



The College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #52

Draft Agenda & Meeting Materials - Part 1

March 25, 2026 (2025/26-06)

9:15 a.m. to 11:30 a.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 #52
March 25, 2026
9:15 a.m. to 12:10 p.m.
DRAFT AGENDA

Time ¹	Item	Action	Item	Page ²	Responsible
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
1. Call to Order and Welcome					
5	1.1	Procedure	Call to Order	--	B Lessard-Rhead
	1.2	Process	Land Acknowledgement	P1 - 4	
	1.3	Procedure	Meeting Norms	P1 - 5	
	1.4	Discussion	“High Five” – Process for identifying consensus	P1 - 8	
2. Consent Agenda					
5	2.1	Approval	i. Draft Meeting Minutes of January 28, 2026	P1 - 9	B Lessard-Rhead
			ii. Draft In Camera Minutes of January 28, 2026	P1 - 14	
			iii. Disclosures	P1 - 16	
			iv. Committee Reports	P1 - 18	
			v. Information Items	P1 - 31	
3. Approval of Agenda and Conflicts of Interest					
2	3.1	Adopt	Review of Main Agenda	P1 - 3	B Lessard-Rhead
	3.2	Discussion	Declarations of Conflict of Interest	P1 - 84	
-	4. Monitoring Reports				
5	4.1	Acceptance	Report of the Council Chair	P1 - 86	B Lessard-Rhead
8	4.2	Acceptance	Report on Regulatory Operations at February 28, 2026	P1 - 87	A Parr
10	4.3	Acceptance	Variance Report & Unaudited Financial Statements at Q3	P1 - 100	E. Laugalys
-	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 (19-36)	P1 - 108	
-	6. Regular Business				
15	6.1	Acceptance	Operational Plan 2026-27	P1 - 140	A Parr
15	6.2	Acceptance	Capital & Operating Budgets 2026-27	P1 - 178	E. Laugalys
15	6.3	Decision	Proposed Amendment to Table 3 - OMP	P1-187, P2	J. Quesnelle
10	*** Break ***				
-	7. Council Education				
8	7.1	Education	Program Briefing – Inspection Program	P1 - 233	J. Quesnelle
8	7.2	Education	Program Briefing – Registration Program	P1 - 237	E. Laugalys
-	8. In Camera (Pursuant to paragraph (d) of section 7(2) of the HPPC				
1	8.1	Procedural	To move in to an in-camera session	--	B Lessard-Rhead
10	8.2	Discussion	Succession Planning	P3 - 2	Parr/Quesnelle
5	8.3	Decision	CEO Cost of Living Adjustment	P3 - 15	B Lessard-Rhead
5	8.4	Decision	CEO 2026-27 Priorities & Development Plan	P3 - 17	B Lessard-Rhead
10	8.5	Discussion	Follow-up on Workplace Environment Discussion	P3 - 25	B Lessard-Rhead
1	8.6	Procedural	To move out of the in-camera session	--	B Lessard-Rhead
-	9. Other Business				
1	9.1	TBD		--	
-	10. Evaluation and Next Meeting				
5	10.1	Discussion	Meeting Evaluation	--	B Lessard-Rhead
2	10.2	Discussion	Next Meeting (In-Person) Training – May 26, 2026/ Business Meeting – May 27, 2026	--	
-	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, CEO Council Linkage, Executive Limitations policies)



The College of Naturopaths of Ontario

LAND ACKNOWLEDGEMENT

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.

RECONNAISSANCE TERRITORIALE

L'Ordre des naturopathes de l'Ontario reconnaît avec respect que son bureau est situé sur les terres et le territoire visés par le traité de la Première Nation Mississaugas of the Credit et sur les territoires traditionnels des Hurons-Wendats et des Haudenosaunee. L'Ordre régit les naturopathes de la province de l'Ontario qui exploitent des cliniques et exercent leur profession sur le territoire traditionnel et les terres visées par des traités de nombreux peuples autochtones. Ces terres abritent de nombreux peuples diversifiés des Premières Nations, des Inuits et des Métis.

Nous reconnaissons notre responsabilité les uns envers les autres et envers cette terre, et nous nous engageons à agir dans un esprit de paix, d'amitié et de respect. Cette reconnaissance réaffirme notre engagement à établir des relations plus solides avec les communautés autochtones et à améliorer notre compréhension des peuples autochtones locaux et de leurs cultures.

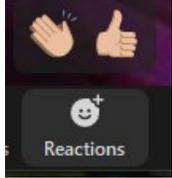
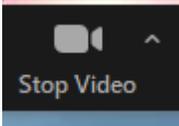
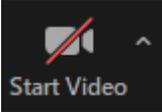
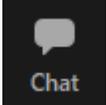
En tant qu'organisme de réglementation des naturopathes en Ontario, nous nous engageons à servir et à protéger l'intérêt public et à soutenir l'accès à des soins sûrs, compétents et éthiques pour les Ontariens qui choisissent de recourir à la naturopathie.

Nous exprimons notre gratitude pour l'opportunité de vivre et de travailler sur ces territoires et reconnaissons la présence et les contributions durables des peuples autochtones à cette terre.

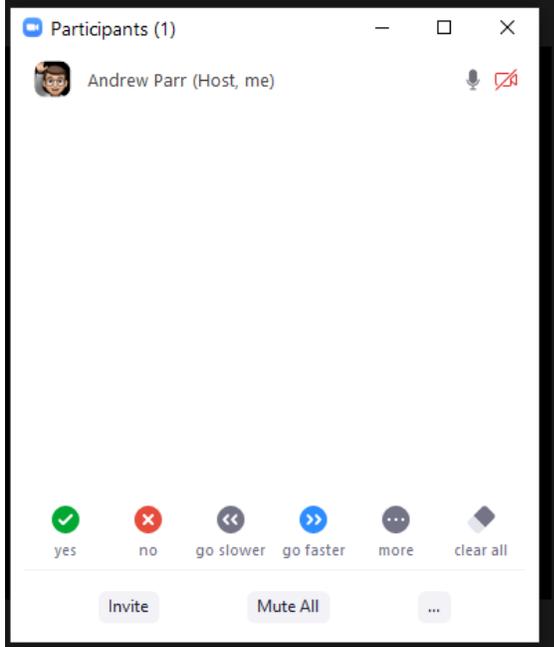
 **Meeting Norms**

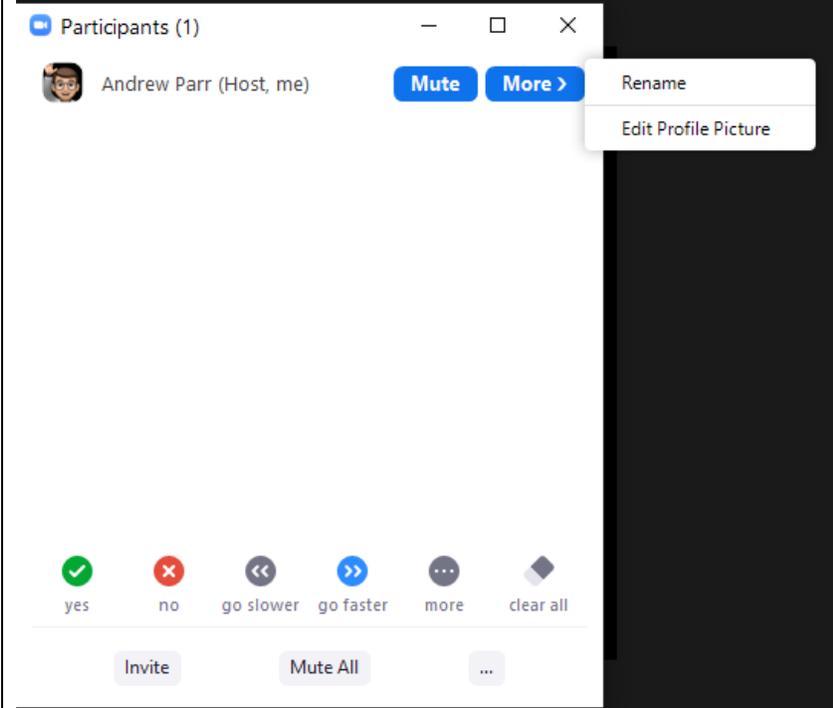
- We will always be polite and respectful with all participants including:
 - Allowing others to speak and participate,
 - Refraining from interrupting others when they are speaking,
 - Always listening but not judging of others.
- We will actively listen to others respecting that everyone's opinion 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, a participant card for "Andrew Parr (Host, me)" is visible, with a "Mute" button and a "More >" button. The "More" menu is open, showing "Rename" and "Edit Profile Picture" options. At the bottom of the participants list, there are several icons: a green checkmark labeled "yes", a red X labeled "no", a double left arrow labeled "go slower", a double right arrow labeled "go faster", a three-dot menu labeled "more", and a diamond icon labeled "clear all". Below these icons are buttons for "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.

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

Using “High Five” to Seek Consensus



Image provided courtesy of Facilitations First Inc.

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

When asked you would show:

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

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



The College of Naturopaths of Ontario

**Council Meeting
January 28, 2026**

**Video Conference
DRAFT MINUTES**

Council	
Present	Regrets
Dr. Felicia Assenza, ND (5:5)	Dr. Amy Armstrong, ND (4:5)
Ms. Naomi Bussin (2:2)	Ms. Sarah Griffiths-Savolaine (0:5)
Mr. Dean Catherwood (5:5)	Ms. Marjia Pajdakovska (3:5)
Ms. Lisa Fenton (5:5)	
Dr. Brenda Lessard-Rhead, ND (Inactive) (5:5)	
Dr. Denis Marier, ND (5:5)	
Mr. Paul Phillion (5:5)	
Dr. Erin Psota (5:5)	
Dr. Jacob Scheer, ND (4:5)	
Staff Support	
Mr. Andrew Parr, CAE, CEO	
Mr. Jeremy Quesnelle, Deputy CEO, Regulation	
Ms. Monika Zingaro, Human Resources Coordinator	
Guests	
Ms. Rebecca Durcan, Legal Counsel	
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 9:15 a.m. and she welcomed everyone to the meeting, as well as acknowledging those attending the meeting via live stream. With that, the Chair noted that the meeting was now 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:	Jacob Scheer
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. There were none.

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

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

The Report on Regulatory Operations at December 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 December 31, 2025, from the CEO.
MOVED:	Paul Phillion
SECOND:	Jacob Scheer
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) Ends Policies

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

5.01(iii) Council-CEO Linkage Policies

Council members were asked if they had any questions or matters to note with respect to the Council-CEO Linkage policies based on the reports received. No issues were noted.

5.02 Detailed Review (as per GP08) – Governance Process Policies (Part 1 – GP01-GP18)

Mr. Barry Sullivan, Governance Committee (GC) Vice-Chair, provided the Council with a detailed presentation reviewing the responses and comments submitted by Council members in relation to the Governance Process policies detail review, and highlighted the directive of the grouping of policies.

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 questions that arose during the discussion.

MOTION:	To adopt the recommended policy changes as presented.
MOVED:	Dean Catherwood
SECOND:	Erin Psota
CARRIED.	

6. Business

6.01 Defining Relationships and Related Terminology

A Briefing Note circulated in advance of the meeting informed the Council that recently the College has experienced challenges in properly categorizing its relationships with external organizations and individuals within the regulatory framework, and a suggested solution to

address this could be a Council developed common understanding of the key regulatory relationships in which it is engaged and associated terminology.

Mr. Parr provided a detailed overview of the information highlighted within the Briefing Note, as well as providing related examples and responded to any questions that arose during the discussion.

MOTION:	To adopt the terminology relating to the College's relationships with external organizations.
MOVED:	Denis Marier
SECOND:	Paul Phillion
CARRIED.	

7. Council Education

7.01 Program Briefing – Quality Assurance Program

The Council received an educational program briefing and presentation by Mr. Jeremy Quesnelle, Deputy CEO, Regulation, about the Quality Assurance (QA) Program. He highlighted the information provided in the briefing, for instance, the three main components of the QA Program: Self-Assessments, Continuing Education, and Peer and Practice Assessments, and gave detailed examples of how each component is completed by both registrants of the College and by staff of the College. He responded to questions asked by Council at the conclusion of his presentation.

8. In-camera Session (Pursuant to paragraph (d) of section 7(2) of the HPPC)

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 11:01 a.m.

MOTION:	That the Council moves to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code in order to discuss operational and personnel matters.
MOVED:	Denis Marier
SECOND:	Naomi Bussin
CARRIED.	

9. Other Business

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

10. Meeting Evaluation and Next Meeting

10.01 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 there was one area of concern raised relating to the in-depth policy review. The Chair spoke to this and asked if the person is comfortable in doing so, to reach out to her and provide more details to ensure their concern can be addressed and improved upon for the next detailed review.

