession.

An Ontario court has provided guidance on the issue in [Komer v. Health Professions Appeal and Review Board](#), 2025 ONSC 7084 (CanLII). A physician made a complaint against the registrants on the regulator's board of directors and against its registrar (also a registrant) for making (and in the case of the registrar, for implementing) policies "respecting the safety and efficacy of COVID-19 vaccines, and measures taken to minimize the spread of misinformation respecting vaccines." The complaints-screening committee took no action because it felt the complaints were "frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process." The Review Board upheld the decision (only the complaint against the registrar was pursued there).

The Court agreed, saying:

It was evident that the complaint and the requested review had no chance of success and that it was brought for a purpose other than the legitimate assertion of the applicant's rights....

It was reasonable for the ICRC and the Board to conclude that a complaint of professional misconduct was not the appropriate forum for the ventilation of the applicant's concerns respecting vaccines. First, the allegations against Dr. Whitford [*sic*] [the registrar] and the governing council are not obviously caught by any of the definitions of professional misconduct ... even accepting that professional misconduct may be committed by acts unrelated to the practice of medicine or to a doctor/patient relationship, but which are "unbecoming a physician."

Second, the legislation which governs the College provides for immunity from civil liability for College employees and council members for acts taken in good faith in the performance of duties carried out in those capacities: *RHPA*, s. 38. As the respondents argue, this is "a strong signal that the legislature intended the actions and decisions of College officials to be insulated from complaints by private individuals." This is especially so given that there are other avenues for the pursuit of the applicant's policy concerns respecting vaccines, including voting or otherwise participating in elections for membership on the College's council, or by seeking judicial review of College policy....

In light of all these observations, it was reasonable for the Board to conclude that there was no public interest in allowing the review to proceed: the complaint was not meritorious; no real issue of professional misconduct was raised by it; its focus was, instead, institutional and policy-based in nature; and the concerns expressed in it were better dealt with in other fora. It was, as the College submits, a collateral attack on College policy with which the applicant disagrees.

The Court also held that there was no procedural unfairness in the complaints-screening committee notifying the complainant that it was of the preliminary view that the complaint was frivolous without providing particulars as to why it thought so.

It also held that there was no evidence of an appearance of bias in the complaints-screening committee having an alleged “vested interest” in protecting its registrar from scrutiny.

The decision is a strong precedent for the proposition that registrants making good faith regulatory decisions for regulators are not subject to the regulatory complaints process.

Immunity from Regulatory Scrutiny?

Mandatory reporting provisions typically protect the reporter from liability or retaliation for making a report in good faith. Do those immunity provisions prevent registrants from being held professionally accountable for making an inappropriate mandatory report?

That issue arose in [Jeyaranjan v. Health Professions Appeal and Review Board](#), 2025 ONSC 6152 (CanLII). A physician and a patient had a significant verbal altercation. Despite never treating the patient for a mental illness nor documenting any mental disorder, the physician made a mandatory report under the *Highway Traffic Act (HTA)* that the patient demonstrated a violent outburst due to a psychiatric illness. The physician justified the report as protecting the public from road rage. The mandatory reporting provision in the *HTA* creates an immunity from actions “or other proceedings” for reporting in good faith. The physician also had three conversations with the patient’s father about the incident in which it was alleged that patient confidentiality was breached.

The Court held that the phrase “or other proceeding” in the *HTA*, while broad, did not apply to regulatory complaints and discipline proceedings. The Court conducted a detailed analysis of the interpretation of the legislation noting the following:

- Both the *HTA* and the *Regulated Health Professions Act (RHPA)* are intended to protect the public.
- By designating physicians as “prescribed persons” who could make reports that would result in the automatic suspension of driving licences, the *HTA* was trusting the regulatory regime found in the *RHPA*. “The *Highway Traffic Act* contemplates that the reporting scheme is implemented by a regulated health professional in accordance with the standards of the practitioner’s governing profession.”
- The *HTA* has no mechanism for addressing physicians making inappropriate reports.
- “The applicant’s interpretation would immunize the physician or other regulated health professional from professional regulation within this sphere of practice. This would convey the ironic message that this is one area of practice where the regulated

health professional cannot be regulated. The legislature cannot have intended such an outcome.”

- The legislative history of the provision was in the context of ensuring accountability of physicians in an analogous context (i.e., coroners).

The Court concluded: “The College’s jurisdiction in respect of a complaint about a MTO Report is therefore consistent with and essential to the reporting scheme established by the *Highway Traffic Act* and promotes the statutory purposes of the protection of the public that both statutes promote, from quality of care and road safety perspectives.”

The Court also said that, given this analysis, it was unnecessary for it to assess whether the complaint was made in bad faith (which would nullify the immunity provision). However, the Court found that the complaints-screening committee had an adequate basis for characterizing the report as “artificial and unsupportable”. Doing so did not amount to the screening committee making findings of contested facts or formal legal findings. The Court said:

The Committee therefore did not exceed its screening function in stating its concern the applicant had “weaponized” his authority. The Committee was explaining its basis for requiring Dr. Jeyaranjan to appear for a caution and to complete a remedial program. The Committee did not issue any declarations or orders, did not purport to make findings of professional misconduct or findings in the context of disputed facts, and did not refer this matter to a Discipline Committee. The Committee’s concern that the applicant had “weaponized” his authority was within its jurisdiction on the record before it....

The outcome (a requirement to complete a remedial program and attend for a caution) was reasonable, not only on the acknowledged facts, but also because the physician did not develop insight into his behaviour and because he had previously been cautioned about the preconditions for making such reports.

The Court also upheld the remedial outcome for breaching the patient’s confidentiality in discussions with the patient’s father. While the details of what was discussed were disputed, it was clear that the discussion included the incident about which the physician had reported the patient’s claimed psychiatric disorder. Also, the physician’s rationale for discussing the topic with the patient’s father did not support the possible exception to the duty of confidentiality where necessary to protect public safety.

While the issue of a regulator’s role in addressing the way registrants make mandatory reports protected by an immunity provision is complex, public protection principles are essential to the determination.

Who Is a Patient?

The question has significant implications where there is sexual contact between a health practitioner and another person.

The Discipline Panel of the Ontario College of Pharmacists found that the dispensing of a drug by a pharmacist to an employee made the employee the pharmacist's patient. There was a "direct interaction" between them even though they did not speak directly about the drug at the time. The subsequent sexual touching constituted sexual abuse resulting in the mandatory revocation of the pharmacist's registration.

The Divisional Court agreed; to hold otherwise would deem many pharmacy clients not to be "patients" which would be inconsistent with the intent of the legislation.

See: [Tatla v. Ontario College of Pharmacists](#), 2025 ONSC 6728 (CanLII).

Is a Fine the Same as a Suspension?

When it comes to deterrence, if revocation is not required, most discipline tribunals impose fines or suspensions. British Columbia's highest court recently discussed the differences between the two them. The Law Society found that a lawyer had engaged in misconduct by counselling a client to circumvent securities laws. The hearing panel imposed a four-month suspension and a fine of \$20,000. On an internal review, the tribunal changed the sanction to a six-month suspension. The lawyer appealed, raising several issues including that the conduct occurred long ago when he was a junior lawyer.

The Court of Appeal upheld the sixth-month suspension, stating, in part:

"... there will be few cases where both a suspension and a fine serve the objectives of a disciplinary action. This is because fines and suspensions are disciplinary actions that sit at different points on the severity spectrum. If misconduct is serious enough to warrant a suspension, a fine will often serve little purpose, unless there is a specific reason for it, tied to the disciplinary action's objectives. For example, in Gurney, a monetary penalty was imposed alongside a suspension to "disgorge" a lawyer of improperly obtained fees: see paras. 48–65. Otherwise, as noted by both the Panel and Board, if a suspension and a fine are imposed, it could create an appearance that a lawyer is being permitted to "pay to practise." This risks undermining public confidence in the legal profession and the administration of justice."

See: [Cole v. The Law Society of British Columbia](#), 2025 BCCA 423 (CanLII).

CoNO's LAND ACKNOWLEDGEMENT

The land acknowledgement was amended slightly following Council's last approval as changes identified earlier by the Governance Committee had been missed in error. This is the revised, final, approved version.

The College of Naturopaths of Ontario acknowledges with respect that our office is located on the treaty lands and territory of the Mississaugas of the Credit First Nation and the traditional territories of the Huron-Wendat and the Haudenosaunee. The College regulates Naturopathic Doctors across the province of Ontario who operate clinics and run practices on the traditional territory and treaty lands of many Indigenous peoples. These lands are home to many diverse First Nations, Inuit, and Métis peoples.

We recognize our responsibility to each other and to this land, committing ourselves to act in a spirit of peace, friendship, and respect. This acknowledgement reaffirms our commitment to building stronger relationships with Indigenous communities and enhancing our understanding of local Indigenous peoples and their cultures.

As regulators of naturopathic doctors in Ontario, we are dedicated to serving and protecting the public interest and supporting access to safe, competent, and ethical care for Ontarians who choose to access naturopathic care.

We express our gratitude for the opportunity to live and work on these territories and acknowledge the enduring presence and contributions of Indigenous peoples to this land.



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 they took office for this program year¹, 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
Naomi Bussin	October 23, 2025	October 27, 2025	None
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 Phillion	May 28, 2025	April 29, 2025	None
Dr. Jacob Scheer, ND	May 28, 2025	April 29, 2025	None
Amy Twydell	May 29, 2025	June 13, 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: October 28, 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

COUNCIL CHAIR REPORT
Period of November 1, 2025 to December 31, 2025

This report is the fourth of six Chair's Reports for the current Council cycle and covers activities from November 1, 2025, through December 31, 2025.

In November, I participated in a Governance Training session presented by HPRO, as well as the Committee Chair and Vice-Chair training session with CoNO, where I enhanced my skills in leadership, effective committee management, and governance practices directly applicable to my role.

My meetings during this period included a November meeting with Dr. Audrey Sasson, ND, Chair of the OAND, to continue strengthening our working relationship, with a follow-up meeting scheduled for mid-January. The Vice-Chair and I met virtually in December for our bi-monthly discussion of current matters, with our next meeting planned for February.

Andrew and I maintain regular email correspondence and monthly virtual meetings, which I consider highly valuable in supporting our collaborative work.

I also greatly value my email correspondence with Council members and wish to reiterate that they are always welcome to contact me. I remain available for discussion on any issues pertaining to our work.

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)
Council Chair
January 4, 2026



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

This is the Regulatory Operations Report at December 31, 2025. The focus of this report are the months of November and December, the two months since the data submitted in our previous report to Council.

1.1 Registration

Registrants

As of December 31, 2025, the College had 1721 registrants in good standing (L3) who held a General class certificate of registration and 185 registrants in good standing (L6) who held an Inactive class certificate of registration. There were also 31 Life Registrants (L12), with no change thus far in this program year.

In terms of changes in status, there were three suspensions (L15) in November and December leaving the total at 23 for the year. There have been 27 class changes (L19) so far this year, five of which have been processed in the last two months.

Professional Corporations

No new Certificates of Authorization for naturopathic professional corporations were issued in November and December leaving the total for the year at eight (L37). A total of 30 out of 137 issued certificates were renewed (L42) in November and December, bringing the total so far for the year to 94.

1.2 Entry-to-Practice

Applications for Registration

In November and December, 34 new applications for registration were received (L47) bringing the total for the year to 86. A total of 29 new certificates of registration were issued in this period (L48) for a total of 70 this year. A total of 20 applications remain on-going (L46).

Referrals to the Registration Committee

Two new referrals were made to the Registration Committee (L51) in November and December, all of which were disposed of by the Committee (L52). In one matter, the Committee directed the CEO to issue a certificate after additional education was completed by the candidates (L56) and in the other, the decision was to issue a certificate after completion of examinations (L55).