10.02 Next Meeting

The Chair noted for Council that the next regularly scheduled meeting is set for March 25, 2026. This meeting will be held virtually via video conference.

In addition, the Chair advised the Council that the May 2026 in-person meeting will be held on Tuesday, May 26, 2026, for a full-day training session, and a half-day business meeting on Wednesday, May 27, 2026.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:59 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Denis Marier

Recorded by: Monika Zingaro
Human Resources Coordinator
January 28, 2026



The College of Naturopaths of Ontario

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

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

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

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



The College of Naturopaths of Ontario

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



The College of Naturopaths of Ontario

MANAGEMENT DISCLOSURES
Period January 16, 2026 to March 10, 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
March 10, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
March 6, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from February 07-20, 2026, with a pay date of March 05, 2026.
February 26, 2026	Financial	GST/HST Return	HST Filing for the period January 01-31, 2026.
February 25, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
February 23, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario). Employer Health Tax Installment for the period January 13, 2026.
February 18, 2026	Financial	GST/HST Notice of Assessment	Notice of Assessment for period December 1, 2025 to December 31, 2025
February 18, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from January 10-23, 2026, with a pay date of February 05, 2026. ADP has filed this amount to CRA on February 09, 2026.
February 18, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario). Employer Health Tax Installment for the period December 2025.
February 10, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
February 6, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from January 10-23, 2026, with a pay date of February 05, 2026. ADP has filed this amount to CRA on February 09, 2026.

February 2, 2026	Financial	GST/HST Return	HST Filing for the period December 01-31, 2025.
January 26, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
January 23, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from December 27, 2025 to January 09, 2026, with a pay date of January 22, 2026. ADP has filed this amount to CRA on January 22, 2026.

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



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 13, 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.



The College of Naturopaths of Ontario

FINANCE, AUDIT & RISK COMMITTEE REPORT

Period of January 1, 2026 to February 28, 2026.

This report serves as the Chair's update for the Finance, Audit & Risk Committee for the period of January 01 to February 28, 2026.

During this reporting period, the Committee met on February 25, 2026, to review and provide feedback on the Q3 Unaudited Financial Report for the quarter October 1, 2025 to December 31, 2025, the YTD results for April 1, 2025 to December 31, 2025, and the BN Capital and Operating Budget for the fiscal year April 1, 2026 to March 31, 2027. The report was presented by Agnes Kupny, Director of Operations, on behalf of the college.

Following Committee approval, the Financial Statements, YTD results, and the BN Capital and Operating Budget will be presented to Council on March 25, 2026 where they will be reviewed and accepted

The next meeting of the Finance, Audit & Risk Committee is scheduled for May 13, 2026.

Respectfully submitted,
Dr. Shelley Burns, ND
Chair
March 03, 2026



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT **Period of January 1, 2026 to February 28, 2026**

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 January 1, 2026 to February 28, 2026, 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 February 28, 2026, there were no ongoing discipline matters before the committee.

Discipline Hearings

Discipline matter DC25-01 involving Tina Sestan

On February 11, 2026, the Panel issued its Decision and Reasons.

Discipline matter DC25-02 involving Corey Lapp

A Pre-Hearing Conference is scheduled for April 24, 2026, to discuss the 2 matters referred to the DC by the ICRC.

New Referrals

No new referrals were made to the Discipline Committee from the ICRC during the reporting period.

Committee Meetings and Training

There were no Committee meetings or training sessions held during the reporting period.

Respectfully submitted,

Dean Catherwood
Chair
March 1, 2026



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE REPORT
Period of January 1, 2026 to February 28, 2026

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 is not meeting during this reporting period.

Respectfully submitted,

Rick Olazabal, ND (Inactive)
Chair
February 16, 2026



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of January 1, 2026 to February 28, 2026

This serves as the Executive Committee Chair's Report for the period of January 1 to February 28, 2026.

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

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

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)
Council Chair
March 2, 2026



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT
Period of Period of January 1, 2026 to February 28, 2026

During this last reporting period the Governance Committee (GC) met once, on January 12, 2026, and the Election Applications Review Panel (EARP) met once, on February 17, 2026.

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

1. Received an update about the upcoming Council Elections and the ongoing responsibilities of the Governance Committee.
2. Completed their detailed review of GP01-GP18.
3. Reviewed the processes in place in preparation for the January Council Survey/Presentation.
4. Received a presentation on the Governance Model by Mr. Barry Sullivan, Vice-Chair.
5. Determined agenda items for the next meeting which included any new volunteer applications for the committee to review, review of Council Applicant's Personal Statements and Biographies, and the detailed review - Part 2 of the Governance Process Policies (GP19-GP36).

At the EARP meeting, a Panel of the GC dealt with the following business:

1. Reviewing and determining whether each of the four candidacy applications received for Council Elections met the established criteria for the next steps in the election process.

The GC is scheduled to meet next on March 13, 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
March 2026



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of January 1, 2026 to February 28, 2026

Between January 1, 2026 to February 28, 2026, the Inquiries, Complaints and Reports Committee held two regular online meetings – January 15 and February 5, 2026.

January 15, 2026: 4 matters were reviewed, ICRC members approved 2 Decisions and Reasons. There were no reports prepared by the ICRC members for ongoing matters.

February 5, 2026: 10 matters were reviewed, ICRC members approved 3 Decisions and Reasons. ICRC members drafted 2 reports and updated 1 report for ongoing matters.

Additionally, 2 professional members resigned from the ICRC in February.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
February 25th, 2026



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT

For the period January 1, 2026 to February 28, 2026

Meetings and Attendance

Since the date of our last report to Council in November, the Inspection Committee met on two occasions, via videoconference on January 20th and February 25th, respectively. There were no concerns regarding quorum.

Activities

At these meetings, the Committee reviewed and made decisions with respect to a total of fourteen Inspection Reports, three Outcome Submissions and six Type 1 Occurrence Reports.

Inspection Report Review Outcomes

Part I Inspections

Pass- 5

Pass with recommendations- 2

Part II Inspections

Pass with recommendations- 1

Pass with conditions/ recommendations- 2

Existing/5-year Inspections

Pass- 2

Pass with recommendations- 1

Pass with conditions/ recommendations- 1

Outcomes in Response to Submissions Received

Part 1- 1 Pass with conditions

Part 2- 1 Pass

Existing/5-year- 1 pass with conditions

Type 1 Occurrences

Six Type 1 Occurrence Reports were received and reviewed, with the following decisions made:

No further action- 5

Follow- up requested- 1

Next Meeting Date

March 24, 2026.

Respectfully submitted by,

Barry Sullivan, Chair

March 4, 2026.



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT
Period of January 1, 2026 to February 28, 2026.

During the reporting period the Committee met once on February 11, 2026. The Committee reviewed edits to the Patient and Registrant Guides on Sexual Abuse and discussed future workplan activities.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
March 2026

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QUALITY ASSURANCE COMMITTEE REPORT

For the period January 1,2026 to February 28,2026

Meetings and Attendance

Since the date of our last report to Council in January, the Quality Assurance Committee has met on two occasions, via videoconference on January 20th and February 25th, respectively. There were no concerns regarding quorum.

Activities Undertaken

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

At its **January** meeting, the Committee also reviewed and made determinations with respect to three Registrant submissions on how they had addressed the discrepancies identified in their Peer and Practice Assessments.

At its **February** meeting the Committee also reviewed and discussed information provided by staff on the overall structure and various component parts of the Peer and Practice Assessment and finally, after considering a presentation by staff, accepted their recommendations with respect to the implementation of the Peer and Practice Assessment component of the Quality Assurance Program for **2026/27**.

Next Meeting Date

March 24,2025

Respectfully submitted by,

Barry Sullivan, Chair

March 4,2025

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REGISTRATION COMMITTEE REPORT

Period of January 1, 2026 to February 28, 2026

At the time of this report, the Registration Committee met twice, on January 20, 2026 and February 17, 2026.

Applications for Registration

The Committee reviewed three applications for registration under section 15(2)(a) of the Health Profession's Procedural Code (the Code); two in relation to subsection 3(4), and one in relation to 5(2). In addition, one application under 5(2) and two applications under subsection 5(2) and 5(4)(a) of the Registration Regulation were reviewed to determine eligibility for registration with the College.

Exam Remediation – Ontario Prescribing & Therapeutics Examination

The Committee reviewed and set plans of exam remediation for two candidates who had made two unsuccessful attempts at the Ontario Prescribing & Therapeutics Examination, in accordance with the Prescribing and Therapeutics Program & Examination Policy.

Exam Remediation – Ontario Clinical (Practical) Examination

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

Exam Remediation – Ontario Intravenous Infusion Therapy (IVIT) Examination

The Committee reviewed and set plans of exam remediation for one candidate who had made two unsuccessful attempts at the Ontario Intravenous Infusion Therapy Examination, in accordance with the Ontario IVIT Program & Examination Policy.

Currency Audit – Refresher Program (Resubmission)

The Committee reviewed one amended proposed refresher program submission under subsection 6(2)(a) of the Registration Regulation.

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Class Change Applications - Inactive to General Class (over two years)

The Committee reviewed six class change applications from Inactive to General class under subsection 10(6)(i) of the Registration Regulation, having been inactive for more than two years.

Program Policy Update - Registration Program Policy and Refresher Program Guideline and Charts

The Committee reviewed amendments to the Registration Policy and Refresher Program Guideline and Charts.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D. O'Connor', with a horizontal line extending to the right.

Danielle O'Connor ND
Chair
February 22, 2026



The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of January 1, 2026 to February 28, 2026.

During the reporting period the Committee had one meeting scheduled for February 4, 2026. It was decided that this meeting would be cancelled as staff continue to edit and re-draft standards for Committee review.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
March 2026

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MEMORANDUM

DATE: March 13, 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. 311 & 312)	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 (January & February 2026)	This is an update provide by Julie Maciura to the members of the Health Profession Regulators of Ontario (HPRO). The updates identify legislation or regulations pertaining to regulations that have been introduced by the Ontario Government.
3.	Regulation of Artificial Intelligence in Professional Work: Options and Opportunities	A research report prepared by Zubin Austin for the Canadian Network for Agencies of Regulation (CNAR) on the impact of AI on the work of regulated professions.

No.	Name	Description
4.	Request for Proposals: Communications and Public Relations Support	This is a Request for Proposals issued by the College for Communications and Public Relations Support for the College and its Council.



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Witness to Harm

Erica Richler

February 2026 - No. 311

Research has been published in the UK on the impact of the complaints and discipline process on public participants (e.g., complainants and witnesses): [Witness to Harm-Holding to Account. Improving patient, family and colleague experiences of Fitness to Practise proceedings: a mixed-methods study](#). The research is related to recent work by others (e.g., [Grey Areas, November 2025](#)) and reinforces recommendations by Canadian advocates on options other than criminal charges for gender-based violence (e.g., [Grey Areas, January 2026](#)).

The research involved interviewing participants who had faced harm in the course of receiving health and social services about their experience in regulatory processes. The research also included examining the regulatory processes themselves (including attending discipline hearings) and regulatory communications, including websites, reviewing related literature, and discussing their findings and learnings with focus and advisory groups.

The authors found that public participants were often dissatisfied with the complaints

and discipline processes (known as “Fitness to Practise” or “FtP” in the UK):

“Participants ... were left dissatisfied with why their case had not progressed if it was disposed of pre-hearing. Interviews with the public witnesses at a hearing felt that the interests of the professional were being placed above those of service users/patients. Their experiences of FtP often resulted in their causes for concern not forming the basis of the FtP investigation and/or hearing. They concluded that their legitimate concerns were thus not important to the regulator. Given the purpose of FtP described above, this reflects a mismatch of expectations and what regulators are required to do to bring a FtP case. Additionally, their experiences of the conduct of the hearing process itself left them feeling that little weight was given to their testimony or concerns, often due to registrants’ representatives’ adversarial cross-examination. The impact of the incident on them was

not shared. In effect, there was 'disposal' (in the general rather than legal sense) of their testimony and the resulting perception that their perspective and concerns were being disrespected.

We found that most witnesses experienced FtP as being onerous, difficult and disappointing in terms of outcomes and processes. For some witnesses, engagement in FtP was potentially retraumatizing... Collectively, these experiences have the potential to undermine public trust in regulators and regulatory processes."

Generally, communications were seen to be infrequent, insensitive, overly complex, and legalistic. Regulatory websites were often seen as unreadable, inaccessible and difficult to navigate. Few public participants used the witness support offerings, and those who did were dissatisfied.

Public participants had different views on the value of apologies and those who received apologies where not satisfied with how they were given.

The authors discussed the fundamental incompatibility between the current legal structure of regulatory processes and the needs and expectations of public participants. Once a complaint was made "the 'case' was no longer theirs, and they could find their concerns were not addressed...." They were often "required to repeat their story to different people at different stages of the process." The focus was on the registrant's behaviour and not the harm the public participants experienced.

The initial harm event was compounded by the process, especially by cross-examination at a discipline hearing. "These experiences of eroded trust and distrust are indicative of low psychological safety, which is central to raising concerns." The authors wondered

whether alternative processes, such as mediation, should be trialled.

The authors made several recommendations to improve the existing regulatory processes. Some related to compassionate regulation concepts that have been [discussed within the regulatory world](#) for some time now. Specific recommendations that may be of interest to Canadian regulators include the following:

- Guide prospective complainants to alternative processes, including: "inquests, civil proceedings, NHS complaints, social services complaints and criminal cases."
- Ensure regulators have a "holistic understanding" of how the process is experienced by complainants and witnesses, "their motivations for making a complaint, the impact of the unfamiliarity of these processes, the work involved for the referrer and harm caused by communications that may be experienced as overly legalistic or disrespectful."
- Regulators should "expand the opportunities for witnesses to explain to regulators and hearing panels about the personal impact of the case, for example, using victim personal or impact statements."
- Establish feedback mechanisms to identify and learn from the experience of public participants.
- "Provide clearer public-facing information, coproduced with members of the public" about the regulatory processes and options including on regulatory websites.
- Work with employers of registrants to facilitate the better handling of concerns locally where appropriate.
- Communications should clearly explain the process, including why some concerns might not be proceeded with, ensuring that the public participant's concerns were heard, establishing and employing

the public participant's preferred means and timing of communications, updating participants regularly, and ensuring that decisions are appropriately communicated so that participants can make sense of the outcome.

Detailed recommendations were made about cross-examinations:

“The process of cross-examination can generate additional harm for witnesses. Regulators should support witnesses to understand what it is like to be a public witness and go through cross-examination, including: clearly explaining what happens at a hearing; the purpose of cross-examination and what sort of questions they may be asked in cross-examination; what actions witnesses can take when giving evidence, such as asking for breaks and for questions to be rephrased; and acknowledgement that cross-examination is broadly understood to be inherently stressful and difficult.

Panel members (especially, the Panel Chair) and legal advisers should better understand the experience of public witnesses and

intervene in inappropriate and distressing cross-examination.

Where appropriate, and in conjunction with the public witness, consider whether alternative or modified approaches to cross-examination may be possible within existing FtP processes. More broadly, consider whether alternatives to the adversarial approach can be sought out and evaluated.”

The report sets out new research on the impact of the complaints and discipline process on the members of the public who seek it out. The report also provides links to many other resources. Regulators may benefit from reviewing it in detail.

See: Wallace L, Ryan S, Searle R, Hughes G, Sorbie A, Ryan-Blackwell G, et al., “Witness to Harm-Holding to Account. Improving patient, family and colleague experiences of Fitness to Practise proceedings: a mixed-methods study” *Health Soc Care Deliv Res* 2025;13(44). <https://doi.org/10.3310/SSPP1118>.

FOR MORE INFORMATION

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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When Should Regulators Notify the Public of a Specific Risk?

Anastasia-Maria Hountalas

March 2026 - No. 312

A hospital in Australia recently [expressed concern](#) that it was not notified that a physician was under investigation by their regulator for conducting unnecessary gynaecological surgeries. The Executive Director of the hospital said that the lack of warning placed the public at risk. Ironically, the law in Australia was recently amended, not without some controversy, to permit the Australian Health Practitioner Regulation Agency (AHPRA) to notify the public of risks even though no public regulatory action had yet been taken. The Australian experience is familiar to Canadian regulators who wrestle with the question of at what point in the regulatory process they can and should publicly disclose concerning information about registrants or those engaging in unauthorized practice.

AHPRA has provided [detailed guidance](#) as to how it will use its new public notification powers. At the time of writing, the AHPRA website contains two public notifications made during the past year. Both relate to former practitioners who “may” still be providing health services.

AHPRA (and its affiliated National Boards) has issued the following guidance:

- The legislative test for publishing a notice is when the regulator “forms a reasonable belief that the practitioner or person poses a serious risk and it is necessary to protect public health or safety.”
- “Examples of this are a person who continues to practise despite their registration being suspended, situations where patients may have been misdiagnosed or exposed to blood borne viruses or in the case of an unregistered practitioner, alerting the public to a ‘fake’ dentist.”
- Generally public notification will occur only where the regulator is unable to manage the risk to the public with other regulatory tools (e.g., an interim suspension).
- Publication will help protect the public by enabling precautionary steps and encouraging anyone who has been exposed to the serious risk to contact the regulator.

- AHPRA acknowledges that the “making of a public statement potentially has a very significant impact upon the person who is named in the statement.” The potential impact is one of the relevant factors the regulator takes into account before deciding to issue the publication. The individual is notified of the reasons why the regulator believes it is necessary to issue a public statement and is given an opportunity to make submissions. If a decision is then made to issue the publication, the regulator attempts to notify the individual at least 24-hours in advance.
- In addition to the individual’s response to the notice of possible notification, the regulator also considers the nature and seriousness of the individual’s alleged conduct, whether the public is already aware of the concern, and whether other regulatory action is sufficient to protect public health or safety.
- The public statement is typically made on AHPRA’s website and on the public register (if the individual is listed there).
- The public statement will typically cite the legal authority for its making, a description of the concerns, “the necessary actions that the public should take to protect themselves from the risk”, and “who members of the public can contact if they have any concerns.”
- Once published, the statement can be revised or revoked at any time. The individual who is the subject of the statement can request such a change.

In Canada, few regulators have an explicit provision in their enabling legislation specifying when they can or should issue public warnings. Many regulators have confidentiality provisions that enable (but do

not mandate) public disclosure of otherwise confidential information in certain circumstances (e.g., once an interim order has been made, upon a referral to discipline, or after a disciplinary finding).

Ontario’s *Regulated Health Professions Act, 1991* permits disclosure “to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information.” While this “public interest” criterion is broader than that used in Australia, the amount of information that can be disclosed is much narrower.

Also, many regulators can disclose otherwise confidential information in connection with the administration of their legislation, which could allow some flexibility (e.g., a call for witnesses to come forward for misconduct that typically has few third-party witnesses). Further, it is not unheard of for a regulator to publish notices in local media that an unregistered person is not authorized to practise the profession or use a protected title.

Having said that, some advocate for minimal public disclosure of information about registrants where allegations have not been proved or even fully investigated and screened. Also, it would be unusual for key interested parties (e.g., employers, health facilities) not to become aware of concerns early in the investigation process. Some would say that where there is a concern that a registrant poses an ongoing risk, at least, the authority to make interim orders is adequate to protect the public and the further authority to issue public warnings is unnecessary.

The Australian precedent could still be useful for policy makers considering whether an amendment to enabling regulatory legislation on this point would be appropriate. The Australian guidelines could be of assistance for Canadian regulators developing a considered and consistent approach to permitted public disclosure.

FOR MORE INFORMATION

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From Julie Maciura

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Ontario Bills

(www.ola.org)

The legislature is in recess.

Commencement Orders

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

There were no relevant commencement orders this month.

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

There were no relevant consultations this month.

Bonus Features

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

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

When Does Zero Tolerance Become Some Tolerance?

For more than three decades, health regulatory legislation has moved towards zero tolerance for sexual abuse of patients by registrants. A recent Alberta Court of Appeal decision questions the core foundation of zero-tolerance, namely whether a power imbalance or patient vulnerability should be seen as inherent in the relationship.

In 2018, Alberta enacted amendments to the relevant legislation to implement zero tolerance requirements. The amendments required each health regulator to enact standards of practice giving effect to the initiative. Standard 7 for pharmacists specified when a registrant could provide professional services to a person with whom they are in an existing sexual relationship (i.e., an episodic professional service for a minor condition or where there is no expectation of further professional services; or where another practitioner is not readily available, etc.).

In [*Ahmed v Alberta College of Pharmacy*](#), 2026 ABCA 15 (CanLII), both the pharmacist and the patient acknowledged a sexual relationship during the period in which the pharmacist prescribed medication six times for back pain, cold sores, and a yeast infection. The regulator found that sexual abuse had occurred contrary to the standards and revoked the pharmacist's registration.

The Court, however, held that, in making a finding of sexual abuse, the discipline tribunal must not only find that the prescriptions went beyond those permitted by Standard 7, but it must also find that there was a power imbalance or that the patient was vulnerable. The Court used examples to illustrate why it would be "irrational and absurd" for a mere breach of the Standard 7 limits to constitute sexual abuse (e.g., issuing two successive prescriptions to a spouse for recurring cold sores). The Court concluded: "Without evidence linking the breach to sexual abuse, mere breach of the Standard 7 limits does not amount to professional misconduct 'based in whole or in part on sexual abuse'".

The Court also disagreed with the regulator's interpretation of the phrase "episodic professional service", for example, whether repeated services constituted something more than a single encounter or whether they were multiple "single encounters". The Court also questioned whether the inference of intended further professional services could be based on the number of services provided or whether the tribunal must evaluate the pharmacist's intent at the time of each service.

Similarly, the Court said that the interpretation of the phrase that another provider was "not readily available" required an assessment of "reasonable efforts, time away from other obligations, attempts to schedule appointments, reasonable wait times, reasonable distances, or reasonable expense".

The Court's interpretation of these provisions was based, in part, on the wording of the enabling statute and the regulator's publications. For example, the enabling statute indicated that the regulator's standards should consider "power imbalances, the nature of the relationship and the

need for urgent care”. The introduction to the regulator’s standards said: “The College recognizes that regulated members have personal lives and that there are circumstances where there is no power imbalance and it may be appropriate for regulated members to have personal relationships with patients or former patients, including sexual relationships.”

It should be noted that Ontario’s zero-tolerance provisions are more definitive in describing the conduct that amounts to sexual abuse of a patient and the courts have studiously avoided introducing the need to evaluate whether there was an actual power imbalance or vulnerability. The Ontario legislation assumes that this is intrinsic to the nature of the professional relationship. In fact, many Ontario health regulators do not permit an exception for most treatment of spouses. Even where a regulation establishes a “spousal exception”, the definition of who constitutes a “spouse” is relatively narrow. Ontario courts have consistently upheld this approach: [Mussani v College of Physicians and Surgeons of Ontario](#), 2004 CanLII 48653 (ON CA), [RAR v College of Physicians and Surgeons of Ontario](#), 2006 CanLII 37118 (ON CA), [Leering v College of Chiropractors of Ontario](#), 2010 ONCA 87 (CanLII).

Good Character Is Not a Scorecard

Most regulators require that an applicant for registration or licensure be of “good character”. Where the applicant has previously demonstrated a lack of integrity, propriety, or honesty, regulators often apply the [Armstrong](#) criteria to assess whether they are now of good character, including:

1. The nature and duration of the misconduct;
2. Whether the applicant is remorseful;
3. What rehabilitative efforts have been taken and their success;
4. The applicant’s conduct since the misconduct; and
5. The passage of time since the misconduct.

Ontario’s highest court has provided additional guidance on how good character requirements (which can be worded in various ways) should be applied: [Law Society of Ontario v. AA](#), 2026 ONCA 47.

AA applied to become a lawyer. He did not disclose that he had sexually abused three children, one of whom was his daughter. When the regulator learned of the concern, he withdrew his application. Two years later, he renewed his application, arguing that he was now of good character given the passage of time, his therapy, and remorse and new insight. He filed medical and psychological reports indicating that he was at low risk of repeating the conduct. He also proposed a condition that he is not to be alone with children when practising. The hearing and appeal panels agreed that he was of good character after applying the *Armstrong* criteria, as did the Divisional Court. The regulator appealed to the Court of Appeal for Ontario.

The Court held that the decisions of the hearing and appeal panels were unreasonable because they did not conduct the necessary holistic analysis of whether the evidence now established that AA's licensure was in the public interest. The *Armstrong* criteria should not be treated as a scorecard or checklist without considering the overall purposes of the good character requirement. The Court said:

In my view, good character cannot be reasonably understood or applied in isolation from the broader objectives of the Act, which take the questions of individual licensing applicants' trustworthiness, and the public's trust and confidence in the legal professions generally

The question, therefore, is not simply whether a person has shown that they are remorseful, or that they have been successful in their rehabilitation, or that their conduct since the misconduct at issue has been exemplary, or that a significant amount of time has passed since the misconduct. These inquiries are undertaken for the purpose of determining whether the applicant seeking to be licensed is of good character. This purpose, in turn, requires the Tribunal to step back and engage in a broader assessment. That assessment will generally include the seriousness of the prior conduct, and the impact on the public's trust and confidence in the legal professions, if any, of finding that an applicant is of good character notwithstanding that conduct and licensing them.

The Court also found that the condition proposed by AA and imposed by the panels was inconsistent with the finding that AA was now of good character and could be trusted to be in the presence of children. The Court returned the matter to the hearing panel for a new decision.