1.3 Examinations

One examination sitting was held in November and December. The Ontario Intravenous Infusion Therapy Examination was delivered in December with 18 candidates having sat the exams (L85). No examination appeals were received during the period (L93 through L106).

1.4 Patient Relations

One file remains active (eligible) for funding for counselling and \$280 was paid out in this period bringing the year-to-date total to \$1,120 (L112).

1.5 Quality Assurance

A total of 123 registrants were randomly selected for a Peer & Practice Assessment this year; however, in this period one registrant was removed from the pool. No assessments were ordered by the Quality Assurance Committee. As a result, 127 Peer & Practice Assessments were required of which 21 were completed in the period (L118) and 114 were completed year-to-date.

1.6 Inspection Program

Premises & Inspections

In this period, a total of one new premise (L128) was registered under the Inspection Program, however, two existing premises were de-registered (L129). Four new premises inspections, Part I inspections and Part II inspections (L134-135) were delivered. Four 5-Year Anniversary inspections (L137) were completed in this period.

The inspection outcomes in November and December include four passes (L138) and one passed with conditions (L139) among the new premises inspections and four passes (L141) among the 5-Year anniversary inspections. No premises outright failed the inspections.

Occurrence Reports

Three new Type 1 Occurrence reports were received in November and December (L146) all as a result of a patient being referred to emergency services within five days of an IVIT treatment.

1.7 Complaints and Reports

Complaints and Reports Data

A total of four new complaints (L156); no new Registrar's investigations (L157) were initiated in November and December and four complaint files and two report files were closed (L158/L159). Of these six closed files, one was provided with a letter of counsel (L167), one was issued an oral caution and SCERP (L171), two entered an acknowledgement and undertaking with the ICRC (L172) and two were referred to the Discipline Committee for hearings (L174).

Lines 184 through 203 of the Report set out the various concerns raised in complaints and reports. Bearing in mind that any complaint or report matter may have several concerns included, it is worth noting that the matters tend to cluster around a few topics including competence/patient care, advertising/social media, and unauthorized practice/scope of practice.

Interim Orders

No new interim orders were imposed by the ICRC in this timeframe.

1.9 Hearings

No Fitness to Practise Hearings were held during November and December; however, one discipline hearing was conducted in the matter of CoNO and Dr. Tine Sestan, ND. The matter was uncontested and resulted in findings of professional misconduct against the registrant.

1.10 Regulatory Guidance and Education

Regulatory Guidance

During November and December, 80 new regulatory guidance inquiries were received (L238-L239).

Lines 240 through 258 set out the most common topics of inquiry. The top 5 topics of inquiry being:

1. Record keeping,
2. Scope of practice,
3. Fees and billing,
4. Prescribing/selling drugs, and
5. Consent and privacy.

Regulatory Education

One Regulatory Education Programming session was delivered in November with 182 people in attendance. This brings attendance among the three sessions held so far this year to 519 (L262). A total of 291 recorded programs have been accessed during this period, bringing the year to date total to 579 (L263).

1.11 HPARB Appeals

The Health Professions Appeal and Review Board is an independent tribunal that receives appeals of decisions from the Registration Committee and the Inquiries, Complaints and Reports Committee. With respect to the latter, HPARB can receive an appeal of the ICRC decision from either the registrant or the complainant.

In November and December, no new appeals of Registration Committee decisions (L266) were received while one appeal of an ICRC decision was filed (L273). This brings the total number of College matters that remain active with HPARB to five.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
January 2026



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line	
1.1 Regulatory Activity: Registration															
Registrants (Total)													1965	1	
General Class (Total)													1738	2	
<i>In Good Standing</i>	2	8	2	5	-4	-5	6	11	10				1721	3	
<i>Suspended</i>	2	0	2	1	0	0	-1	1	-1				17	4	
Inactive Class (Total)													196	5	
<i>In Good Standing</i>	1	-2	1	-1	5	5	1	3	2				185	6	
<i>Suspended</i>	0	1	0	0	0	0	0	0	0				11	7	
Emergency Class (Total)													0	8	
<i>In Good Standing</i>	0	0	0	0	0	0	0	0	0				0	9	
<i>Suspended</i>	0	0	0	0	0	0	0	0	0				0	10	
Life Registrants													31	11	
<i>In Good Standing</i>	0	0	0	0	0	0	0	0	0				31	12	
<i>Suspended</i>	0	0	0	0	0	0	0	0	0				0	13	
Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line	
Changes in Registration Status Processed (Total)														73	14
Suspensions	6	8	1	5	0	0	0	1	2				23	15	
Resignations	0	2	1	0	0	1	0	0	2				6	16	
Revocations	1	2	1	0	0	0	1	0	1				6	17	
Reinstatements	3	5	0	0	0	0	0	0	3				11	18	
Class Changes (Total)													27	19	
General Class to Inactive Class	1	1	2	0	5	5	2	3	2				21	21	
Inactive Class to General Class (<2yrs)	0	1	1	2	0	0	1	0	0				5	22	
Inactive Class to General Class (>2 yrs)	0	0	0	1	0	0	0	0	0				1	23	
Any Class to Life Registrant Status	0	0	0	0	0	0	0	0	0				0	24	
Emergency Class to General Class	0	0	0	0	0	0	0	0	0				0	25	

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Life Registrant Applications (Total)														0	26
Applications from prior period														0	27
New applications received		0	0	0	0	0	0	0	0	0				0	28
Applications decided		0	0	0	0	0	0	0	0	0				0	29
CEO Decisions														0	**
Application approved by CEO		0	0	0	0	0	0	0	0	0				0	30
Application referred by CEO to RC		0	0	0	0	0	0	0	0	0				0	31
Registration Committee Decisions														0	**
Application approved by RC		0	0	0	0	0	0	0	0	0				0	32
Application denied by RC		0	0	0	0	0	0	0	0	0				0	33

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD	
Professional Corporations (Total)														144	**
Certificates of Authorization in place														137	35
Suspended Certificates of Authorization		0	0	0	0	0	0	0	0	0				0	36
New Certificates of Authorization Issued		1	2	1	2	1	1	0	0	0				8	37
Certificates of Authorization Reinstated		0	0	0	0	0	0	0	0	0				0	38
Certificates Resigned/Desolved		0	0	0	1	0	0	0	0	0				1	39
Certificates Revoked		0	0	0	0	0	0	0	0	0				0	40
PC Renewals in 2025-26															**
Not Yet Renewed in this program year														40	41
Renewed		9	9	13	9	9	7	8	17	13				94	42
Revoked		0	0	0	0	0	0	0	2	0				2	43
Resigned/Dissolved		0	0	0	1	0	0	0	0	0				1	44

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb26	Mar26.	YTD	
Total ETP Applications On-Going														20	46
On-going applications from prior period(s)															**
New applications received		13	7	7	4	5	2	14	19	15				86	47
Certificates issued		7	12	6	6	1	2	7	15	14				70	48
Certificates declined		0	0	0	0	0	0	0	0	0				0	49
Applications Currently before the Registration Committee														0	**
Referrals from prior period														0	50
New referrals		0	0	0	0	1	1	2	2	0				6	51
Decisions Issued		0	0	0	0	1	1	2	2	0				6	52

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Registration Committee Outcomes													6	**
Approved	0	0	0	0	0	1	0	0	0				1	53
Approved – TCLs	0	0	0	0	0	0	0	0	0				0	54
Approved – Exams required	0	0	0	0	0	0	0	1	0				1	55
Approved – Education required	0	0	0	0	1	0	2	1	0				4	56
Denied	0	0	0	0	0	0	0	0	0				0	57

Prior Learning and Recognition Program Activities in Process													0	**
Applications from prior period													0	59
New applications received	0	0	0	0	0	0	0	0	0				0	60
Decisions rendered on applications	0	0	0	0	0	0	0	0	0				0	61

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.3 Regulatory Activity: Examinations														
Examinations Conducted														
Ontario Clinical Sciences Examination														
Exam sittings scheduled	0	0	0	0	1	0	0	0	0				1	63
Exam sittings held	0	0	0	0	1	0	0	0	0				1	64
Number of candidates sitting exam	0	0	0	0	105	0	0	0	0				105	65
Ontario Biomedical Examination														
Exam sittings scheduled	0	0	0	0	0	1	0	0	0				1	68
Exam sittings held	0	0	0	0	0	1	0	0	0				1	69
Number of candidates sitting exam	0	0	0	0	0	104	0	0	0				104	70
Ontario Clinical Practical Examination														
Exam sittings scheduled	0	0	0	1	0	0	1	0	0				2	73
Exam sittings held	0	0	0	1	0	0	1	0	0				2	74
Number of candidates sitting exam	0	0	0	72	0	0	61	0	0				133	75
Ontario Therapeutic Prescribing Examination														
Exam sittings scheduled	1	0	0	0	0	1	0	0	0				2	78
Exam sittings held	1	0	0	0	0	1	0	0	0				2	79
Number of candidates sitting exam	49	0	0	0	0	51	0	0	0				100	80
Ontario Intravenous Infusion Examination														
Exam sittings scheduled	0	1	0	0	0	0	0	0	1				2	83
Exam sittings held	0	1	0	0	0	0	0	0	1				2	84
Number of candidates sitting exam	0	16	0	0	0	0	0	0	18				34	85

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Examination Appeals														
Ontario Clinical Sciences Examination Appeals (Total)													0	**
Appeals Granted	0	0	0	0	0	0	0	0	0	0			0	93
Appeals Denied	0	0	0	0	0	0	0	0	0	0			0	94
Ontario Biomedical Examination Appeals (Total)													0	**
Appeals Granted	0	0	0	0	0	0	0	0	0	0			0	96
Appeals Denied	0	0	0	0	0	0	0	0	0	0			0	97
Ontario Clinical Practical Examination Appeals (Total)													0	**
Appeals Granted	0	0	0	0	0	0	0	0	0	0			0	99
Appeals Denied	0	0	0	0	0	0	0	0	0	0			0	100
Ontario Therapeutic Prescribing Examination													0	**
Appeals Granted	0	0	0	0	0	0	0	0	0	0			0	102
Appeals Denied	0	0	0	0	0	0	0	0	0	0			0	103
Ontario Intravenous Infusion Examination Appeals (Total)													0	**
Appeals Granted	0	0	0	0	0	0	0	0	0	0			0	105
Appeals Denied	0	0	0	0	0	0	0	0	0	0			0	106

Exam Questions Developed (Total)													78	
CSE questions developed	0	0	78	0	0	0	0						78	89
BME questions developed	0	0	0	0	0	0	0						0	90

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	109
Funding application declined	0	0	0	0	0	0	0	0	0	0			0	110
Number of Active Files													1	111
Funding Provided	\$280	\$280	\$280	\$0	\$0	\$0	\$0	\$0	\$0	\$280			\$1,120	112

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)													13	114
Pool selected by QAC													127	115
Deferred, moved to inactive or retired (removed from	0	0	6	0	1	2	1	0	1				11	116
Assessments ordered by QAC, i.e. outside of random	0	0	0	0	0	8	0	0	0				8	117
Total Number of Assessment for the Year.													127	**
Completed (Y-T-D)	0	0	0	3	26	30	34	17	4				114	118

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Quality Assurance Committee Reviews														
Assessments reviewed by Committee													2	119
Satisfactory Outcome	0	0	0	0	0	0	2	0	0				2	120
Ordered Outcome (SCERP, TCL, etc.)	0	0	0	0	0	0	0	0	0				0	121
Referred to ICRC	0	0	0	0	0	0	0	0	0				0	122
CE Reporting														
Number in group	0	0	0	0	0	526	0	0	0				526	123
Number received	0	0	0	0	43	477	0	0	0				520	124
Number of CE Reports with deficiencies	0	0	0	0	11	119	0	0	0				130	125