The Court also directed that each tribunal and court dealing with the matter needed to make its own assessment of whether to keep AA's identity secret. The Court concluded that the shame that AA and his family would experience if his identity was disclosed in the course of the tribunal and court proceedings did not outweigh the open-court principle. However, identifying that AA's daughter had been sexually abused went to the core of her identity and warranted a protective order. Nevertheless, that issue would have to be revisited if AA was eventually licensed, as there would be a strong countervailing interest in the public knowing of AA's past conduct when choosing to use his services.

Use of Screening Committee Decisions at Discipline

Complaints-screening committees determine whether a concern warrants a referral to discipline or, failing that, deserves remedial action. Can a decision to take no action (or just remedial action) be used at future discipline hearings? Some guidance was provided in [Rusli v Ontario College of Pharmacists](#), 2026 ONSC 336 (CanLII).

A pharmacy was unable to purchase veterinary drugs directly from a pharmaceutical company and so the pharmacy entered an arrangement with a veterinarian so that it could order such drugs through the veterinarian's account with the company. The arrangement involved the pharmacy placing orders for drugs through the pharmaceutical company's online portal, using an identification provided by the veterinarian. It also included using the name of a fictitious contact person. The veterinarian received a five percent commission, which he invoiced to the pharmacy.

The regulator for veterinarians amended its regulations in 2015 to prohibit veterinarians from supplying drugs to pharmacies. After the regulation change, the complaints-screening committee of the pharmacy profession regulator took no action on complaints against the pharmacist and her colleagues with respect to their ordering drugs through the veterinarian.

Later the veterinarian was successfully disciplined by his own regulator for allowing the pharmacy to order drugs through his practice. The managing pharmacist was then referred to discipline by her regulator for the orders placed through the veterinarian. The pharmacist sought to use the screening committee's earlier decisions to demonstrate that such conduct was not unprofessional.

The discipline panel refused to admit into evidence those screening committee decisions on the basis that they were not relevant. The screening committee's decision was only that the concerns should not be referred to discipline in the circumstances and one of the circumstances was that the pharmacist had assured the screening committee that the pharmacy was altering its practices. However, after those screening committee decisions, the pharmacy ordered an even higher volume of drugs through the veterinarian's practice. It was not clear whether the first screening committee was fully aware of the fictitious way the orders were placed.

The Court agreed that the complaints-screening committee's decisions were irrelevant to the issue of whether the pharmacist had engaged in professional misconduct.

On the issue of sanction, however, evidence of the assurances provided by the pharmacist about changing the pharmacy's practices was admitted and considered to be an aggravating factor. The Court agreed that this use of the screening committee decision was now permissible because it was relevant. This is consistent with other, somewhat analogous, decisions in which prior warnings provided by screening committees are seen as relevant to the issue of sanction: [Covant v. College of Veterinarians of Ontario](#), 2023 ONCA 564 (CanLII), leave to appeal refused [2024 CanLII 37800](#) (SCC).

The Court also upheld the related finding that the pharmacist's participation in the veterinarian's scheme, which was a breach of his obligations under the veterinary regulations, constituted professional misconduct.

The guiding factor as to whether a screening committee decision can be relied upon at discipline is its real relevance to the issues in that hearing.

Adjournment Request Was Properly Refused

The Divisional Court said that a discipline panel properly denied an adjournment that was requested at the last minute where the evidence did not support the existence of exceptional circumstances (i.e., the registrant wanted more time to prepare and to retain a lawyer). The Court found that it was relevant that the misconduct allegations were a failure to respond promptly and completely to a complaint (i.e., a history of stalling). The Court also upheld an indefinite suspension that would end only on the latter of one month and full cooperation by the registrant with the investigation.

See: [McLaughlin v. Law Society of Ontario](#), 2026 ONSC 263 (CanLII).

Another Reason for Hearing Panels to Accept Joint Submissions?

A Quebec court allowed a civil action against a regulator to proceed where its discipline committee rejected a joint submission. The regulator sought to dismiss the action based on the good faith immunity provision. The Court said that, while the registrant has a high burden to establish bad faith, here there were unusual circumstances (e.g., in imposing a more severe sanction than jointly requested, the panel made findings of a lack of honesty and integrity that were not supported by the admitted facts and went beyond the allegations).

See: [Duval v. Conseil de discipline de l'Ordre des comptables professionnels agréés du Québec](#), 2026 QCCS 125 (CanLII).

Risk of Delayed Reasons

One problem with long-delayed reasons is that it creates the impression that the adjudicator is unable to justify their decision. A criminal finding of guilt was set aside for this very reason:

In the present case, the concern is not that the trial judge struggled at arriving at a verdict, but that she struggled in arriving at reasons for it – or stated differently, in demonstrating the pathway to conviction. Given that the verdicts were rendered well before the reasons, and that it took far longer than the trial judge herself anticipated needing to provide the reasons, there is a real concern that the verdicts were arrived at before ascertaining the pathway to conviction, such that the analysis was ultimately driven by the result that had already been announced.

I conclude, based on several considerations, that a reasonable observer would apprehend that the written reasons do not reflect the reasoning that led to the guilty verdicts.

See: [R. v. Worrell](#), 2025 ONSC 6859 (CanLII).

Adjudicators Need to Limit Their Involvement in Social Advocacy

A recent Divisional Court decision found that there was an appearance of bias on the part of an adjudicator. The adjudicator was involved in advocating for more resources to assist children with autism and to support their care givers. The matter before the adjudicator included these issues. The Court stated that the adjudicator was “to be commended for his work in this area and adjudicators are not expected to abandon who they are....” Also, “adjudicators all have backgrounds prior to their appointment. However, once appointed, we ‘divorced ourselves from our past and dedicated ourselves to our new vocation’” For the Court the primary concern was continuing to engage in those advocacy activities and then sitting on a matter in which those issues arose. The Court said:

The concern in this case is that the Adjudicator's advocacy for people with autism and their caregivers, continued after his appointment to the LAT. Membership in an association, without more, is not a basis for concluding that a perception of bias can reasonably be said to arise. However, the Adjudicator's ongoing advocacy efforts following his LAT appointment to support caregivers for people with autism, previously described as his "driving force", is sufficient to raise a reasonable apprehension of bias when he is deciding a case specifically determining whether the claimant, who suffers from severe autism, is entitled to attendant care benefits.

See: [Economic Insurance Co. v. Abou-Gabal](#), 2026 ONSC 42 (CanLII).

From Julie Maciura

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Ontario Bills

(www.ola.org)

The legislature is in recess.

Commencement Orders

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

There were no relevant commencement orders this month.

Regulations

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

There were no relevant regulations this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

There were no relevant consultations this month.

Bonus Features

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

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

Regulatory Tribunal Decisions Are Not Subject to Review by the Human Rights Tribunal

Regulators, including their tribunals, are subject to the *Human Rights Code*. However, the decisions of their tribunals are not subject to review by the Human Rights Tribunal of Ontario (HRTO).

In [*Fiorillo v College of Physicians and Surgeons of Ontario*](#), 2026 HRTO 123 (CanLII), a complainant requested an extension of time to make submissions to the complaints-screening committee of the College of Physicians and Surgeons of Ontario. The committee refused because it had a statutory duty to dispose of complaints expeditiously. It should be noted that the complaints-screening committee does not conduct hearings. The complainant made a further complaint to the HRTO submitting that the refusal to grant an extension amounted to a failure to accommodate her disability.

The HRTO concluded it did not have jurisdiction to consider the complaint before it because of adjudicative immunity. It said:

The doctrine of adjudicative immunity is a legal principle that protects statutory decision-makers and bodies, and their adjudicators or decision-makers, from being sued or held personally liable for their decisions, including procedural decisions and orders. It ensures that the tribunals and adjudicators can act impartially without fear of lawsuits and claims, as long as their actions are within their statutory authority.

The HRTO also cited an earlier case that concluded such complaints amounted to a collateral attack on the decision of the complaints-screening committee of a health regulator. The proper route to challenge a decision of such a committee was to appeal it (where an appeal is available) or through judicial review.

The HRTO did not address the regulator's argument that the statutory immunity provision related to decisions made in good faith served as a complete defence to the applicant's claim for monetary damages.

This decision is significant because it limits the ability of individuals to subject a regulator to multiple parallel proceedings. Again, this decision does not prevent the complainant from raising human rights concerns through proper channels (i.e., to the committee itself and thereafter via judicial review or statutory appeal). Furthermore, the decision does not address policy or operational decisions made by regulators (e.g., access to regulatory communications or facilities).

The Public Confidence Debate

There is no doubt that regulatory decision makers should consider whether public confidence will be advanced by what they do. However, two recent Canadian appeal court decisions differ on whether

public confidence is simply a general background consideration or whether it can affect the very substance the decision.

In [*Dr Ignacio Tan III v Alberta Veterinary Medical Association*](#), 2026 ABCA 32 (CanLII), a veterinarian was disciplined for employing an unlicensed veterinarian who then practised the profession, supervising a licensed veterinarian when restricted from doing so, and communication and record keeping issues. A significant sanction including a six-month suspension and fines totalling \$20,000 were imposed.

In reviewing the sanction, the Court took a purpose-driven approach:

Sanctions may serve multiple and overlapping purposes, including protection of the public, maintaining public confidence in the integrity of the profession, deterrence both of the sanctioned individual and of other members of the profession, and rehabilitation. Some sanctions, such as fines, are almost entirely punitive.

However, the Court suggested the public confidence consideration should not override the usual sanctioning considerations.

Proportionality is fundamental: “Maintaining public confidence in the integrity of the profession does not require overly punitive sanctions, nor, as a sentencing objective, should it override the other factors that must be considered and balanced.” Overall, “the selection of a fit sentence is within the mandate of the Hearing Tribunal, which must consider and weigh all the competing objectives of the sentencing process. *[citation omitted]*”

In contrast, Ontario’s Court of Appeal recently treated the public confidence consideration as potentially affecting the outcome. In [*Law Society of Ontario v. AA*](#), 2026 ONCA 47 (CanLII), an applicant for a licence sought to establish that they were currently of good character despite having sexually abused children in years past. The Court found that the adjudicative panels focussed too much on whether the applicant’s subsequent steps suggested that he had reformed and did not independently consider whether the public confidence and trust in the profession could be satisfied by licensing someone in his circumstances. The Court returned the matter for a new decision that would expressly address the public confidence consideration.

While the two decisions are from different contexts, and while the language used in them to describe the role of public confidence is nuanced, there does seem to be a difference in how the two Courts view the significance of the public confidence consideration.

Disagreement Does not Constitute Bad Faith

Many regulators are protected from civil lawsuits with respect to actions taken in good faith. Anyone suing a regulator must specify facts that, if proved, could demonstrate bad faith. Bald assertions are insufficient.

These principles were illustrated in [*Hogg v. College of Paramedics of Nova Scotia*](#), 2026 NSSC 56 (CanLII). Ms. Hogg applied to become a paramedic. The College denied the application because of concerns that allegedly discriminatory public posts by Ms. Hogg made her unsuitable for registration. Rather than participate in a registration hearing on the issue, Ms. Hogg initiated extensive litigation to try to compel registration, all of which were unsuccessful. Ms. Hogg then sued the regulator, its committees, its staff, a committee member, and its legal counsel for damages. The Court found that Ms. Hogg's pleadings could not possibly succeed, holding that unless Ms. Hogg prepared adequate fresh pleadings, the action would be dismissed.

In making this ruling, the Court made the following observations:

- Assertions that the regulator “acted in bad faith”, “with malicious intent”, and engaged in a “deliberate coverup”, “coordinated campaign of corruption”, “political motivated conduct” and “intentional wrongdoing” are not material facts. Specific facts supporting those conclusions must be plead.
- It was not bad faith for the regulator to scrutinize whether Ms. Hogg's expressions of political opinions and sincerely held moral and religious beliefs made her unsuitable for registration.
- The immunity provision's requirement for bad faith applies to claims related to an alleged breach of a right conferred by the *Canadian Charter of Rights and Freedoms*. Otherwise, the regulator would be distracted from their statutory duties, their impartiality would be compromised, and this would “open up new and undesirable modes of collateral attack on [its] decisions’ [which] is exactly what has transpired...”
- Inspecting an applicant's personal social media that “was there for all the world to view”, is not a material fact of bad faith.
- Lawyers for the regulator are not “public officers” for the purposes of a “misfeasance in public office” claim. That the lawyers took positions which Ms. Hogg disagreed with does not constitute bad faith.

The regulator and its representatives were entitled to insist on claims that specifically identified how they acted in bad faith before having to defend themselves.