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.6 Regulatory Activity: Inspection Program														
Registered Premises (Total Current)													166	127
Total Registered from prior year (as of April 1)													160	127
Newly registered	6	1	2	2	1	3	0	1	0				16	128
De-registered	2	2	0	0	2	0	2	1	1				10	129

Inspections of Premises														
New Premises														
Part I Completed	6	0	1	2	3	3	0	1	0				16	134
Part II Completed	1	2	1	2	1	1	5	2	1				16	135
5-year Anniversary Inspections														
Premises requiring 5-year inspection													17	136
Completed	0	0	2	3	1	0	2	1	3				12	137

Inspection Outcomes														
New premises-outcomes (Parts I & II)														
Passed	7	5	4	0	3	7	3	4	0				33	138
Pass with conditions	2	0	0	0	2	1	0	1	0				6	139
Failed	0	0	0	0	0	0	0	0	0				0	140
5-year Anniversary Inspection Outcomes														
Passed	0	0	1	0	2	3	0	2	0				8	141
Pass with conditions	0	0	1	0	2	0	0	0	0				3	142
Failed	0	0	0	0	0	0	0	0	0				0	143

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Type 1 Occurrence Reports (Total Reported)													12	145
Patient referred to emergency	0	0	2	2	0	3	1	1	2				11	146
Patient died	0	0	0	0	0	0	0	0	0				0	147
Diagnosis of shock or convulsions	0	0	0	0	0	0	0	0	0				0	148
Emergency drug administered	0	1	0	0	0	0	0	0	0				1	149
Type 2 Occurrence Reports (Outstanding)													0	150
Total Reports Required to be filed.													173	151
Reports Received	149	24	0	0	0	0	0	0	0				173	152
1.7 Regulatory Activity: Complaints and Reports														
Complaints and Reports (Total On-going)													26	153
Open Complaints incl. carried forward from prior yrs													16	154
Open Reports incl. carried forward from prior yrs													10	155
New Complaints	1	6	2	1	2	2	1	3	1				19	156
New Reports	0	0	1	0	0	2	1	0	0				4	157
Complaints completed	1	5	3	1	0	2	3	4	0				19	158
Reports completed	1	0	1	0	0	0	0	2	0				4	159
Files in Alternate Dispute Resolution (In process)													1	160
ADR Files from Prior Period													0	161
New files referred to ADR	1	0	0	0	0	0	1	0	0				2	162
Files resolved by ADR	0	0	0	0	0	0	0	0	0				0	163
Files not resolved by ADR	0	0	1	0	0	0	0	0	0				1	164
ICRC Outcomes (files may have multiple outcomes)														165
Take no further action	0	2	0	0	0	0	1	0	0				3	166
Letter of Counsel	0	2	0	1	0	1	1	1	0				6	167
Oral Caution	0	2	0	0	0	0	0	0	0				2	168
Specified Continuing Education and Remediation	0	0	2	0	0	0	0	0	0				2	169
Letter of Counsel & SCERP	0	0	0	0	0	0	0	0	0				0	170
Oral Caution & SCERP	1	0	2	0	0	0	0	1	0				4	171
Acknowledgement & Undertaking	0	0	0	0	0	0	0	2	0				2	172
Referral to Fitness to Practise Committee	0	0	0	0	0	0	0	0	0				0	173
Referral to Discipline Committee	1	0	0	0	0	0	0	2	0				3	174
Frivolous & Vexatious	0	0	0	0	0	1	1	0	0				2	175
Resolved through ADR	0	0	0	0	0	0	0	0	0				0	176
Withdrawn by Complainant	0	0	0	0	0	0	0	0	0				0	177

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line	
Interim Orders (Currently In Place)														1	178
Orders issued in prior period													2	179	
New Interim Orders - TCLs Applied	0	0	0	1	0	0	0	0	0				1	180	
New Interim Orders - Suspended	0	0	0	0	0	0	0	0	0				0	181	
Interim Orders Removed	0	1	1	0	0	0	0	0	0				2	182	
Summary of concerns (files may have multiple concerns)															
Advertising/Social Media	1	3	1	0	0	2	1	0	1				9	184	
Billing and Fees	0	1	1	0	0	0	1	1	0				4	185	
Communication	0	0	1	0	2	1	1	2	0				7	186	
Competence/Patient Care	1	4	1	0	2	1	1	2	0				12	187	
Fraud	0	0	0	0	0	0	0	0	0				0	188	
Professional Conduct & behaviour	0	0	1	1	1	0	1	0	0				4	189	
Record Keeping	0	0	1	0	1	0	1	1	0				4	190	
Sexual Abuse/Harassment/Professional Boundaries	0	0	0	0	0	0	0	0	0				0	191	
Delegation	0	0	0	0	0	0	1	0	0				1	192	
Unauthorized Practice/Scope of Practice	0	1	1	0	2	2	1	0	0				7	193	
Failure to comply with an Order	0	0	0	0	0	0	0	0	0				0	194	
Inappropriate/ineffective treatment	0	3	0	0	1	0	0	0	0				4	195	
Conflict of Interest	0	0	0	0	0	0	0	0	0				0	196	
Lab Testing	0	0	0	0	1	0	1	0	0				2	197	
QA Program Compliance	0	0	0	0	0	0	0	0	0				0	198	
Cease & Desist Compliance	0	0	0	0	0	0	0	0	0				0	199	
Failure to Cooperate	0	0	0	0	0	0	0	0	0				0	200	
Practising while Suspended	0	0	0	0	0	0	0	0	0				0	201	
Unprofessional/Unbecoming Conduct	0	1	0	0	1	2	0	0	0				4	202	
Breach of Privacy	0	0	0	0	0	0	0	0	0				0	203	
1.8 Regulatory Activity: Unauthorized Practitioners															
Cease and Desist Letters (Unsigned/Outstanding)															
Letters Issued	1	0	1	0	1	0	1	0	1				5	206	
Letters signed back by practitioner	0	0	0	0	0	0	0	0	0				0	207	
Letters unsigned or outstanding	1	0	1	0	1	1	1	0	1				6	208	

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Injunctions from Court														
Injunctions in place from prior year(s)													2	210
Applications Outstanding from prior year													0	211
New Applications Filed	0	0	0	0	0	0	0	0	0				0	212
Applications approved by the Court	0	0	0	0	0	0	0	0	0				0	213
Applications denied by the Court	0	0	0	0	0	0	0	0	0				0	214
1.9 Regulatory Activity: Hearings														
Matters Referred by ICRC														
Referrals to the Discipline Committee (Total)													2	215
Referrals from prior period													2	216
New referrals	1	0	0	0	0	0	0	2	0				3	217
Matters concluded	0	1	1	0	0	0	0	0	1				3	218
Referrals to the Fitness to Practise Committee (Total)													0	231
Referrals from prior period													0	232
New referrals	0	0	0	0	0	0	0	0	0				0	233
Matters concluded	0	0	0	0	0	0	0	0	0				0	234
Disciplinary Matters														
Pre-hearing conferences														
Outstanding from prior year													0	220
Scheduled	0	0	0	0	1	0	0	0	0				1	221
Completed	0	0	0	0	1	0	0	0	0				1	222
Not needed on consent	0	0	0	0	0	0	0	0	0				0	223
Discipline hearings Held														
Contested hearing completed	0	1	1	0	0	0	0	0	0				2	225
Uncontested hearings completed	0	0	0	0	0	0	0	0	1				1	226
Outcomes of Contested Matters														
Findings made	0	0	0	0	0	0	0	0	1				1	228
No findings made	0	0	0	0	0	0	0	0	0				0	229
FTP Hearings														
Finding of incapacitated	0	0	0	0	0	0	0	0	0				0	235
No finding made	0	0	0	0	0	0	0	0	0				0	236

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.10 Regulatory Activity: Regulatory Guidance & Education														
Regulatory Guidance														
Inquiries Received (Total)													361	237
E-mail	27	31	21	29	27	18	16	33	16				218	238
Telephone	17	24	10	25	8	11	17	19	12				143	239
Most Common Topics of Inquiries														
Telepractice	2	2	2	6	2	0	2	3	4				23	240
Record Keeping	4	3	4	4	7	3	1	5	3				34	241
Scope of Practice	2	4	4	4	5	0	4	4	3				30	242
Injections	2	0	0	2	1	1	2	2	0				10	243
Patient Visits	3	4	1	2	0	1	0	1	2				14	244
Delegations and Referrals	0	1	2	2	4	1	4	3	1				18	245
Laboratory Testing	2	2	1	4	3	1	1	1	2				17	246
Consent and Privacy	3	3	5	2	2	5	0	1	1				22	247
Conflict of Interest	2	1	1	0	2	0	2	0	0				8	248
Prescribing/Selling Drugs	3	2	3	4	3	5	3	2	1				26	249
Fees and Billing	2	4	1	6	0	2	2	7	3				27	250
Inspection Program	0	3	0	2	1	1	1	2	0				10	251
Endorsements	1	0	0	4	0	0	0	0	0				5	252
Graduates working for NDs	2	1	0	2	0	0	1	5	1				12	253
Continuing Education	0	3	1	0	2	3	1	0	0				10	254
Advertising	1	1	3	2	0	1	0	1	1				10	255
Notifying Patients when Moving	3	1	0	3	1	0	0	1	1				10	256
Completing Forms and Letters for Patients	0	0	0	1	0	1	0	1	0				3	257
Registration and CPR	0	1	0	3	4	1	1	1	0				11	258
Complaints	0	0	0	1	0	0	1	1	0				3	259
Regulatory Education Program														
Live Sessions														
Session Delivered	0	1	0	1	0	1	0	1	0				4	260
Registrations	0	221	0	82	0	208	0	252	0				763	261
Attendees	0	144	0	58	0	135	0	182	0				519	262
Recorded Sessions														
Registrations	14	29	48	103	73	245	46	21	0				579	263

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.11 Regulatory Activity: HPARB Appeals															
Registration Committee Decisions before HPARB														0	264
Appeals carried forward from prior period														0	265
New appeals filed with HPARB		0	0	1	0	0	0	0	0	0				1	266
Files where HPARB rendered decision		0	0	0	0	0	0	0	0	0				0	267
HPARB Decisions on RC Matters															
Upheld		0	0	0	0	0	0	0	0	0				0	268
Returned		0	0	0	0	0	0	0	0	0				0	269
Overturned		0	0	0	0	0	0	0	0	0				0	270
ICRC Decisions before HPARB (Total current)														6	271
Appeals carried forward from prior period														4	272
New appeals filed with HPARB		0	1	0	0	0	0	0	1	0				2	273
Files where HPARB rendered decision		0	0	0	0	0	0	0	0	0				0	274
HPARB Decisions on ICRC Matters															
Upheld		0	0	0	0	2	0	0	0	0				2	275
Returned		0	0	0	0	0	0	0	0	0				0	276
Overturned		0	0	0	0	0	0	0	0	0				0	277

Regulatory Activity		April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.12 Regulatory Activity: HRT0 Matters															
Matters filed against the College															
Matters in progress from prior period(s)														1	280
New matters		0	0	0	0	0	0	0	0	0				0	281
Matters where HRT0 rendered a decision		0	0	0	0	0	0	0	0	0				0	282
HRT0 Decisions on Matters															
In favour of applicant		0	0	0	0	0	0	0	0	0				0	283
In favour of College		0	0	0	0	0	0	0	0	0				0	284
Matter settled/resolved		0	1	0	0	0	0	0	0	0				0	285



The College of Naturopaths of Ontario

MEMORANDUM

DATE: January 16, 2026
TO: Council members
FROM: Mr. Barry Sullivan
Vice-Chair, Governance Committee
RE: Proposed Amendments
Governance Process Policies – Part 1 (GP01-GP18)

The Governance Committee (GC) last met on January 12, 2026, and completed its' review of the Governance Process Policies – Part 1 (GP01-GP18), per its' regular Governance policies review schedule and GP36 Policy Review Process. This includes feedback from the Council from the review by individual Council members. The Committee is recommending the following amendments based on the review that has been undertaken.

1. Recommended Amendments

GP02 – Governing Style

Following a discussion, the committee recommends removing the word 'individual' within the sentence of bullet point #3 and replacing it with clearer terminology.

Recommendation: Remove the 'individual' word in bullet point #3 to now read as:

Allow no Officer, Council or Committee member, or Committee of the Council to be a rationale for not fulfilling Council commitments.

GP03 – Code of Conduct for Council and Committee members

The committee reviewed the policy and agreed to rephrase bullet point #5.

Recommendation: For the sentence to now read as:

Shall be familiar with the *Regulated Health Professions Act, 1991* and the *Naturopathy Act, 2007*, the regulations made under those statutes, the College by-laws and Council policies.

GP05 – Role of the Council Chair

The committee read through the policy and agreed to include reference to the related policy in bullet point #3c.

Recommendation: For the sentence to now read as:

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Ensuring that the Council, in the performance of its duties and responsibilities, adheres to GP04 – Council Job Description.

GP06 – Committee Principles

The committee agreed to update section #2f to align with the recent amalgamation of various Committees of the Council.

Recommendation: For section #2f to now read as:

- i. Examinations Appeals Committee (CC03).
- ii. Governance Committee (CC04).
- iii. Inspection Committee (CC05).
- iv. Standards Committee (CC07).
- v. Finance, Audit and Risk Committee (CC10).

GP08 – Annual Planning Cycle

After a fulsome discussion, the committee agreed to add additional wording to bullet point #2 to provide further clarification on the intent of the statement.

Recommendation: For the sentence to now read as:

One of the meetings set out in paragraph one, shall be designated for the purpose of approving the Auditor's Report and Audited Financial Statements, and which will be held within six months of the end of the fiscal year.

GP09 – Council Communication

After a detailed discussion, the committee agreed to amend the wording to bullet point #3e to provide further clarification on the intent of the statement and to highlight the difference between #3e and #3f.

Recommendation: For the sentence to now read as:

Requests for information about existing policy or position statements.

GP10 – Conflict Resolution

Following a discussion, the committee is recommending the inclusion of new wording within the last sentence of the opening paragraph and the addition of bullet point #1b, which would make the existing #1b become #1c.

Recommendation: To include references for Committee members in the opening paragraph, as well as in bullet point #1. They will both now read as:

Conflict will occur within the organization between Council members, Committee members, Council and Committee members and Registrants, staff and Registrants, staff and Council and Committee members.

Accordingly,

1. When conflict has occurred, the Council Chair shall be notified in order to activate this policy. The responsibility to notify the Council Chair rests with:

- a) Council members when the conflict is between
 - i. two or more Council members;
 - ii. the CEO and one or more Council members.

- b) Committee Chairs when the conflict is between
 - i. two or more Committee members;
 - ii. the CEO and one or more Committee members.

- c) The CEO when the conflict is between
 - i. staff and one or more Council members;
 - ii. the CEO and one or more Registrants.

GP18 – Per Diems and Expenses

As a result of the recent by-law changes and the elimination of Districts, the committee agreed to include the word ‘former’ in the last sentence of bullet point #8 for ease of processing submitted expense claims related to travel.

Recommendation: For the sentence to now read as:

This does not include volunteers in former Districts 1, 7 or 8 where the normal per diem rates would apply.

2. Minor Grammatical Changes

During the committee’s review of the grouping of policies, various minor grammatical changes have also been identified, they are outlined below.

- i. GP08 – Annual Planning Cycle
 - a. Removal of repeated ‘policies’ word in #3c,
 - b. Changing the committee name in #3e to correct naming, and
 - c. Renaming the committees noted in #4.

- ii. GP09 – Council Communication
 - a. Correction of the grouping of policies referenced in #3b.

- iii. GP10 – Conflict Resolution
 - a. Renaming the committee noted in #7.

- iv. GP12 – Confidentiality
 - a. Replacing his/her to ‘their’ in #1.

- v. GP16 – Governance Evaluation
 - a. Add the word ‘the’ within #5b.

Respectfully submitted,

Barry Sullivan
 Vice-Chair, Governance Committee

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Governing Style	Policy No.	GP02.032
		Page No.	1

The Council will approach its task with an emphasis on:

- (a) Outward vision to the public and Registrants rather than internal preoccupation;
- (b) Encouragement of diversity of viewpoints while working towards consensus;
- (c) Strategic leadership not management detail;
- (d) Clear distinction of Council and Chief Executive Officer (CEO) roles;
- (e) Collective rather than individual decisions;
- (f) Being proactive rather than reactive;
- (g) Monitoring as well as making and modifying policy.

Accordingly, the Council will:

- 1 Cultivate a sense of group responsibility.
- 2 Accept responsibility for excellence in governance and enforce upon itself whatever discipline is necessary in this regard. Discipline will apply to attendance, preparation for meetings, respect for consensus, staying on topic, respect for various roles, and speaking with one voice.
- 3 Allow no Officer, Council individual or Committee member, or Committee of the Council to be a rationale for not fulfilling Council commitments.
- 4 Govern, direct and inspire the College and its Registrants through careful establishment of broad written policies reflecting the Council’s values and perspectives about ends to be achieved and means to be avoided. As such, the Council will demonstrate the following attributes.
 - Be fair, equitable, transparent, and accountable to its stakeholders.
 - Act with honesty and integrity.
 - Be proactive and innovative.
 - Work collaboratively with others.
 - Accept diverse perspectives and value healthy debate.
 - Be respectful and professional.
 - Treat all human resources as a key asset.
 - Ensure that its standards and processes are evidence-informed.
 - Respect the health of the individual and the environment.
 - Be courageous, bold, and challenging.
- 5 Orient Council members in the Governance process, engage in regular discussion of process improvement and undertake an evaluation process.
- 6 Ensure that its major policy focus is on the intended long-term effects of the College, not on the administrative or programs means used to attain those effects.
- 7 Monitor and discuss Council’s performance on a regular basis. Self-monitoring will include comparison of Council activity to the actual written Governance process.

DATE APPROVED	DATE LAST REVISED
April 27, 2011	January 28, 2026

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Code of Conduct for Council and Committee members	Policy No.	GP03.043
		Page No.	1

The Council requires of itself and its Committees a commitment to lawful conduct, proper use of authority, commonly accepted professional ethics and appropriate decorum in attempting to fulfill its various responsibilities efficiently and effectively.

Accordingly, Council and Committee members,

- 1 Will conduct themselves in a manner that is in keeping with the values outlined in GP02 (Governing Style).
- 2 Will publicly support all of the decisions, policies and position statements taken by the Council and/or the Committee to which they are appointed. The principle of “one voice” will apply.
- 3 Are fiduciaries and must be loyal to the interest of the public of Ontario. This accountability supersedes any personal interest or conflicting loyalty such as to advocacy or interest groups and members on other boards or staffs.
- 4 Must avoid any conflict of interest with respect to their fiduciary responsibility.
 - (a) There must be no conduct of private business or personal services between any Council member and the College.
 - (b) When a Council member has an unavoidable conflict of interest they shall absent themselves without comment from not only the vote, but also from the deliberation and such shall be noted in the minutes.
 - (c) Council members shall annually disclose their involvement with other organizations (for profit, not-for-profit and charitable) that might produce a conflict or perceived conflict.
- 5 Shall be familiar with the *Regulated Health Professions Act, 1991* and ~~the regulations,~~ the *Naturopathy Act, 2007,* ~~and~~ the regulations made under those statues, the College by-laws and Council policies.
- 6 Shall not use their positions to obtain employment for themselves or family members with the College. Should a Council or Committee member wish to be considered for employment with the College, they must resign from the Council or Committee.
- 7 May not direct the Chief Executive Officer (CEO) or other staff and must recognize the lack of authority vested in them as individuals except when explicitly authorized by Council.
- 8 Cannot communicate with the public, press or other entities about College business without authorization by Council, unless it is about an approved statement/position of the College.
- 9 Will not individually judge CEO or staff performance except from commenting on compliance with Council Policies as part of the whole Council’s monitoring process.

DATE APPROVED	DATE LAST REVISED
April 27, 2011	<u>January 28</u> March 30 , 2026

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES
	Title Code of Conduct for Council and Committee members	Policy No. GP03.043
		Page No. 2

- 10 Must not breach confidentiality as set out in section 36(1) of the *Regulated Health Professions Act, 1991*.
- 11 Must not sign a document affecting the College unless authorized to do so by the Council.
- 12 Must, in all their college activities, commit themselves to the principles of objectivity and decision-making that is free of discrimination and bias, including unconscious bias. They must hold their Colleagues accountable to these same principles.

DATE APPROVED	DATE LAST REVISED
April 27, 2011	January 28 March 30, 2026

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Role of the Council Chair	Policy No.	GP05.065
		Page No.	1

The Council Chair assures the integrity of the Council's governance processes and, secondarily, represents the Council to outside parties in a defined manner.

Accordingly,

- 1 The result of the work of the Council Chair is that the Council acts in a manner that is in keeping with the rules legitimately imposed upon it from outside the organization and by its own governance policies and processes, including but not necessarily limited to all of the following.
 - a) The *Regulated Health Professions Act, 1991*, including Schedule 2, the Health Professions Procedural Code, with specific attention to section 3(1), the Objects of the College, and the regulations made under that Act.
 - b) The *Naturopathy Act, 2007*, and the regulations made under that Act.
 - c) The by-laws of the College.
 - d) The Council's Ends policies, Council-CEO linkage policies and Governance Process policies.

- 2 The authority of the Council Chair is as it is set out in the foundational documents enumerated in paragraph 1 and includes the following duties and responsibilities.
 - a) Making decisions that fall within topics covered by Council policies on Governance Process and Council-CEO Relationship, except
 - i) where the Council specifically delegates portions of this authority to others;
 - ii) making decisions about policies created by the Council within Ends and Executive Limitations policy areas; and
 - iii) independently supervising or directing the CEO.
 - b) Reasonably interpreting the provisions of the Council's Governance Process policies.
 - c) Representing Council to outside parties in announcing Council-stated positions regarding the regulation of the profession and governance of the Council.
 - d) Delegating their authority while remaining accountable for its use.
 - e) Ensuring security and maintenance of Council-owned files such as by-laws, agendas, minutes and monitoring reports;
 - f) Sharing with the CEO responsibility for the orientation of new Council members.
 - g) Orienting the CEO to the College of Naturopaths of Ontario.

- 3 The Council Chair is elected by the Council and as such, represents an important part of the integrity of the Council's commitment to good governance. Accordingly, the Council Chair shall oversee and be responsible for the implementation and application of the Governance process policies, including but not necessarily limited to the following duties and responsibilities.
 - a) Ensuring the on-going commitment of the Council and individual Council members to the Council's governing style and Ends policies.