Preventing Institutional Bias

Many regulators house the investigation, screening, prosecution, and adjudication of discipline matters within the same organization. Courts have consistently held that where such structures are authorized by the enabling statute, there is no appearance of bias so long as adjudicators (and, to a lesser extent, those making screening decisions) are not influenced by the other branches of the organization. See for example, [Brosseau v. Alberta Securities Commission](#), 1989 CanLII 121 (SCC), [1989] 1 SCR 301.

This principle was reinforced recently in [Howe v. Nova Scotia Barristers' Society](#), 2026 NSSC 52 (CanLII), where a former lawyer challenged the dismissal of his complaint against the then Executive Director of the regulator. One of the issues he raised was that the screening committee could not be objective when dealing with a complaint against the chief executive officer of the organization. The Court disagreed, saying that in the absence of information suggesting that the chief executive officer attempted to influence the decision, no appearance of bias was established. The Court had information confirming that the chief executive officer refrained from interfering with screening matters. The fact that the chief executive officer signed the cheque paying the screening committee chair was insufficient to create an appearance of bias.

This outcome is consistent with the Ontario case of [Komer v. Health Professions Appeal and Review Board](#), 2025 ONSC 7084 (CanLII), where the Court found such concerns to be speculative absent evidence of actual interference.

The institutional bias concern can be stronger at the adjudication stage of the process. For example, in [Gannon v. Windsor Police Service](#), 2026 ONSC 532 (CanLII), the adjudicator had a conversation with the other branch of the disciplinary regime about how the penalty it had ordered would be administered. The Court found the conversation to be ill advised, but since it occurred after the penalty was finalized, it did not suggest any inappropriate influence upon the adjudicator making their decision.

An example of how regulators can ensure that adjudicative functions are kept separate can be found in [College of Physicians and Surgeons of Ontario v. Khan](#), 2022 ONPSDT 23 (CanLII). There, several layers of safeguards were employed, including appointment of adjudicators for fixed terms, a written agreement articulating the importance of avoiding any interference in individual decisions, and articulating what sorts of topics can be discussed with the chief executive officer (namely “operational or managerial issues and with respect to the Tribunal’s goals, policies and processes”).

While the overlapping of functions within one regulatory body can be appropriate, regulators should still be prudent in preventing any “slippage” in day-to-day communications.

Several Aspects of Procedural Fairness

A finding of professional misconduct by a real estate agent was upheld despite several efforts to overturn. The Court said it was reasonable to find that there was a conflict of interest when the agent “loaned” \$50,000 to their clients to fulfill the agreement of purchase and sale. Providing the funds created a tension between the agent’s duty to provide services in the best interest of the clients and the agent’s personal interest in the transaction.

The Court also found there was no procedural unfairness in denying an adjournment to enable the agent to show properties to an out-of-town client or because of the agent’s then “sudden intention to seek legal advice” for a long-scheduled hearing.

The Court also found that there was adequate operational separation (i.e., no systemic bias) between the regulator’s investigation and prosecution arm and its adjudicative branch.

Further, the late correction of a minor, non-substantive error in the wording of the allegations and the regulator providing late notice that a possible witness would not be testifying was not procedurally unfair.

The hearing officer provided sufficient assistance to the self-represented agent throughout the hearing including explaining the process in plain language, alerting the agent when she was incorrectly mixing submissions with evidence, and informing the agent that her posts in the virtual hearing platform chat function did not form part of the record and would not be considered or addressed.

See: [Superintendent of Real Estate v Financial Services Tribunal](#), 2026 BCSC 226 (CanLII).

A Very Long Shot

The Divisional Court denied permission for a nurse to file affidavit evidence on an appeal based on an assertion that a panel member had fallen asleep during the hearing. The nurse had not raised the issue during the hearing despite being represented by counsel. The proposed affidavit was “contradictory and partly hearsay”. If admitted, the facts would be disputed through an affidavit by another panel member saying none of them fell asleep. In addition, the finding and sanction that were now being challenged had been agreed to by the nurse.

See: [Jackson v. College of Nurses](#), 2026 ONSC 697 (CanLII).

Accepting a “Guilty Plea” at Discipline

The Quebec Professions Tribunal set aside a dentist’s admission of professional misconduct at a discipline hearing. The Tribunal said that there were two requirements for accepting an admission or “guilty plea” of professional misconduct:

1. There must be an admission to the essential facts that support the finding (often done through an Agreed Submission on Facts); and
2. The Tribunal must be satisfied that the admission is informed, voluntary, and unequivocal.

In *Henry v. Dentists (Professional Order of)*, 2026 QCTP 1 (CanLII), while there was an admission of professional misconduct, no agreed upon facts were presented before the finding was made. During the sanction hearing, the dentist presented evidence (as mitigating factors) indicating that they had not truly admitted to the essential facts.

The matter was returned for a new hearing on the merits.

Can Regulators Use Non-Statutory Language in their Publications?

Many regulators use different wording from their enabling statutes when communicating with the public. For example, some use “registrant” rather than “member”, “client” rather than “patient”, “board” rather than “council”, and “regulator” rather than “college.” In some jurisdictions, a few even drop the word “association” from their publicly used name except in formal legal documents. An English Court of Appeal decision supports the use of such alternate language.

Recently the regulator for physicians had physician associates and anesthesia associates added to their roster of registrants. In a guideline about expected standards of practice, the regulator referred to all of those they regulated as “medical professionals”. The professional association for physicians objected. The Court held that regulators are permitted to use alternative language in its communications. The phrase was accurate and not confusing. The phrase was not a legislatively protected term. The communications made clear there was a difference between physicians, physician associates, and anesthesia associates and required each of them to be clear when communicating their status to patients. This decision supports regulators who use alternative terminology in a clear way.

See: [*British Medical Association, R \(On the Application Of\) v General Medical Council* \[2026\] EWCA Civ 143 \(20 February 2026\)](#).

Cutting and Pasting Precedents

An Ontario Court upheld a decision despite the adjudicator cutting and pasting language from other decisions they had written. There were some minor discrepancies in the description of events that occurred as a result. The Court held that “judicial copying” does not, in itself, establish procedural unfairness. However, in some circumstances, such copying can suggest that the adjudicator did “not consider the evidence and issues and render an impartial, independent decision.” The Court concluded that the “discrepancies” in this case were not material. However, the decision indicates that adjudicators should be cautious in cutting and pasting passages from precedents to ensure that they are applicable.

See: [Gannon v. Windsor Police Service](#), 2026 ONSC 532 (CanLII).



Regulation of Artificial Intelligence in Professional Work: OPTIONS AND OPPORTUNITIES

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Executive Summary

Artificial intelligence (AI) technologies continue to develop rapidly and spread throughout society, yet their impact on the important work professionals do has not been adequately researched. Professional work requires a nuanced balance of both technical and scientific knowledge and skills, and interpersonal competencies allowing this expertise to be applied to enhance the lives and well being of clients and patients. Regulatory bodies are given the responsibility to ensure that those who are practicing a profession are qualified and capable of providing safe and effective professional service within the context of “standards of practice” and “codes of ethics” defined for that profession. As AI proliferates and becomes more integral to the daily work of professionals – and in some cases starts to actually replace human professionals – the regulatory implications of this evolution will require careful monitoring. Calibrated regulatory responses that do not stifle innovation but still serve and protect public and professional interests will be required.

The research reported here was focused on regulators’ perspectives on regulation of AI in professional work. An initial AI-supported environmental scan of regulatory body websites and documents identified a cohort of regulators who had advanced their discussion and public pronouncements regarding the use of AI in professional work; this cohort was invited to participate in semi-structured interviews to better understand their thinking and decision-making surrounding regulation of AI in professional work

Data from these interviews highlighted several important themes. First, participants noted that regulators are simply incapable of being “ahead” of the technological innovations occurring with AI and

that in general, the regulatory community lacked the expertise to truly understand and assess risks and benefits associated with AI in professional work. Second, they noted that there is currently a broader cultural climate that is suspicious of regulation and expressed concern that regulatory involvement in AI may stifle innovation, create unnecessary and unhelpful bureaucracy, increase costs, and ultimately impede evolution of a much-needed technology. As a result, there was hesitancy on the part of these research participants to consider “regulation” in all its legalistic forms as a primary answer to questions regarding AI in professional work. Instead of regulation, participants favoured education or guidance-focused approaches designed to empower practitioners themselves to make informed decisions with respect to responsible adoption of AI in their own practice. Third, participants in this study highlighted their belief that professions’ regulators could and should only be concerned with use of AI by regulated professionals themselves. Where AI technologies were being used by members of the public to perform professional-level work without direct oversight by a regulated professional, there were concerns that attempting to regulate such human-out-of-the-loop AI may be viewed as “scope creep”. Finally, this research identified a series of nine common principles that could be useful to regulators in framing educational programs or guidance documents to support and empower professionals.

This research represents an initial exploration of a complex and rapidly evolving topic of pivotal interest to regulators, professionals and the general public. Further work is required to confirm findings of this study, and to keep pace with evolution of the technology itself.

Chapter 1

Background Context

Despite its pervasiveness in daily life, artificial intelligence (“AI”) is a concept which sometimes evades precise definition. When asked to define itself, AI responds that it is “the simulation of human intelligence in machines that are programmed to think and learn like humans, enabling them to perform tasks that typically require human intelligence” (1). More traditionally, AI is perhaps best defined (by humans) as “...the study of ideas to bring into being machines that respond to simulation consistent with traditional responses from humans, given the human capacity for contemplation, judgment, and intention” (2).

Human-in-the-loop-AI vs human-out-of-the-loop-AI

Recently, the categorization of AI has evolved by emphasizing the degree to which humans control or direct activities and outputs (3). “Human-in-the-loop” AI (“HiL-AI”) requires a human in the AI process (or “loop”) to actually make a final decision or judgement, with AI playing a supportive, informational role (for example, decision support systems in diagnosis). In contrast, “human-out-of-the-loop” AI (“HoL-AI”) systems delegate final decision making and judgement to AI itself, without need for human involvement or oversight (for example, autonomous self-driving vehicles).

This distinction between HiL-AI and HoL-AI is especially useful in examining the “wicked problem” (4) of AI in the context of professional work and the regulation of professionals. Wicked problems are those that are rooted in inherent complexities that defy straightforward analysis or solutions; indeed the “solution” to a wicked problem frequently triggers unanticipated new problems of expanded complexity. It is sometimes noted that there are no “right answers” for wicked problems – only “least worst alternatives” to be considered (4).

Today, AI is being used in diverse professional contexts – in medicine, law, dentistry, accounting, insurance broker work etc. (5). Even when HiL-AI is being used for these professional tasks, there are significant concerns regarding “de-skilling” of the human workforce (6). Further, there are risks that HiL-AI may codify and make semi-permanent existing implicit biases: the way in which AI systems are trained relies upon existing documents and practices which may have been produced with unconscious bias (6)(7). Where human “acceptance” of HiL-AI recommendations is required (through, for example, inputting a keystroke), there are concerns that this leads to an uncritical, unquestioning, lazy, and automatized/performative human response because of outsized faith in the power of AI and lack of understanding of how AI-powered decisions are actually made (6). Similar to the collapse in everyday mental mathematical abilities (such as estimation of costs or purchases at a grocery store) that has occurred with children who have learned basic numeracy skills by using a calculator (6), there are concerns that de-skilling of the human workforce will follow, whether human professionals are officially in the loop or out of the loop while using AI (6)(7). Of course, there are also concerns regarding the well-documented phenomenon of “hallucinations”, a response generated by AI that contains false or misleading information presented as fact (8), for example, labelling an ambiguous skin lesion as benign rather than malignant based on insufficient training of the system. Newer language model coding systems currently being pioneered may mitigate this particular problem in the future, so concerns persist regarding the impact of these hallucinations in the present (9).

Is regulation of the use of AI necessary – or desirable?

As AI's presence in professional work expands, there are questions as to whether the regulators of professionals (i.e., often referred to as Colleges) should be taking a more proactive and interventional approach in order to safeguard the public interest. The work of regulators is complex, and there are on-going calls for regulators to do more, engage more broadly, and take on ever-more complicated issues that are of societal importance. While no one disputes the epochal significance of an issue such as AI, many regulators wonder whether they have a legitimate role to play in addressing this issue – and whether professional regulatory bodies could even have any kind of meaningful impact if they tried. The term “scope creep” is frequently invoked to describe the concern that regulators should focus their limited energies and resources on profession-specific imperatives such as competency assessment, entry-to-practice registration, and managing complaints from the public. These activities are important, sufficiently complex, and entirely relevant to the mandate of professions' regulatory bodies. They also consume considerable time and attention, leaving little bandwidth to properly, thoroughly, and methodically address other important issues. Regulatory culture is not rooted in risk-taking, experimentation, or trial-and-error. Regulatory practice must be consultative, deliberative, methodical, and measured – which means it takes time, concentration, and consensus building.