DATE APPROVED	DATE LAST REVISED
April 27, 2011	January 285, 20263

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES
	Title Role of the Council Chair	Policy No. GP05.065
		Page No. 2

- b) Ensuring that the Council generally, and individual Council members specifically, adhere to the GP03 - Code of Conduct for Council and Committee members.
- c) Ensuring that the Council, in the performance of its duties and responsibilities, adheres to GP04 - Councilthe Job Description ~~of Council~~.
- d) Ensuring that the Council's Committees fulfill their respective mandates as set out by the Council.
- e) Ensuring that the Council adheres to its Annual Planning Cycle.
- f) Ensuring that the Council generally, and individual Council members specifically, demonstrate an on-going commitment to the Council Communications policy.
- g) Ensuring that Council members and committee appointees attend all Council and Committee meetings as required, except when excused for good reason, come to the meeting prepared and participate in discussions, conducting any necessary follow up on issues that arise.
- h) Providing the Council with a report on their activities bi-monthly.
- i) Ensuring that Council members properly disclose conflicts of interest.
- j) Adhering to GP25 (Role of the Committee Chair) as the Chair of the Executive Committee.

DATE APPROVED	DATE LAST REVISED
April 27, 2011	January 28, 2026

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Committee Principles	Policy No.	GP06.098
		Page No.	1

Committees established under the Regulated Health Professions Act, 1991 shall perform the function that is assigned to them under the authority of the Act. Committees established by the Council will be assigned to reinforce the wholeness of the Council's job and never interfere with the delegation from the Council to the CEO.

Definitions	Statutory Committee	Means a group of individuals appointed by the Council of the College of Naturopaths of Ontario in accordance with the <i>Regulated Health Professions Act, 1991</i> .
	Standing Committee of Council	Means a group of individuals appointed by the Council of the College of Naturopaths of Ontario under this policy with an on-going function determined by the Council and that makes recommendations to the Council. Such committees are non-statutory committees.
	Ad hoc Committee or Working Group	Means a group of individuals appointed by the Council of the College of Naturopaths of Ontario under this policy with a specified and time limited task or function on which they shall report and make recommendations to the Council. Such committees may be referred to by any number of names, including but not limited to an ad hoc committee, working group or task force. Such committees are non-statutory committees.
	Operational Committee	Means a group of individuals appointed by the CEO to perform management or operational functions or to provide advice to the CEO.

- Accordingly, 1 Statutory Committees (SC)
- (a) Shall be appointed by the Council in accordance with the *Regulated Health Professions Act, 1991* (RHPA) and the *Naturopathy Act, 2007* (the Act) and its regulations and by-laws, and shall perform the functions assigned to it by the RHPA and as further clarified in Terms of Reference approved by Council.
 - (b) Shall establish panels, as appointed by the Chair of the Committee, and must conform to the requirements of the *Regulated Health Professions Act, 1991* and the *Naturopathy Act, 2007*, the regulations and by-laws.
 - (c) In as much as the Committee panels are acting as tribunals, they are responsible for the content of their decisions, which may be reviewed only by the Health Professions Appeal and Review Board or a Court of Law.
 - (d) May direct the CEO to take action or implement its decisions in accordance with the individual legislative authority of the Statutory Committee.
 - (e) The following committees are designated as Statutory Committees of the Council of the College of Naturopaths of Ontario.
 - i. Discipline Committee (SC01).
 - ii. Executive Committee (SC02).
 - iii. Fitness to Practise Committee (SC03).
 - iv. Inquiries, Complaints and Reports Committee (SC04).
 - v. Quality Assurance Committee (SC05).
 - vi. Patient Relations Committee (SC06).

DATE APPROVED	DATE LAST REVISED
July 30, 2013	January 28 March 30, 2026

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES
	Title	Policy No. GP06.098
	Committee Principles	Page No. 2

vii. Registration Committee (SC07).

- 2 Standing Committees of Council (CC) and Ad Hoc Committees (AHC)
 - (a) Will assist the Council by preparing policy alternatives and implications for Council deliberation; however, in keeping with the Council's broader focus, Council committees will not have dealings with operations.
 - (b) May not speak or act for the Council except when formally given such authority for specific and time limited purposes.
 - (c) Will have written terms of reference wherein the expectations and authority of the Committee will be carefully stated in order not to conflict with authority delegated to the CEO or another Committee.
 - (d) Cannot exercise authority over staff. Because the CEO works for the full Council, they will not be required to obtain approval of a Council Committee before taking an executive action.
 - (e) Chairs of Council Committees may work directly with the staff when so authorized by the CEO.
 - (f) The following committees are designated as Standing Committees of Council.
 - ~~i. Audit Committee (CC01).~~
 - ~~ii. Scheduled Substances Review Committee (CC02).~~
 - ~~iii. i. Examinations Appeals Committee (CC03).~~
 - ~~iv. ii. Governance Committee (CC04).~~
 - ~~v. iii. Inspection Committee (CC05).~~
 - ~~vi. Governance Policy Review Committee (CC06).~~
 - ~~iv. Standards Committee (CC07).~~
 - ~~vii. v. Finance, Audit & Risk Committee (CC10)~~
 - ~~viii. Equity, Diversity and Inclusion Committee (CC08).~~
 - ~~ix. Risk Committee (CC09).~~
- 3 Operational Committees shall be appointed at the discretion of the CEO. Terms of Reference for all Operational Committees shall be developed for each Committee and are subject to acceptance by the Council.
- 4 This policy applies to any group that is formed by Council action, whether or not it is called a Committee and regardless of whether the group includes Council members. It does not apply to committees formed under the authority of the CEO.
- 5 With the exception of the Executive Committee as set out in that Committee's Terms of Reference, all committee meetings and related materials are closed to the public in order to allow the committees to properly execute their statutory and Council appointed duties.
- 6 To reflect the duality of the College as a joint endeavor of dedicated volunteers and staff, all committee meetings shall have at least one staff person appointed by the CEO in attendance. Committees shall not exclude staff from all or part of

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	Title Committee Principles	Policy No. GP06.098
		Page No. 3

the meeting (including in camera meetings), unless one of the following conditions are met and the CEO is advised in advance of the meeting:

- a) Personnel matters that are within the duties and responsibilities of that committee will be discussed;
 - b) Instructions will be given to or opinions received from legal counsel of the College that involve or relate to personnel of the College.
- 7 Should individual committee members have concerns about staff performance with respect to the committee's work, they will raise those directly with the Committee Chair who shall in turn raise those with one or both of the Council Chair and Chief Executive Officer.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title	Policy No.	GP08.065
	Annual Planning Cycle	Page No.	1

The Council adopts an annual planning cycle to optimize its effectiveness in governing, directing and fulfilling its regulatory function.

Accordingly,

- 1 The Council meets a minimum of six (6) times per year, on the last Wednesday of January, March, May, July, September and November. With the exception of the May meeting, which will be held in person, all other meetings will be held by videoconference or by other electronic means.
- 2 ~~One of the meetings set out in paragraph 1, shall be designated A meeting,~~ for the purposes of receiving the annual report of all committees and operational activities and for the purpose of approving the Auditor's Report and Audited Financial Statements, and which will be held within six months of the end of the fiscal year.
- 3 At each meeting, the Council will:
 - a) Review the CEO's Report on Regulatory Operations, including the most recent quarterly financial report if it is available.
 - b) Review reports from all Committees.
 - c) Review any new or proposed changes to existing regulations, or program policies (i.e. Patient Relations, ICRC, Quality Assurance, Registration, Examination) ~~policies.~~
 - d) Review any committee appointments brought forward by the CEO on behalf of the Governance Committee.
 - e) Review any new or proposed changes to existing governance policies (Ends, Governance Process, Linkage, Executive Limitations) of the Council as brought forward by the Governance ~~Policy Review~~ Committee or the CEO.
 - f) Review, in depth, one set of governance policies in accordance with the schedule identified in this policy.
- 4 The Council will perform additional functions, in accordance with the following schedule:
 - Meeting #1 (May)
 - A two-day in-person meeting.
 - Annual election of Officers and Executive Committee.
 - Committee appointments.
 - Review of Q4 Unaudited Financial Statements.
 - Briefing on the ICRC/Discipline processes.
 - Training/review of the duties, responsibilities and role of the Council.
 - Briefing on the Policy Governance Framework of the Council by the Chair of the Governance ~~Policy Review~~ Committee.
 - In-depth review of the Governance Process policies (Part 3 – Committee Terms of Reference).
 - Meeting #2 (July)
 - Annual Committee Reports for the prior year.
 - CEO's Performance Review Report for the prior year.
 - Council and Committee evaluation reports.

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	Annual Planning Cycle	Page No.	2

- Annual Operational Report for the prior full-year.
- Receive the Auditor's Report and Audited Financial Statements.
- In depth review of the Executive Limitations policies (Part 1).
- Meeting #3 (September)
 - Briefing on the Quality Assurance Program.
 - Review of Q1 Unaudited Financial Statements.
 - In depth review of the Executive Limitations policies (Part 2).
- Meeting #4 (November)
 - Review of Q2 Unaudited Financial Statements.
 - Semi-annual Operational Report for the first six months of the year.
 - Appointment of Council & CEO Performance Review Panel.
 - Briefing on the Inspection Program.
 - In-depth review of the Ends policies and Council-CEO Linkage policies.
- Meeting #5 (January)
 - CEO's Performance Review – Goals and Development Plan for the next fiscal year.
 - Briefing on the Registration Program.
 - In-depth review of the Governance Process policies (Part 1).
 - CEO's annual inflationary salary adjustment
- Meeting #6 (March)
 - Review of the Q3 Unaudited Financial Statements.
 - Annual Operational Plan.
 - Annual Capital and Operating Budgets.
 - Briefing on the Examinations program.
 - In-depth review of the Governance Process policies (Part 2).

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES
	Title Council Communication	Policy No. GP09.032
		Page No. 1

Communication within the Council shall be open, honest and transparent and shall foster an environment of open exchange of information and knowledge while respecting the Role of the Council, the Role of the Council Chair, the delegation of authority to the Chief Executive Officer (CEO) and the Executive Limitations and Council-CEO Linkage Policies.

Accordingly,

- 1 Council members are encouraged to communicate within the Council on a regular and open basis by way of mail, e-mail and telephone communications.
- 2 Council members shall be encouraged to seek information from the Council Chair as the Chief Elected Officer and CEO as the Chief Staff Officer; however, they shall wherever possible refrain from individually disputing the actions of either the Council Chair or CEO outside of the procedures of the Council.
- 3 As communication is integral to the on-going development of the organization, Council members shall endeavour to seek information and guidance from the individual responsible based on the following guideline:

Ref.	Issue:	Communicate with the:
a)	Executive Limitations (EL) Policies and issues arising from or about them.	Council Chair.
b)	Council-CEO Linkage Policies (CCRL) or issues arising from them.	Council Chair.
c)	Governance Process (GP) policies or issues arising from them.	Council Chair, with copy to CEO.
d)	Ends and Ends Priorities policies or issues arising from them.	Council Chair, with copy to CEO.
e)	<u>Requests for Questions and</u> information about existing policy or position statements.	CEO.
f)	Questioning of existing policy or positions statements, suggestions for changes or reconsideration.	Council Chair, with copy to CEO.
g)	Information regarding existing planning priorities.	CEO.
h)	Adding to, questioning, or altering planning priorities.	Council Chair, with copy to CEO.
i)	Conflict, whether between Council members, Council members and Registrants, Registrants and the CEO.	Council Chair.
j)	Information regarding operational programs and activities.	CEO.
k)	Information or questions regarding the statutory or Council Committees	Chair of Committee, with copy to Council Chair.
l)	Other matters	Council Chair.

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	Title Council Communication	Policy No. GP09.032
		Page No. 2

- 4 Council members will often become a focal point for Registrants who have concerns about the Organization or activities of the CEO. This is normal; however, in the interests of all parties to such complaints, all Council members should refer these to the Council Chair who will activate the Council's protocol for information gathering, evaluation and resolution of the matter, i.e. GP10 (Conflict Resolution).

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Conflict Resolution	Policy No.	GP10.043
		Page No.	1

Conflict will naturally occur in any organization. Such conflict requires a fair and reasoned approach to ensure a resolution that is in the best interests of the organization and considers the views of all parties. Conflict will occur within the organization between Council members, Committee members, Council and Committee members and Registrants, staff and Registrants, staff and Council and Committee members.

Accordingly,

- 1 When conflict has occurred, the Council Chair shall be notified in order to activate this policy. The responsibility to notify the Council Chair rests with:
 - a) Council members when the conflict is between
 - i. two or more Council members;
 - ii. the CEO and one or more Council members.
 - b) Committee Chairs when the conflict is between
 - i. two or more Committee members;
 - ii. the CEO and one or more Committee members.
 - c) The CEO when the conflict is between
 - i. staff and one or more Council members or
 - ii. the CEO and one or more Registrants.
- 2 Issues of conflict shall be addressed by the Executive Committee of the Council.
 - a) Where a member of the Executive Committee is directly involved in the conflict, they shall absolve themselves of the matter, in which case the Executive Committee may ask another member of Council to participate in the conflict resolution process.
 - b) Where a majority of the Executive Committee members are involved, the matter shall be referred to the full Council.
- 3 The parties to the conflict shall be notified as soon as possible following the reporting of the conflict that the matter has been referred to the Executive Committee.
- 4 The Executive Committee shall review the matter that has become a point of conflict and shall seek the input of all parties individually to develop an understanding of the issues.
- 5 The Executive Committee shall work with all parties, by whatever means possible, to affect a resolution of the issue that is acceptable to all parties.
- 6 If an acceptable resolution is not possible, the matter shall be referred to the Council for evaluation within the context of its policies.
- 7 Information obtained during the process of conflict resolution, including any remedial actions taken on the part of the CEO, may be considered by the CEO Review Panel as a part of the annual Council & CEO Performance Review process.
- 8 When conflict is between Registrants and staff other than the CEO, the matter shall be referred to the CEO.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES
	Title Confidentiality	Policy No. GP12.024
		Page No. 1

All members of the Council and Committees, staff and persons retained or appointed by the College are required to maintain confidentiality of the information that comes before them in the course of discharging their duties.

Definitions	Confidential Information	Means personal information and trade secrets concerning the business of the College and its members and stakeholders including, without limitation, member and stakeholder lists, telephone sales techniques, training seminars and programs, financial and contractual relations, sales and financial information, documents recording College products, volumes, procedures, research, development, engineering, manufacturing, purchasing and other aspects of the College's operations.
	Personal information	Means recorded information about an identifiable individual, including, <ul style="list-style-type: none"> (a) information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual, (b) information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved, (c) any identifying number, symbol or other particular assigned to the individual, (d) the address, telephone number, fingerprints or blood type of the individual, (e) the personal opinions or views of the individual except where they relate to another individual, (f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence, (g) the views or opinions of another individual about the individual, and (h) the individual's name where it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual.¹

Accordingly,

- 1 All Council and Committee members, and persons appointed by the College to perform duties on behalf of the College shall keep confidential all information that comes to ~~their his or her~~ knowledge in the course of ~~their his or her~~ duties and shall not communicate any information to any other person.
- 2 Subsection 36(1) of the *Regulated Health Professions Act, 1991* permits the disclosure of information in certain circumstances. All Council and Committee members and appointees of the College are expected to understand when those exceptions apply and seek advice of the Chief

¹ Freedom of Information and Protection of Privacy Act, RSO 1991, c.F31

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Executive Officer (CEO) and Legal Counsel.

- 3 Shall review and sign the “Acknowledgment and Undertaking regarding Fiduciary Duties” or a Confidentiality Agreement provided by the CEO prior to assuming their responsibilities and duties on behalf of the College.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Governance Evaluation	Policy No.	GP16.054
		Page No.	1

Reflecting the Council's commitment to excellence in governance and the importance of good governance to the principles of public protection, the Council will evaluate the effectiveness of Council as a whole, Council Committees and the individual contributions of Council and Committee members.

Accordingly,

- 1 Each year, a performance evaluation of the Council or its Committees will be undertaken such that the Council or Committees will evaluate their own performance as a whole and the individual contributions that members make in relation to the responsibilities highlighted in our *Governance Process Policies* and *Council-CEO Linkage policies*.
- 2 The evaluation process will be overseen by an independent third-party consultancy that specializes in governance evaluation process.
- 3 The Governance Evaluation Framework will include the following three components.
 - a) A general performance assessment for the Council or each of its committees in alternate years.
 - b) An individual self-assessment conducted by each Council or each Committee member in alternate years.
 - c) A peer assessment conducted by each Council or each Committee member in alternate years, on each of their peers on Council or on each Committee as the case may be.
4. In order to ensure confidentiality and a fair process, individual self-assessments and peer assessments of each Council or Committee member will be provided only to the consultant and shall not be provided to the College nor held among the records of the College.
- 5 At the conclusion of the evaluation process in July or as soon as practical thereafter, the consultant will do the following.
 - a) Present the evaluation of Council or each committee to Council and each committee respectively.
 - b) Meet with each Council or Committee member to review their own self-assessment comparatively with the peer assessment received for them. Each meeting will cover all of the efforts of the individual with Council and their various Committees to which they have been appointed. The intent of the meeting is to provide coaching and guidance on how they may individually be able to improve their own performance.
 - c) Provide an action plan for Council or each Committee member for targeted development.
- 6- As soon as practical after the Council or Committees have received their evaluations, the College will publish on its website a summary of findings for the evaluation of Council and each Committee as well as an action plan as to how

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any deficiencies will be addressed. Individual Action Plans for Council and Committee members will not be published.

- 7- Individual Action Plans will be confidential between the external consultant and the individual Council and Committee members; however,
- a) The external consultant will be asked to provide non-identifiable summary information about any education or training that might have been recommended to volunteers to allow the Governance Committee and CEO to evaluate whether such education may be provided through a structured program; and
 - b) The Governance Committee will follow up with Council and Committee members that have requested assistance during the year to offer assistance or support on their individual action plans.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Per Diems & Expenses	Policy No.	GP18.0 <u>87</u>
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To fulfill its regulatory, governance and fiduciary responsibilities, the Council will rely on the support of volunteers who will provide their time in preparation for and delivery of the duties and responsibilities of the Council and its Committees.

Definitions	Chair	Means the Council Chair as elected by the Council or a Committee Chair appointed by the Council to lead a Committee or a Panel Chair appointed by the Chair of the Discipline, Fitness to Practice or Inquiries, Complaints and Reports Committee.
	Committee	Means any Committee of the College of Naturopaths of Ontario as established pursuant to GP06, including Standing Committees of Council, Statutory Committees, Ad Hoc Committees and Working Groups.
	Committee member	Means a person who has been appointed by the Council of the College to sit on a Committee.
	Council member	Means a person who has been elected to the Council by registrants of the College or who has been appointed to the Council by Order-in-Council for the term of office for which they are elected or appointed.
	Council member elect	Means a person who has been declared by the CEO, pursuant to sections 10.15 or 10.16 of these by-laws, to have been elected to the Council but whose term of office has not yet begun. This definition shall not be interpreted to permit Council members elect to have any authority to vote or any other privileges of a Council member until their term commences at the first meeting of the Annual Council Cycle.
	Dependent	Means a person who resides with the Council or Committee member on a full-time basis and relies on them for care (e.g., parent or child).
	Per Diem	Means a daily allowance paid to a volunteer to offset loss of income earned or that might have been earned during that same period.
	Meeting / activity	Means a meeting of the Council, a Committee (as defined in GP06), or a panel of a Committee, a hearing or an event at which a Council or Committee member is required by the College to be present.
	Full day	Means a meeting or activity in duration of more than three (3) hours.
	Half day	Means a meeting or activity that is three (3) hours or less in duration.
	Work day	Means a regular day comprised of up to 7 hours for a meeting/activity.
	Work day – extended	Means an irregular day comprised of more than 7 hours for a meeting/activity.
	Public member	Means a person appointed to the Council by the Lieutenant Government as defined in the by-laws.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES
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- Public Representative Means a person who is not a Public member but who is appointed by the Council to a Committee to bring the public perspective to the deliberations.
- Travel time Means the time taken by any volunteer to travel to a meeting or activity.
- Vice Chair Means the Council Vice Chair as elected by the Council or a Committee Vice Chair appointed by the Council to provide additional leadership to a Committee or a Panel Vice Chair appointed by the Chair of the Discipline, Fitness to Practice or Inquiries, Complaints and Reports Committee.
- Volunteer Means any individual who is a Council member, a Council member elect or a Committee member appointed by the Council.

Accordingly,

- 1 All Council members, Council members elect and Committee members (herein referred to as volunteers) are entitled to a per diem and reimbursement of authorized expenses as outlined in this policy. This policy does not apply to Public members appointed by the Lieutenant Governor in Council but is consistent with the Remuneration Framework governing such appointees.
- 2 The per diem for meeting or activity attendance shall be paid according to the following schedule,

<i>Timeframe</i>	<i>Chair</i>	<i>Vice Chair</i>	<i>Council & Committee members</i>
Full day	\$250	\$175	\$150
½ day	\$125	\$87.50	\$ 75
- 3 The per diem for meeting/activity time paid shall be for the actual time devoted to the meeting or activity, or the time allocated to the meeting, whichever is greater, provided the volunteer arrives on time and does not leave the meeting early.
- 4 The per diem for meeting/activity time shall be paid for any meeting/activity that is cancelled with less than 72 hours' notice at the rate appropriate for the time allocated for the meeting/activity. Where a meeting or activity is cancelled with 72 hours' notice or more, no per diem shall be due.
- 5 A per diem for preparation time shall be available for Statutory Committee meetings (not including ICRC) as defined in GP06, shall be paid for the actual time devoted by the volunteer to prepare for the meeting or activity at the "Council & Committee member" rate in section 2, regardless of the per diem rate payable for attendance, but shall not exceed the scheduled time allocated.

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The per diem for preparation time for ICRC meetings is based on the number of matters/files considered as follows:

Inquiries, Complain and Reports considered per meeting

25 or less
26 to 35
36 to 50
Greater than 50

Remuneration Rate

Up to 1 per diem (\$150)
Up to 2 per diems
Up to 3 per diems
Up to 4 per diems

The per diem is not permitted for preparation for meetings of Standing Committees of Council, Ad-hoc Committees or Working Groups as defined in GP06.

- 6 Committees are required to conduct meetings by video or teleconference call unless an in-person meeting is authorized by the Chief Executive Officer of the College. Where the Committee Chair calls for a meeting to be held by conference call, Committee members will receive the appropriate attendance and preparation per diem for the meeting.
- 7 Where a Committee is required to draft regulatory reports or decisions and reasons, the Committee member(s) involved in the preparation, reviewing and drafting shall be paid up to a maximum of one per diem (\$150) per matter for the actual time devoted to creating and finalizing the document regardless of the per diem rate payable for attendance.
- 8 Travel time is assumed to be included within the normal workday of a meeting or activity, i.e., 7 hours in duration. Where a meeting or activity exceeds 7 hours, or where the meeting/activity plus travel time combined exceeds 7 hours, the volunteer is deemed to be working an extended workday.

When working an extended work day, the volunteer may be entitled to additional remuneration based on their average hourly rate for a regular day with the total additional remuneration for an extended day not to exceed 60% of the approved per diem rate.