In contrast, the culture of technology entrepreneurs and those who are generating the revolutionary breakthroughs in AI today is often characterized by the mantra “move fast and break things” (9). It is a culture that prizes creative destruction, experimentation, and high-risk high-reward enterprise. Of course, such a culture is also characterized by failure, unforeseen consequences, and unanticipated harm.

Many regulators today are being asked by their registrants for guidance, rules, or regulations to guide responsible adoption of AI in daily practice. In most professions, there has been a rapid proliferation of both HiL and HoL AI-enabled technologies, and many of these address immediate workplace concerns such

as operational/administrative efficiency, skills shortages, and cost-effective delivery of professional work. Overworked professionals may see AI as an answer to the daily grind of practice – a practical lifeline to allow them to do “more with less” and still meet their professional and ethical responsibilities for provision of quality care to patients. In many cases, AI may not even be visible – it may be embedded in systems and technologies used by professionals in ways that are not obvious. Increasingly, AI is being used by employers and organizations to address needs for cost containment or to deal with human resources shortages. They too are asking regulators of professionals for guidance on how to ensure the investments they make in these technologies are responsible, appropriate, and aligned with regulatory expectations.

Given the clash of regulatory and entrepreneurial cultures, it is understandable that the pace of regulatory change with respect to AI has been considerably slower. Few regulators in any profession have developed or instituted regulatory change to respond to the proliferation of AI in practice, though many have begun discussing it.

What kind of regulation for AI is needed – and useful?

The question of whether and how regulators should be responding to AI in professional practice is complicated by the reality that “regulation” is a broad term covering a diverse array of independent agents in different organizations with different tools, roles, and powers. Those regulators who oversee the practice of professionals are a relatively small part of the system of regulation that currently exists and therefore have a relatively small amount of power with respect to what can and should be done with AI.

Those who advocate for a more modest role for professions' regulators in the AI arena may begin by noting that there are already many different regulatory tools in place to safeguard public interests. For example, the tort law system exists to ensure that an individual harmed by the actions of another person can use civil litigation to redress the situation. In the context of either HoL-AI or HiL-AI, this could be interpreted as saying that a patient or client harmed by AI could individually or collectively sue the manufacturer/entrepreneur and if the case is proven in court, they would be

entitled to compensation. The tort law system is well established, but it is slow, cumbersome, inefficient, and is only invoked after a problem arises. A core objective of professions' regulation is to try to prevent problems from occurring in the first place. Further, navigating the civil litigation process is expensive, time consuming, and requires a level of social capital and legal literacy that may disadvantage many individuals who might suffer harm. This asymmetry raises questions of equity and justice and suggests that reliance on tort law to "regulate" AI in professional practice, while necessary, may be insufficient.

Another type of regulation involves reliance on industry standards associations (8). Entrepreneurs and producers of AI have a strong interest in ensuring their products are safe, effective, and reliable as a way of insulating these businesses from negative publicity and the risk of lawsuits. One way of addressing this is for companies involved in AI to develop a self-policing system in which the industry itself defines quality standards as a way of proactively preventing their products from causing harm. Industry standards associations are a well-established mechanism that still prioritizes innovation and competitive capitalism, but in a way that establishes guardrails for everyone's interest – including those who profit from the sale of a product. While industry standards associations may be part of the regulatory framework for AI in professional work, it is unlikely this approach alone (or in tandem with tort law) would be sufficiently acceptable by either the public or professionals. Concerns regarding profit incentives, public distrust of large corporations (particularly in the technology industries), and the size and wealth of these companies may all undermine well-intentioned efforts to allow the industry to set its own standards.

In some parts of the world, elected governments have taken a more muscular and direct approach in trying to regulate technologies and the companies that produce them. Currently, the European Union has advanced some of the most formal types of legislation in an attempt to ensure responsible adoption of AI, not just in professional work but by society as a whole (10). The EU approach is aligned with the European philosophy of the role

of government in general – activist, interventional, and a counterweight to for-profit corporations (10). The legislation is focused on different risks posed by different kinds of AI and requires manufacturers and vendors of products to prove the AI is safe and meets acceptable standards for public protection. The legislation has been decried as heavy-handed by many technology entrepreneurs, who claim that legislative intervention of this sort will stifle innovation and suppress the full potential of AI to address all manner of problems, in healthcare work and beyond. In contrast, the American government has adopted a stance towards de-regulation, aligning itself with those who believe that regulation can, in some cases, do more harm than good, especially if it interferes with the evolution and growth of a transformational innovation such as AI (10). Preferring to rely upon marketplace mechanisms, competition, the courts, and other existing regulatory safeguards is seen as a way of supporting innovation and entrepreneurship, even if it gives the appearance of a "wild west" approach.

To regulate AI in professional work – or not?

Those who are supportive of a more formalized, interventional approach to regulation of AI in professional work may refer to "the Facebook problem". At the dawn of the social media era, tools such as Facebook were curiosities, toys used by bored college students that provoked little concern but much interest. Since its development and explosive growth, the realities of Facebook and other forms of social media have raised significant concerns regarding psychosocial, political, economic, and other harms on a society-wide scale (11). These concerns have prompted even the United States government to consider intervention in order to safeguard public interests. As has been seen, however, the scale, power, and ubiquity of social media is so vast that no force on the planet can constrain it at this point. Given the technological superiority of AI over "simple" technologies such as Facebook or Google, the concern that a similar pattern to Facebook will replicate with AI (but at an even larger scale and more rapid pace) raises the urgent need to regulate

now, before it is too late to do so in the future. While it is true that regulators of professionals are a relatively small group with limited power, within the sphere of professional work, they have considerable influence, and thus an opportunity to at least do something. From this perspective, there is a time pressured urgency for professions' regulators to act in developing the regulatory guardrails necessary to prevent "the Facebook problem" from erupting with AI-driven professional work. Failure to use existing regulatory tools today will make it impossible to do so in the future as AI becomes bigger and more ensconced. Admittedly, regulators of professions acting alone cannot take on the corporate might of technology companies and innovators. Regulators working with other regulators, partnering with end-user professionals, organizations and employers, and most importantly with the public could potentially create a regulatory framework that would still encourage innovation but within a perimeter of acceptable and safe professional practice that still prioritizes human and professional values. For example, the use of HoL-AI could be limited to specific circumstances in professional work or could be subject to audit and outcome measurement on a periodic basis to ensure it is safe and effective. Professions' regulatory bodies could use their existing networks and tools to craft rules that may be important to safeguard public interests.

This debate as to whether professions' regulators should engage in regulation of AI in professional work highlights important existential questions for professions' regulation itself. There are legitimate concerns that attempting to regulate AI – especially HiL-AI – is an example of scope creep. It is not unreasonable to claim that attempts to regulate HoL-AI will be futile, given public acceptability and the power of big technology companies. Further, and in the United States in particular, the current social and political climate may be averse to expansive regulation that is seen to stifle innovation, increase cost, or result in more bureaucracy. Still, the potential harms and risks of AI are substantial and speak directly to the role of a professions' regulatory body. The risk of de-skilling that may occur with reliance on either HiL-AI or HoL-AI raises concerns regarding competencies of professionals – and what happens should technology fail for prosaic

reasons such as a power failure. Well-documented concerns regarding AI hallucinations or algorithmic bias raise concerns of system inequities becoming even more entrenched than they are now. The risk that the expense of AI may further exacerbate socioeconomic disparities is also real: will the best professional services only be available for the wealthiest, with substandard professional service on offer for everyone else? While regulation cannot be expected to address all these issues, professions' regulators may have some opportunities to steer the technology in a more equitable direction, but only if they firmly and act now – before the Facebook problem surfaces. Figure 1 presents a summary "pros-and-cons" table highlighting some factors regulators may need to consider in making decisions with respect to regulation of AI in professional work.

The regulation of AI in professionals' practices is representative of the many wicked problems that regulators face. Regulatory bodies (as large complex organizations managing large amounts of sensitive information) are also examining the role of AI in managing their own internal operations and producing cost efficiencies (12). Use of AI to support triaging of complaints, risk-stratification for competency assessment, and assessment of credentials for internationally qualified applicants may result in more cost effective and efficient internal procedures but may also perpetuate system biases and leave little opportunity for nuanced decision making and regulatory discretion and judgement.

In this complex environment, it is little wonder that most regulatory bodies have been slow to act on the call to regulate AI in professional practice. Regulatory culture favours informed and deliberative decision making, using data and evidence as a starting point for discussion and consultation. It is the hope that this research project – focused on regulators' perspectives and priorities with respect to regulation of AI – provides a useful starting point in engaging the regulatory community and its many stakeholders in the important discussions that are necessary to ensure safe and effective professional services for all.

Figure 1. AI: To regulate – or not?

Parameter	“Pros” associated with regulatory body involvement	“Cons” associated with regulatory body involvement
<i>Safeguarding patients’ interests</i>	<ul style="list-style-type: none"> › More efficient to proactively regulate than rely on litigation or other means › Ability to focus on issues related to equitable access, safety, minimize impacts of hallucinations or algorithmic bias 	
<i>Safeguarding professionals and the profession</i>	<ul style="list-style-type: none"> › Practitioners seek guidance/certainty they are using AI responsibly and trust regulatory bodies more than AI industry 	
<i>Likelihood of acceptance by profession</i>	<ul style="list-style-type: none"> › High level of trust/acceptance in regulatory bodies on this issue as practitioners themselves are uncertain and need objective guidance on responsible adoption of AI in professional practice 	
<i>Likelihood of acceptance by AI industry/entrepreneurs</i>		<ul style="list-style-type: none"> › Concerns that heavy-handed regulation may stifle innovation
<i>Likelihood of acceptance by government/society</i>		<ul style="list-style-type: none"> › Concerns regarding regulatory overreach/scope creep
<i>Legal defensibility</i>		<ul style="list-style-type: none"> › Uncertain, but regulation likely to face litigation if perceived as anti-competitive or stifling innovation
<i>Available tools/methods</i>	<ul style="list-style-type: none"> › “Soft” non-binding methods: <ul style="list-style-type: none"> » Education » Guidance documents for practitioners » Building coalitions with professional groups, educators, etc. › “Hard” regulatory methods: <ul style="list-style-type: none"> » Regulations » Accreditation of AI programs 	<ul style="list-style-type: none"> › “Soft”, non-binding methods may not be effective, while “hard” regulatory methods may be viewed as scope creep and be legally indefensible
<i>Risks to profession</i>	<ul style="list-style-type: none"> › Without regulatory body leadership, competitive and for-profit pressures may distort evolution of AI, leading to proliferation of HoL-AI, workforce de-skilling, and other problems 	<ul style="list-style-type: none"> › With too much regulatory body involvement, innovation may be stifled and important solutions to current profession-specific problems may not evolve due to overburdensome regulation
<i>Risks to regulatory bodies</i>	<ul style="list-style-type: none"> › Delay in regulation now may make future attempts at regulation impossible (the Facebook problem) › Public/professional expectation that regulators should be involved given scope of AI issues 	<ul style="list-style-type: none"> › “Wicked problem”: no clear pathway to evidence-based consensus for regulation of AI will lead to paralysis, litigation, and undermine regulators’ legitimacy

Chapter 2

Research Aims, Purpose, and Contributions to Knowledge

The objective of this research was to understand regulators' perspectives on the need for regulation of AI in professional work and to characterize the approaches being taken to support public safety and interest. For this research, both HiL-AI and HoL-AI were considered. Only AI used by professionals in the delivery of patient care and services was considered; the use of AI by regulators themselves to increase organizational efficiency and effectiveness was not a focus of this work. Similarly, the use of AI by professionals for non-patient care or client-focused activities (e.g., to manage certain organizational or administrative tasks, such as using AI to track inventory of supplies in a practice to then trigger automatic ordering from vendors) was not a focus. Instead, the objective of this research was to understand the ways regulators conceptualized "risks" and "benefits" of HiL-AI and HoL-AI when it was used by professionals for the delivery of patient-focused care or professional services formerly or traditionally delivered solely by humans with or without support from non-AI driven technologies (e.g., calculators, word processing, spreadsheets, or the internet).

Currently, there is limited literature that helps to characterize perspectives of regulators related to regulation of AI in professional work. This research aimed to address this literature gap through direct engagement of the regulatory community. Through canvassing perspectives and activities of the regulatory community in Canada and internationally, the objective was to identify trends with respect to regulation of AI in professional work and to characterize how regulatory decision-making is occurring. This form of regulatory research contributes to the understanding of both a specific topic/issue (AI) as well as enhances a broader understanding of the ways in which regulators make decisions and take actions that could be applicable to other complex wicked problems (e.g., climate change or corporate-professional pressures).