As such, the following rates would apply during an extended workday (at and beyond the 7 hour mark):

Position	Hourly rate	Maximum
Chair	\$35.71	\$150
Vice Chair	\$25.00	\$105
Member	\$21.43	\$90

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Where travel to and from the College meeting necessitates travel on the day before or after the meeting, related travel expenses such as meals and accommodations may be claimed but the volunteer is not eligible for remuneration of travel time. This does not include volunteers in former Districts 1, 7 or 8 where the normal per diem rates would apply.

- 9 All claims for per diems shall be recorded on forms established by the CEO and must be submitted within 60 days of the meeting/activity date. Claims filed on the 61st day or later after the meeting/activity date will, without exception, be denied by the College.
- 10 Any disputes about a claim for a per diem and any request for special consideration shall be determined by the Governance Committee; however, the Governance Committee shall not be authorized to overrule the provision set out in paragraph 9 above.
- 11 The per diem shall be paid by direct deposit to the bank account of choice of the volunteer and, in accordance with Canada Revenue Agency (CRA) rules, shall be subject to personal income tax and Employment Insurance (EI) taxes deductions but shall not be subject to Canada Pension Plan. The CEO in accordance with CRA rules shall issue a T4 to all volunteers who receive a per diem under this policy.
- 12 Volunteers may be reimbursed for anticipated meal costs incurred while engaged on College business. Reimbursement for meals when in Canada is an additional allowance and is for restaurant/prepared food only and receipts are not required. Reimbursement for meal costs when travelling outside of Canada are considered expenses and receipts are required.

Reimbursement for groceries is not permitted.

Criteria for reimbursement are as follows:

- Breakfast expenses may be claimed if the volunteer is required to depart his/her residence two (2) hours prior to the start time of the scheduled meeting.
- Lunch may be claimed only if required to attend the College for a full day.
- Dinner expenses may be claimed if the formal meeting time extends beyond 4:00 p.m. and when the return trip from a meeting exceeds two (2) hours.

Reimbursements for a meal allowance (in Canada travel) or meal expenses incurred (travel outside of Canada) is subject to the maximum rates set out in the chart below. These rates include taxes and gratuities.

Alcohol cannot be claimed and will not be reimbursed as part of a travel or meal expense.

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	In Canada	In USA	International
Breakfast	\$10.00	\$10.00 USD	\$10.00 USD/Local
Lunch	\$12.50	\$12.50 USD	\$12.50 USD/Local
Dinner	\$22.50	\$22.50 USD	\$22.50 USD/Local

13 Air and train travel expenses will be reimbursed at the actual fare costs provided all travel is done at the economy class rate and Council and Committee members take advantage of advance booking rates, excursion fares and other discounts offered. Public transit will be reimbursed at the transit system's posted rates. When a personal vehicle is used, mileage will be reimbursed at \$0.40 per kilometer (\$0.41 for travel from Northern Ontario) subject to the limitation that only one claim may be made per vehicle.

14 Reimbursement for hotel accommodations is available only if:

- the volunteer is staying overnight more than 40 km from their residence; or
- either the volunteer has meetings/activities on two consecutive days (for the night between the meetings) or, with prior approval of the CEO or his/her delegate, the time necessary to travel to or from the meeting makes it impractical for the Council or Committee member to travel on the day of the meeting.

15 Notwithstanding section 14 of this policy, hotel accommodations must be at the lowest corporate rate possible and do not include incidental personal charges such as personal telephone calls, movies, laundry, purchases etc.

16 A volunteer may be reimbursed for costs incurred for care of dependents to enable attendance at a meeting/activity provided that:

- a written request is provided to, and approved by, the CEO prior to the date of the meeting;
- travel is occasional or unexpected;
- the incurred expenses are above and beyond the volunteer's usual costs for dependent care as a result of travel.

Reimbursements will be for actual costs up to a daily maximum, as follows:

- \$75/day, if a caregiver's receipt is provided;
- \$35/day, if a written explanation is provided.

17 All expense claims must be accompanied with receipts. In the absence of a receipt, the member will record the amount on the claim form and shall be reimbursed, unless in the opinion of the Governance Committee upon the advice of the CEO, the absence of a receipt is deemed to be habitual.

18 The CEO is authorized by the Council to update, with no further approval required by Council, the monetary amounts set out in paragraphs 2, 8, 12 and 13 of this policy to ensure that it remains aligned to the rates set out in the Health Board's Secretariat document "Summary of Allowable Expenses for Public Appointees to the Health Professions Regulatory

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Bodies (Colleges) established under the *Regulated Health Professions Act, 1991*". The CEO must circulate an updated copy of the policy to the Council within 30 days of making any changes.

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BRIEFING NOTE
Relationships with External Organizations

PURPOSE: To engage the Council in a process that identifies its intended relationships with external organizations and the way the College refers to those relationships.

OUTCOME Discuss

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

BACKGROUND:

The College has experienced challenges in properly categorizing its relationships with external organizations and individuals within the regulatory framework, the solution to which may be a Council developed common understanding of the key regulatory relationships in which it is engaged and associated terminology.

This question arises out of a movement away from the use of the word “stakeholder” and toward the term “system partner” which is undefined and left open to the Colleges to interpret.

In addition to the way in which the College refers to external organizations, the question of the nature of the relationship between the College and external organizations and individuals becomes key to defining those relationships. Of note is the distinction to be made between cooperation and collaboration.

DISCUSSION POINTS:

Why is the word Stakeholder no longer used?

The word "stakeholder" has come under scrutiny and is increasingly considered problematic or outdated in certain contexts, especially in research, public policy, and work involving Indigenous communities. Here are the main reasons why:

1. Colonial origins - Historically, the term "stakeholder" referred to individuals who literally drove stakes into the ground to claim land—often land that was already inhabited by Indigenous peoples. This practice was part of colonial expansion and dispossession. Using the term today can evoke that history and be seen as perpetuating colonial narratives, especially when engaging with Indigenous communities.¹
2. Power dynamics and exclusion - The term is often used broadly to describe anyone affected by or involved in a decision or project. However, critics argue that it can:
 - a. Mask power imbalances between groups.
 - b. Imply that all parties have equal "stakes" or influence, which is rarely true.

¹ LinkedIn.com

- c. Be dehumanizing or vague, reducing people to abstract roles rather than recognizing their lived experiences or rights.²
3. Lack of Precision - "Stakeholder" is a catch-all term that can obscure who is being referred to.
 4. Shifting Language Norms - As awareness of equity, diversity, inclusion and belonging grows, many organizations are rethinking their language to be more inclusive and accurate. This includes moving away from terms like "stakeholder" and "target audience" in favor of alternatives that better reflect relationships and respect.³

Why is cooperation versus collaboration problematic?

Preliminary research on the proper usage of the words "cooperation" versus "collaboration" yields the following:

Term	General Meaning	Characteristics
Cooperation	Means working alongside another organization to achieve individual or shared goals, but with limited integration.	<ul style="list-style-type: none"> • Each party retains autonomy and primarily focuses on its own objectives. • Interaction is often transactional or compliance-driven (e.g., meeting regulatory requirements, sharing basic information).
Collaboration	Means a joint effort where system partners actively participate in decision-making and problem-solving.	<ul style="list-style-type: none"> • Shared responsibility and mutual commitment to a common purpose. • High level of trust, transparency, and resource sharing. • Highly structured, problem-solving effort.

Essentially, a relationship of cooperation means alignment without deep integration. It is more engagement orientated with a focus on consultative interactions. A relationship of collaboration is one that means shared accountability. It is more partnership based with a focus on mutual accountability and shared responsibility.

Accordingly, the alternative recommended terms include:

- Partner
- Rights holder
- Participant
- Interest holder
- Potential beneficiaries
- Collaborators
- Community members, etc.

The problem with these words is simply that they will not apply in every given situation. For example, if a partner is "an organization associated with another especially in action", then our

²Hafferty, Pool, Obani, [Blog Post](#): Should we stop using the word stakeholder in research? London School of Economics and Political Science. May 7, 2024.

³ Cynthia Lockrey, Why You Need to Stop Using Stakeholder (And What to Say Instead). [Cynthia Lockrey Consulting](#).

colleagues in associations are not our partners. Collaborator can also carry negative connotations given its defined use surrounding the second world war.

Other terms identified, omitting those that have no relevance to the sector, include:

Term	General Meaning	Characteristics
Alliance	Formal long-term cooperative agreement.	<ul style="list-style-type: none"> • Long-term collaboration. • Shared strategic goals. • Formalized structure with autonomy.
Coalition	Temporary alliance for specific advocacy or policy goals.	<ul style="list-style-type: none"> • Purpose driven, temporary or issue specific. • Shared resources & expertise • Non-hierarchical.
Joint Venture	Two or more nonprofits (or nonprofit and for-profit) create a new entity to pursue shared objectives.	<ul style="list-style-type: none"> • Creation of separate entity. • Shared ownership & control. • Strategic objective. • Risk & liability sharing.
Network	Informal groups aligned by common goals.	<ul style="list-style-type: none"> • Loose structure. • Information sharing. • Low resource commitment.
Oversight	Mandates for nonprofits to be monitored or audited by regulatory bodies, including governmental agencies.	<ul style="list-style-type: none"> • Compliance monitoring. • Accountability mechanism. • Formalized requirements. • Periodic review. • Sanctioning power.
Partnership	A collaborative financing or service delivery agreement.	<ul style="list-style-type: none"> • Mutual benefit to both organizations. • Shared responsibilities. • Defined scope and duration. • Collaborative decision-making. • Risk and reward sharing. • Flexibility.

From these, it can readily be deduced that the College has relationships that are based on oversight. Some, the College provides the overseeing (e.g., of its registrants) and in others, the College is being overseen (e.g., government and agencies). The College also has formal alliances, namely CANRA and HPRO and has been involved in a coalition but currently does not have any of these relationships at this time.

System Partner

In 2020, the Ministry established the College Performance Measurement Framework (CPMF) to enable it to properly discharge its oversight responsibilities over the regulatory colleges. As a part of this process, the Ministry introduced the term “system partner” which it did not define. In fact, the standard where this term was introduced had no defined measurements but was intended to glean from the Colleges who each worked with as system partners (as defined by each College).

An unintended consequence of this reporting structure was a move by most of the colleges to simply replace the word “stakeholder” with “system partner” without ever having defined what that term means to the organization.

At Issue

Consideration is needed as to the nature of our relationship with external individuals and organizations, which in turn may assist the Council and the College in identifying the terminology best used in discussion surrounding interactions with these individuals and organizations. In the vacuum created by the move away from stakeholder, is ‘system partner’ the proper terminology to define all relationships with individuals and organizations?

It may be important to note here that not all individuals and organizations need to be referred to in the same manner.

To whom are we referring

The final preliminary discussion is to identify the individuals and organizations being encapsulated by this discussion. These are our former “stakeholders” to whom we would now refer differently. It does not include organizations with whom the College has a contractual arrangement or provincial or municipal agencies with whom the College might interact periodically, i.e., police services.

They include:

- Ontarians generally, specifically,
 - Individuals in the public,
 - Naturopathic patients,
- Registrants of the College,
- Government generally,
 - Ministry of Health specifically,
- External agencies generally, specifically
 - Office of the Fairness Commissioner,
 - Office of the Integrity Commissioner,
 - Health Professions Appeal and Review Board,
- Ontario Health Regulatory Colleges,
- Canadian Naturopathic regulatory authorities,
- Professional Associations generally, specifically
 - Ontario Association of Naturopathic Doctors,
 - Canadian Association of Naturopathic Doctors,
 - Health Profession Regulators Ontario (HPRO),
 - Canadian Alliance of Naturopathic Regulatory Authorities (CANRA),
 - Health professional associations in Ontario,
 - Naturopathic professional associations in Canada.

Moving towards a Better Understanding

Assuming that we do not need a single word to define the various individuals and organizations with whom the College interacts, we can begin to introduce terminology that better reflects the nature of the relationship.

System Partners

It’s recommended that this term be used to describe individuals and organizations with whom the College partners to deliver the regulatory framework. Bearing in mind that a partnership entails a mutual benefit to both, shared responsibilities, a defined scope and duration,

collaborative decision-making, risk and reward sharing and flexibility. As such, our system partners might include:

- Registrants of the College,
- Other health regulatory Colleges in Ontario
- Other Canadian naturopathic regulatory Colleges
- Ontario Government, especially the Ministry of Health, and
- Oversight agencies, such as the OFC, and OIC.

Essentially, a system partner is an individual or organization with whom there is a regulatory engagement, either the College over them, them over the College or jointly over the system. It is these groups with whom the College might collaborate, either in broad terms as entities or on individuals periodic activities, such as an investigation.

Interested Parties

In the briefings for the December 10, 2025, meeting of the Council, the term Interested Parties was introduced. The intent being that these are individuals or organizations that have an interest in the work of the College and in the work that they undertake. AI defines interested party as “any individual, group, or organization that has a stake in the activities, decisions, or outcomes of an organization or project”. In the not-for-profit and regulatory context, this typically includes:

- Direct or Indirect Impact - They are affected by, or can affect, the organization’s operations, policies, or results.
- Varied Roles - Can be internal (e.g., staff, board members) or external (e.g., donors, beneficiaries, regulators, community groups).
- Interest in Outcomes - Their concern may relate to financial performance, compliance, social impact, or reputation.
- Not Always Active Participants - They may not be directly involved in operations but still hold a vested interest in success or compliance.

Canvassing various terminology

Research has been undertaken to look for appropriate terms that capture an interest in the organization with whom we might engage without implying collaboration, shared responsibilities or an accountability relationship. The following is a summary of the potential terminology identified.

Consulted Stakeholders

- What it conveys: They have a stake and are consulted for input.
- What it avoids: It does not imply partnership, decision rights, or accountability.
- Use case: Works well in governance documents and consultation frameworks (“We will seek input from consulted stakeholders”).

Interested Organizations (Consulted)

- What it conveys: Interest plus a specific engagement mode (consultation).
- What it avoids: Any suggestion of cooperation or co-ownership of outcomes.
- Use case: Clear in public communications and regulatory notices.

Non-Collaborating Stakeholders

- What it conveys: Stakeholder status with an explicit boundary (no collaboration).
- What it avoids: Assumptions of partnership or shared responsibility.
- Use case: Useful when you need to be extra explicit about the boundary.

Consultation Participants

- What it conveys: They participate in your formal consultation processes.

- What it avoids: Ongoing partnership or shared governance.
- Use case: Appropriate for statutory or policy consultations, RFI/RFC processes.

External Consultees (or “Consultees”)

- What it conveys: An established, neutral label used in policy and regulatory contexts.
- What it avoids: Collaboration, accountability, or operational ties.
- Use case: Formal notices, procedures, and reports (“Feedback received from external consultees”).

Moving forward

Based on this review, it’s recommended that the Council consider adopting specific terminology based on how it defines its relationships with individuals and organizations based on the following:

Term	General Meaning	Characteristics	Individuals/Orgs
System Partner	An individual or group with whom there is regulatory engagement, either the College over them, them over the College, or jointly over the system	<ul style="list-style-type: none"> • Compliance monitoring • Accountability mechanism • Formalized requirements • Periodic review • Sanctioning power. 	<ul style="list-style-type: none"> • Registrants • Ontario health regulators • Canadian Naturopathic regulators • Government and related agencies.
Interested Party	An individual or group that has an interested in the work of the College and with whom the College will engage but to whom there is no shared responsibility or direct accountability	<ul style="list-style-type: none"> • Affected by or can affect the College operations, policies or results • Direct or indirect impact • Interest in outcomes • Neither is responsible or accountable to the other. 	<ul style="list-style-type: none"> • OAND • CAND • CCNM • Cdn naturopathic associations • Ontario health professional associations
Alliance	Formal long-term cooperative agreement	<ul style="list-style-type: none"> • Long-term collaboration • Shared strategic goals. • Formalized structure with autonomy 	<ul style="list-style-type: none"> • HPRO • CANRA

ANALYSIS

Risk Assessment – The risk assessment is based on the document *Understanding the Risk Analysis Terminology*, a copy of which is included in the Resources for Council.

- Strategic risk:
 - Reputation – The risk, although minimal, may be that organizations that are designated as “interested parties” do not like the manner in which the College is now referring to them, instead considering themselves “system partners”.

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 Resources for

Council. Only those transparency principles that are relevant have been identified and addressed.

- Information to foster trust – a consistent, logical approach to referring to external organizations and individuals will ensure equity and foster trust.
- Consistent approaches – this will foster a more consistent the Council and College addresses external organizations and individuals.

Financial Impact – There are no financial implications.

Public Interest – The public interest assessment is based on the document Understanding the Public Interest, a copy of which is included in the Resources for Council. Only those relevant factors have been identified and addressed. Consistency and logic in how the Council and College considers external organizations and individuals is an important aspect of good governance. Good governance is a key component of the public interest.

Andrew Parr, CAE
Chief Executive Officer
January 2026

BRIEFING NOTE
Educational Briefing – Quality Assurance Program

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 practise of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical and qualified individuals to practise naturopathy in Ontario.
2. **Setting Standards** – The College sets and maintains standards of practice that guide our Registrants to ensure they provide safe, ethical and competent patient care, and guide patients to understand the standard of care that they can expect from a naturopath.
3. **Ensuring Continuing Competence** – The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent and ethical naturopathic care.
4. **Providing Accountability through Complaints and Discipline** – The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns, and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

Some elements of the College's role, such as setting standards and ensuring continuing competence, are proactive inasmuch as they attempt to prevent issues from arising by setting minimum standards and ensuring a competent profession. Other elements of the College's role, such as registering individuals and holding naturopaths accountable, are reactive, that is, they are initiated only after an event occurs. The event may be a request to sit an exam to become registered or a complaint that has been filed against a Registrant.

When we do our job well, we have set rules that ensure safe care that benefits patients; we have registered the right people who are qualified and committed to providing safe, ethical and competent care; we have ensured that our Registrants maintain their knowledge, skill and judgement; and we have held those who may have faltered to be accountable for their decisions and actions.

Other elements that will arise within the regulatory framework include "right touch regulation", using the approach that is best suited to the situation to arrive at the desired outcome 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 Quality Assurance program and processes of the College.

Quality Assurance Program

Under the *Regulated Health Professions Act, 1991* (RHPA), all health regulatory colleges are legally required to develop and maintain a Quality Assurance (QA) program. But this is more than a just legal requirement, the QA program is a vital part of protecting patients and the primary method by which the College is proactive. It allows for the College to help Registrants identify areas for improvement and take proactive steps to remedy the deficiencies.

The Quality Assurance program promotes ongoing improvement through:

- self-assessment,
- continuing competency and professional development, and
- peer and practice assessment.

The Quality Assurance Committee takes a very transparent approach to the administration of the QA program. All materials related to the QA program, including the tools and checklists used during peer assessments, are available and accessible on the College website. The program is not intended to surprise Registrants about the requirements, but rather to be proactive in identifying areas of improvement within practice.

Self-Assessment

All Registrants holding a General Class certificate of Registration with the College are required to annually complete the College's self-assessment. The self-assessment is an opportunity for Registrants to assess their own practice against the current standards and guidelines of the College.

When the Quality Assurance program was originally created and implemented in 2015, the self-assessment component required Registrants to complete a Core Competency Practice Reflection, a Standard of Practice Self-Assessment Questionnaire (for each standard) and a Learning Plan. The Quality Assurance Committee, as a part of its regular review of the program components, replaced the original process with an online self-assessments based on Standards of Practice and Guidelines and uses questions and scenarios to help registrants assess and update their practice where necessary. Following completion of the online self-assessments, Registrants are sent a letter of completion to be retained as a part of their professional portfolio.

Continuing Education

Continuing education and ongoing learning is an important part of the College's QA program. Registrants are required to complete 70 continuing education credits for every 3-year period and submit a summary log every 3 years. These 70 credits are broken into two categories as follows:

- Category A – 30 credits – These are pre-approved, structured activities focused on the clinical competencies of the profession.
- Category B – 40 credits – These are professional development activities related to the practice of naturopathy that are selected by the Registrant and do not require pre-approval.

At the end of their 3-year cycle, based on the initial date of registration with the College (and previously with the BDDT-N), Registrants submit a summary of their continuing education activities using the [Continuing Education and Professional Development Logs](#) available on the College's website. Once

we have confirmed their reported continuing education activities, Registrants are issued a certificate of completion.

Peer and Practice Assessment

Peer and practice assessments are objective reviews of the knowledge, skill and judgment of Registrants and their compliance with the standards of practice of the profession. Assessments are intended to help Registrants improve their practice by providing an opportunity to review professional and practice-based issues with a peer through a supportive, transparent and educational process.

Each year, the Quality Assurance Committee (QAC) determines how many Registrants will undergo a peer and practice assessment. This determination is made taking into account the College's proposed budget, staff and volunteer resources. The QAC may randomly select up to 20% of Registrants who hold a General Class certificate of registration with the College. This random selection is done using a Microsoft Excel randomized generator to select the individuals who will undergo that year's assessment.

Once the group is identified, the College notifies the Registrants by email and provides an online pre-assessment questionnaire to be completed and returned. This questionnaire collects information relating to the type and size of practice and any potential conflicts of interests and allows the College to assign a trained assessor who best matches the Registrant and their type of practice. Registrants also receive a comprehensive peer and practice assessment package that includes the worksheets that the Registrant will need to complete before the assessment. Once an assessor is assigned, the Registrant and assessor will schedule a mutually convenient time to conduct the assessment which includes to:

- A premises review,
- Patient Chart review,
- Review of professional portfolio,
- Standards and Guidelines discussion, and
- An in-depth patient case discussion.

Following the assessment, the peer assessor submits a report to the Quality Assurance Committee. The report is also provided to the Registrant along with a letter outlining the areas for improvement as noted by the assessor. Where there are more significant areas needing improvement the Registrant is invited to provide information outlining the actions they have taken to address the issues and improve their practice.

Powers of the Committee

The *Regulated Health Professions Act, 1991*, and the *Quality Assurance Regulation*, made under the *Naturopathy Act, 2007*, outline the powers of the Quality Assurance Committee where a Registrant's knowledge, skill and judgement are deemed to be unsatisfactory or where a Registrant fails to comply with the program. These include such actions as:

- Require a Registrant to undergo an ordered peer and practice assessment, at their own cost, when they fail to comply with the self-assessment or continuing education components of the program.
- Require a Registrant, after undergoing a peer and practice assessment, whose knowledge, skill and judgment are deemed to be unsatisfactory to participate in a SCERP (Specified Continuing Education and Remediation Program).
- Direct the Registrar to impose or remove terms, conditions or limitations on a certificate of registration.

- Disclose the name of the Registrant and allegations to the Inquiries, Complaints and Reports Committee if a Registrant has failed to participate in the QA Program or if the Registrant may have committed acts of professional misconduct, may be incompetent or incapacitated.

Importance of this Program

The College's Quality Assurance program is one of the primary methods by which College can be proactive (rather than reactive as in the complaints and discipline processes) and address potential issues before they become a future complaint or investigation. As the program takes a supportive and proactive approach staff involvement to encourage and assist Registrants in meeting their obligations can be onerous and time consuming.

Respectfully submitted,

Jeremy Quesnelle
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