Chapter 3 Methodology

Given the paucity of published protocols or regulations regarding adoption of AI by regulated professionals in their practice, an exploratory research method was identified as most appropriate to begin to examine this topic. An environmental scan of regulatory body websites across Canada, the United Kingdom, and the United States was undertaken to identify regulatory bodies who had begun to consider, discuss, or address this issue in their public-facing documentation. AI (Perplexity©) was used to support both information gathering and data storage/management. Data analysis was not undertaken using AI and instead, human researchers undertook all work related to coding and theming of data generated.

Based on the results of the environmental scan, individual regulatory bodies in specified jurisdictions (countries) or sub-national jurisdictions (provinces or states) were identified as having undertaken some kind of publicly identifiable work with respect to regulation of AI in professional work. Examples of such work included convening a forum for professionals to discuss AI in their practice, establishing a working group within the regulatory body to discuss regulation, or crafting a position paper on the topic for comment by the profession. Based on this, a purposive sampling method was undertaken in which different regulatory bodies were invited to participate in semi-structured interviews to discuss the evolution of their thinking and work. Identifying the most appropriate individual to invite to participate in this research was based on publicly available records (e.g., where a regulatory body had crafted a position paper regarding AI in professional work and invited comments, the person to whom the comments were to be directed was initially contacted to participate in this study).

A semi-structured interview guide was created for the interviews. Given the breadth of professions involved, the diverse geographic regions included, the different systems represented, and the asymmetric progress of different regulators, there was considerable flexibility in the application of the semi-structured interview guide. This research was guided by a protocol approved by the Research Ethics Board (REB) at the University of Toronto, Canada. Given the relatively small size of the regulatory community, and the sensitive nature of regulatory work, the approved protocol included strong provisions to safeguard confidentiality of research participants, including provisions that prevent identification of participants by profession or geographic location in publications such as this. The research team recognized the potentially controversial nature of this work and, in an effort to encourage full and frank discussion during interviews, agreed to minimize risk of disclosure of participant identity by not disclosing any form of identifying information in public-facing documents.

Chapter 4

Research Findings and Discussion

In the initial AI-driven search of regulatory body websites in Canada, the United States, and the United Kingdom, 316 regulatory websites (overwhelmingly from the health and care professions) were scanned for information regarding regulatory work focused on AI in professional practice (250 in the US, 60 in Canada, and 6 in the UK). An AI-enabled search tool was built and used to optimize efficiency of this search, built on the Perplexity© AI platform. A keyword searching strategy approach was used to filter content from regulatory websites. Key words included artificial intelligence, regulation, AI, decision support, algorithm, machine learning, large language model, natural language processing, artificial general intelligence (AGI), and large-language model (LLM). Though not an exhaustive or comprehensive search list, these key words provided a sufficient overview of activity within a public-facing regulatory website to facilitate identification of regulators who had begun to engage in work in this area.

Of the 316 websites scanned, 196 had publicly available documents indicating some degree of work, interest, or involvement in the issue of AI in professional practice. Of these 196 regulatory bodies, 36 were identified as having undertaken some form of meaningful consultation with external stakeholders (e.g., members of the profession, employers, members of the public, educators, or others) focused on the formulation of some kind of framework for regulation of AI in professional work. These 36 regulatory bodies were defined as the sample frame for the study, based on their (relatively) advanced work in this area. Of these 36 regulatory bodies, an identifiable contact individual within the organization was available for 20 of them. For the remaining 16, a generic, non-individualized/non-specific email address was available for queries to the regulator. Initial recruitment for interview participants was limited to the 20 organizations, of which 11 were in Canada, 5 were in the US, and 4 were in the UK.

All interviews were undertaken via Zoom or Microsoft Teams and were recorded and transcribed with permission of participants. No substantive conflicts of interest or previous relationships were disclosed or existed between research team members and interview participants. NVivo v15.1© software was used for qualitative analysis of transcripts. A constant-comparative analytical framework was used to identify common themes across professions and jurisdictions to highlight evolving promising practices with respect to regulation of AI in professional work, mindful of the significant differences in national cultures, legal systems, and professional cultures. All transcripts were reviewed independently by two reviewers who read and coded to consensus. All themes identified, achieved consensus without recourse to a third reviewer.

Key themes

Four key themes emerged from the research.

1. Recognition that the pace of technological innovation with respect to AI was eclipsing regulatory capacity to manage it

All 18 participants in this research noted that, within their respective professions, the rapid emergence and deployment of AI-powered practice-focused tools was a concern. In all cases, practitioners themselves were asking the regulator for guidance, rules, or support in understanding how best to responsibly adopt AI in professional work, and whether regulators were involved in “authorizing” or “validating” technology entrepreneurs who were developing and selling products.

All participants described concerns regarding the lack of capacity within regulatory bodies to actually understand AI technologies themselves. Those involved in this work in regulation rarely had any

particular technical or technological knowledge or skill with respect to the actual mechanics of AI itself, and most of them understood AI in professional practice to simply be a “black box” defying human understanding.

Further, most participants in this research highlighted the reality that it was simply not clear who within a regulatory body actually had the expertise to lead regulatory change with respect to AI. Participants noted that it may be advantageous for practitioner-regulators to lead these discussions but that it may also be necessary for those with advanced legal training/skills to lead discussions, and simultaneously thought those who worked in policy areas in regulatory bodies needed to take charge of the process, while it was also important for those with educational/competency assessment skills to lead discussions within regulatory bodies and with external stakeholders. The lack of clarity over who should be leading the regulatory response to AI resulted in delayed responses and inaction within regulatory bodies as the necessary expertise to knowledgeably engage in leadership in this area was lacking. Cooperative leadership within a regulatory body (in which representatives from different departments or areas within the organization would co-lead development of regulations) was described as cumbersome, time-consuming, and unlikely to succeed as the pace of change was so rapid.

All participants in the study described concerns that the current structure of most regulatory bodies made it unclear as to who should lead regulatory responses to AI, how cooperation within regulatory bodies themselves could be hastened and nimbler, and how coalitions across the profession and across professions could be mobilized. As a result of these silos, regulation was unfortunately slow, cumbersome, and not keeping pace with technological advances – and as a result, technology innovators were leading the process with regulators, professionals, employers, and educators all scrambling to keep up as best as they could.

2. *Concern that regulation of HiL-AI in professional work represented “scope creep”*

All 18 participants in this research noted concerns within the regulatory community that regulation of AI could be seen as “scope creep”, unnecessarily impeding technological innovation and slowing its adoption. They noted that, in this current era, skepticism regarding regulation of all sorts, and concerns that regulation is unnecessarily bureaucratic and expensive, has heightened concerns by professional regulators about taking on new and challenging tasks such as regulation of AI. As a result, a prevailing sentiment across all participants in this study focused on the notion that, so long as AI remained as a HiL-AI form, there was sufficient regulation in place for the human decision-makers and overseers to obviate the need for additional regulation of the technology itself. Attempting to introduce new regulation focused on HiL-AI would be seen by the profession and the public as unnecessarily intrusive and potentially detrimental to public interest as it may slow the pace of adoption and innovation. The undesirability for regulation of HiL-AI was contrasted with the desirability to provide some kind of guidance for professionals themselves – the blunt instrument of regulation may not be appropriate or necessary, but the use of other approaches (e.g., continuing education or guidance documents to enhance the knowledge and skills of professionals to better self-assess and self-manage responsible adoption of AI in their individual practices) was highlighted as both appropriate and preferable to introduction of new rules. Several participants expressed faith in existing legal systems (e.g., tort law or civil lawsuits, or industry standards associations) to ensure the technology was developing appropriately and safely, and explained that no regulatory body could possibly keep pace or supplant the risk of litigation and the power of industry standards associations to ensure safe and effective development of AI technologies.

Most participants noted regulatory concerns associated with de-skilling of the professional workforce, even with HiL-AI. They noted that

conceptualization and measurement of professional “competency” (both at entry to practice and during a professional’s lifetime) was becoming increasingly complicated and difficult to rationalize as HiL-AI proliferates. While noting this reality, no participant was able to describe any plausible reframing or understanding of “competency” within an HiL-AI driven workplace, highlighting instead the need for profession-specific research to help better understand the implications of this for skills, testing, and measurement of outcomes. Instead, participants in this study focused their attention on risk of harm to patients/clients due to erroneous HiL-AI recommendations or hallucinations. So long as an identifiable professional made the final decision, that individual would be the focus of regulatory investigation and interest and would assume ultimate responsibility and/or liability for negative outcomes triggered by HiL-AI. Participants expressed confidence that existing systems of complaints, investigation, and discipline were sufficient to accommodate the proliferation of HiL-AI and that no significant modification to existing regulation was needed at this time.

3. Belief that regulation of HoL-AI in professional work may not be possible

All 18 participants in this study recognized that the era of solely HiL-AI in professional work was rapidly ending (or had already ended) and that going forward, HoL-AI would become more prevalent. Making the distinction that HoL-AI represents a more significant threat to public safety and interests than HiL-AI did not facilitate straightforward or practical solutions to the question of how regulatory bodies ought to respond. While simultaneously recognizing the potential risks associated with HoL-AI, participants also noted the infeasibility of regulatory bodies starting to regulate “machines” in addition to people – even if these machines were actually performing controlled and regulated acts that legislatively are the sole purview of regulated professionals.

Described variously as a “conundrum”, a “wicked problem”, and “an impossible situation”, participants expressed their concern that widespread uptake of HoL-AI in professional work would transcend any regulator’s ability to regulate it effectively, transparently, and objectively. Regulators from the dental profession in particular noted, for example, that the use of AI to guide interpretation of radiographs had grown so prevalent, had resulted in such rapid de-skilling of the workforce, and had such demonstrably superior outcomes than human-led interpretation that it was producing significant pushback to the idea that regulation of HoL-AI was necessary or desirable at all. Some participants noted that the most feasible path forward would likely be to continue to regulate human professionals who may or may not use AI in their daily practice, but where HoL-AI was providing substantially similar service or care to humans, that other systems (e.g., tort law, national standards, etc.) would have to be relied upon to safeguard public interests.

4. Support for an educational, principles-based rather than rules-based approach

All participants in this study agreed that a rules-based regulatory approach to HiL-AI or HoL-AI was neither feasible nor desirable given the rapid pace of evolution and the inherent limitations of regulatory bodies with respect to their processes and their remit. Where participants expressed greatest belief of valuable impact was in the development and articulation of guidance documents and principles to support practitioners in making better and more informed decisions as to how best to integrate HiL-AI and HoL-AI in their practices. This shift away from rules to guidance – from a regulatory to an educational philosophy – was universally seen as the most viable and practical path forward at the current time. Most of the participants in this study were already involved in generating profession- and jurisdiction-specific principles that could be used as the basis for education or self-reflection by practitioners to guide their own decision making.



Figure 2. Principles to guide AI use in professional practice

Common principles

From the research, nine common principles emerged to guide AI use in professional practice. These principles emerged across professions and jurisdictions.

Disclosure:

Ensuring that patients/clients were aware when HoL-AI was being used was described by most participants as essential. There was less agreement over whether disclosure of HiL-AI was necessary or desirable, with some participants expressing concerns that such disclosure would be unhelpfully cumbersome and time consuming and would not necessarily provide patients/clients with any additional context or helpful information.

Consent:

All participants agreed that where HoL-AI was being used, some form of informed consent procedure should be utilized, one that went beyond simple disclosure. Several participants noted that this may

become problematic over time. While the general value of informed consent was not contested, there were pragmatic concerns that in situations where the only alternative to HoL-AI driven professional work is no professional support at all, the value of consent may be called into question.

Transparency/Openness:

Both disclosure and consent represent a practical form of transparency, a regulatory principle of importance with respect to AI that emerged from this research. The general understanding of transparency involves clarity in communication, and confirmation of understanding by those who may be receiving care that relies partially or wholly upon AI. The importance of level-appropriate communication and providing patients/clients with opportunities to ask questions without judgment was identified as an important tool for safeguarding public interests.

Choice:

Participants in this study highlighted challenging discussions they had engaged in regarding the inclusion of choice (or options) as a principle. The notion of choice speaks to core ethical beliefs in the professions regarding autonomy, non-maleficence, and justice, but participants noted the practical problems associated with foregrounding the principle of choice (or providing patients/clients with the option to select AI-enabled care or chose human-led care instead). The reality of most professional workplaces today is somewhat more complex. Participants noted that in some cases, professionals themselves may actually not be aware of embedded AI (usually HiL-AI) in technologies and tools they use everyday so they may not be able to present choice as an option to patients/clients. In other workplaces, there may simply be no other option that is feasible or available, other than rejecting care altogether. Particularly during this time of transition from HiL-AI to HoL-AI, the inclusion of choice as a regulatory principle may be challenging to operationalize and difficult to justify.

Redundancy:

Participants in this study generally recognized that HiL-AI was already proliferating in most professions' practices, and that HoL-AI was rapidly becoming both prevalent and accepted. From a regulatory perspective, this raised some concerns regarding the continuity of care in the event of technological failure. Electrical blackouts, natural disasters, system failures, and crypto-hacking are all significant risks for any technologically reliant industry. As professional work becomes more reliant on AI, and as that reliance breeds de-skilling of the workforce, there are concerns that in the event of technology breakdown, problematic interruptions in care/service delivery may occur. Regulators in this study expressed their belief that, rather than focusing on the unrealistic goal of preventing de-skilling, it was more effective from a public protection perspective to include redundancy/back-up system approaches as a principle for both HiL-AI and HoL-AI.

Audit and Feedback:

Human professionals are accustomed to quality assurance and maintenance of competence systems that provide them with some form of external assessment and appraisal based on objective criterion regarding their performance in practice. Such assessments are the foundation for quality improvement. AI-enabled technologies are usually built in a manner that continuously draws upon a growing pool of data that allows it to "learn", develop, and improve arguably these systems have audit and feedback loops embedded in their design. Nonetheless, regulators in this study noted that potential value of a regulatory principle emphasizing the importance of this process but which allowed for external benchmarking and comparisons to ensure attainment of minimal performance standards expected of human-led professional work.

Quality Improvement/Assurance Processes:

In many professions, statutory requirements exist for formalized and documented processes focused on quality assurance and improvement in the context of professional practice. In some cases, this may involve use of standardized competency assessments, or in-practice site visits to confirm alignment with standards of practice. The same quality improvement and assurance processes that apply and are required for human professionals ought to be applied to practice contexts where AI is operating.

Adherence to Code of Ethics:

All professions represented in this study function within a regulatory environment that identifies both standards of practice and rely upon a code of ethics to guide practitioner conduct. The intersection of standards and the code has long been a feature of regulated professions and helps practitioners and the public understand the "what", the "how", and the "why" behind professional work and decision making. Regulators in this study noted that much of the AI-enabled technology in professionals' work appears to align with professional standards of practice but it is more challenging to determine alignment with existing codes of ethics. Ethical principles such as autonomy, non-maleficence, beneficence, fiduciary responsibilities, etc. may

appear abstract and intangible but professionals are guided by these ideals in their daily interactions with clients/patients. Currently, where the majority of AI in professional work is of the HiL-AI variety, there may be a complementarity between the superior computational power of AI and the ethical reasoning of humans. As HoL-AI becomes more prevalent, regulators noted that it would be essential that these technologies also embedded ethical reasoning and problem-solving process/algorithms that aligned with professional expectations.

Adversarial Interoperability:

This term refers to competition amongst technology providers and entrepreneurs to ensure no single technology or system establishes a monopoly. The risk of a monopolistic AI provider or developer was deemed significant by participants in this study. Options such as open-source coding or multiple vendor platforms were identified as an essential safeguard to prevent monopolistic practices that could adversely impact both patients and the professions themselves.

Albeit important to regulation and the public interest, not included in the diagram was the principle of privacy given the complexity of challenges posed by AI technologies and need for further study of what privacy is reasonable in the context of AI. Across the multiple national and sub-national jurisdictions examined in this study, there are different approaches to safeguarding public interests with respect to privacy. In all of these jurisdictions, some form of legislative approach exists in which data collected by professionals in the course of their work has limitations placed on it with respect to sale, sharing, or transmission to those outside a circle of care, though the level of these safeguards may vary considerably. Participants in this study noted that, as a general approach, safeguarding and respect for privacy of patients' data was an important regulatory principle. The nature of AI-enabled systems means that abundant data is frequently collected and stored and in many cases these data may not necessarily be directly related to the specific professional issue being addressed at that time. Further, the nature of large language models and AI-training requires more and more data to support better outcomes; thus, the data being collected and used in the delivery of AI-enabled care/service becomes

the seedbank for future improvement in the AI technologies themselves. The ethical complexities this introduces with respect to ethical adoption of AI by practitioners is significant. While other principles such as transparency, disclosure, and consent can partially mitigate some of these ethical concerns with respect to privacy, the complexity of the technology itself suggests further work and greater clarity around reasonable privacy expectations is required. Participants in this study indicated this privacy principle was a particularly challenging one to navigate given its importance to patients, existing legislative requirements, and complexity of the AI technologies themselves.

Discussion and reflection

This study identified the nine principles described above as the most discussed and explored topics for regulators interested in a principles-based, rather than rules-based, approach to responsible adoption of AI by professionals in practice. Not all principles may apply equally to all professions, and some professions may consider additional or other principles that are less relevant in some contexts. The challenge of a principles-based approach to regulation lies in making it applicable and relevant to an entire profession without diluting its impact precisely because it is so widespread. The consensus amongst participants in this study was that a rules-based approach would not be feasible given the rapidity of evolution of AI, its current ubiquity and anticipated growth, and the complexity of the technology itself. Some participants also noted the futility associated with a regulatory body even attempting to "take on" powerful technology companies and entrepreneurs using available regulatory tools. All participants noted the current socio-political climate in which public faith in regulation may be tenuous, leading these participants to take a more incremental, cautious, and less combative/antagonistic approach.

The regulatory challenge associated with AI could be significant, if regulators decide this is an object of regulatory interest and a priority. The initial AI-enabled environmental scan that led to identification of research participants suggests that many regulators have not yet reached the point where regulation of AI is seen as desirable, necessary, or a priority. Those that have reached

this point, appear to have opted for incremental, principles-based approaches that favour guidance, education, and support for practitioners to make their own decisions (rather than imposing regulation on them). Within the current context of HiL-AI systems predominating, this may be appropriate, since in most situations there will still be an identifiable human practitioner who is licensed/regulated who can be the object of regulatory scrutiny in case of problems. This may change rapidly as HoL-AI becomes more prevalent, but until that time arrives, regulators continue to evolve their thinking, processes, and approaches to this issue.

A note of context

While this research represents a preliminary and exploratory examination of this issue, there are important limitations to consider. For efficiency purposes, an AI-powered initial environment scan was undertaken, and given limitations of AI itself that have been described above, the accuracy and thoroughness of this scan may be questioned.

The objective was to identify individuals who had expertise in both regulation/regulatory work and AI; it is not clear if the screening method used was able to fully achieve this objective. Further, it is not clear that such expertise in both regulation and AI technologies actually exists within or outside regulatory bodies. The semi-structured interview method described was useful for eliciting perspectives from individual regulators, but caution must be exercised in framing this data as any kind of “consensus” or “answer” to regulatory questions. Finally, the rapidity of the evolution of AI in professional work is such that perspectives will shift rapidly and this data may already be out of date.



Chapter 5

Conclusion

It is clear that there is no possible “conclusion” chapter that could be written for this research project, as the technology continues to evolve so rapidly. This research represents an important but preliminary initial exploration of a topic of importance but cannot be a conclusive or definitive answer to questions related to regulation of AI in professional work. The current approach favoured by research participants emphasizes guidance and education and shies away from use of regulation or other legalistic instruments. This approach appears to be heavily influenced by a belief that in the current socio-cultural environment, there is limited public acceptability to heavy handed regulation amidst concerns it may stifle innovation, increase costs, and create unnecessary bureaucracy. Thus far, significant actual harms triggered by AI used by professionals has been somewhat limited, though in some professions (e.g., psychotherapy) there are increasing concerns that unregulated AI is a significant public health and safety concern. As AI continues to proliferate, harms associated with its unregulated use will likely increase, which may in turn call into question the current stance of reliance on guidance as opposed to faith in regulation.

There will be an ongoing need to continuously research and report on both the technical and societal evolution that is being wrought by AI. Based on this research project several interesting areas of future research have emerged that may be useful to consider:

Risk-based assessments:

Risk-based regulation has become increasingly popular in regulated professions, and applying this model to the regulation of AI may provide regulators with an opportunity to better calibrate their regulatory responses. Currently, the European Union framework on responsible adoption of AI provides a useful albeit oversimplified structure to understand “risk” where AI has been deployed and could provide a useful starting point for further regulatory research.

Engagement of technology developers and entrepreneurs:

Those developing AI for professional work are currently working within a regulatory vacuum. As a result, “what could be possible” is guiding development and decision-making processes as opposed to “what should be done”. Post-hoc imposition of regulation on AI will be challenging, but collaboration with entrepreneurs to co-generate proportionate regulatory guardrails could be in everyone’s best interests. Such an approach by regulators would be unique, but proactive formulation of regulation that actually engages and actively works with the technology entrepreneurs themselves may be an important future direction for research and regulatory practice.

Understanding how professionals themselves use – and want to use – AI in their professional work:

A major gap in the literature that emerged from this research was an actual understanding of AI from a practitioner’s perspective. It is not clear how, under what circumstances, and why professionals are using AI today, and how they perceive and balance risks and benefits. Further research focused on professionals themselves and their lived experience of integrating AI into their professional work in the absence of regulatory guardrails would provide regulators with significant and valuable information to guide their work.

As an initial foray into an incredibly complex topic, this research has helped the regulatory community better understand itself, its own priorities and concerns, and its own conceptualization of risks and benefits associated with AI. While necessary, this kind of research is insufficient in building a comprehensive understanding of the topic. Further work will be required to ensure the regulatory mandate for safe and effective professional practice can be achieved, in this era of AI.

References

1. Definition taken from response given by ChatGPT4 in response to the question, "How would you define AI in a sentence?" on February 20 2024.
2. Shubhendu S and Vijay J. Applicability of artificial intelligence in different fields of life. Int J Scientific Engineering (IJSER) 2013;1(1):28-35. Accessed at <https://www.ijser.in/archives/v1i1//MDExMzA5MTU=.pdf> on February 20 2024.
3. Mosqueira-Rey E, Hernandez-Pereira E, Alonso-Rios D, Bobes-Bascaran J and Fernandez-Leal A. Human in the loop machine learning: a state of the art. Artificial Intelligence Review 2022;56:3005-3054.
4. Austin Z and Haji A. Regulation of wicked problems: opportunities, responsibilities, and threats. J Medical Regulation 2023;109(3):6-11.
5. Davenport T. The potential for artificial intelligence in healthcare. Future Healthc J 2019;6(2):94-98.
6. Bohr A and Memarzadeh K. The rise of artificial intelligence in healthcare applications. Artificial Intelligence in healthcare 2020:25-60.
7. Gichoya J, Thomas K, Celli L, Safdar N, Banerjee I, Banja J, et al. AI pitfalls and what not to do: mitigating bias in AI. Br J Radiol 2023: 10.1259/bjr20230023. Accessed February 20 2024.
8. Suerbrei A, Kerasidou A, Lucivero F and Hallowell N. The impact of artificial intelligence on the person-centred, doctor-patient relationship: some problems and solutions. BMC Medical Informatics and Decision Making 2023;23:Article 73.
9. Hatem R, Simmons B and Thornton J. A call to address AI "hallucinations" and how healthcare professionals can mitigate their risks. Cureus 2023;15(9):e44720. <https://doi.org/10.7759/cureus.44720>.
10. European Parliament (June 6 2023). EU AI Act: First Regulation on Artificial Intelligence. Accessed February 24 2024 at: <https://www.europarl.europa.eu/topics/en/article/20230601STO93804/eu-ai-act-first-regulation-on-artificial-intelligence>
11. Engler A. The EU and US are starting to align on AI regulation. Brookings Institute Commentary. February 01 2022. Accessed February 22 2024 at <https://www.brookings.edu/articles/the-eu-and-u-s-are-starting-to-align-on-ai-regulation/>
12. Van der Gaag A, Jago R, Gallagher A, Stathis K, Webster M and Austin Z. Artificial intelligence in health professions regulation: an exploratory qualitative study of nurse regulators in three jurisdictions Journal of Nursing Regulation 2023;14(2):10-17





The College of Naturopaths of Ontario

REQUEST FOR PROPOSALS

Communications and Public Relations Support

February 2026

1. Introduction

The College of Naturopaths of Ontario (the College) is a not-for-profit healthcare regulatory authority responsible for protecting the public by regulating and overseeing the practice of naturopathy within Ontario. Our mandate includes establishing standards, ensuring professional competence, investigating complaints, enforcing ethical conduct, and enhancing public trust in the healthcare system.

The College regulates naturopaths in Ontario in the public interest. Our mandate is to support patients' rights to receive safe, competent, and ethical naturopathic care.

The College performs four key functions related to the regulation of the profession.

1. Registering Safe, Competent, and Ethical Individuals - We establish requirements to enter the profession, set and maintain examinations to test individuals against these requirements, and register qualified individuals – individuals who have demonstrated that they can practise naturopathy safely, competently, and ethically.
2. Setting Standards - We set and maintain standards of practice that guide our Registrants to ensure they provide safe, competent and ethical patient care and inform the public about what to expect from their naturopath.
3. Ensuring Continuing Competence - We create and manage a variety of continuing education and professional development programs to ensure naturopaths maintain their competency as a means of assuring the public that they will receive safe, competent and ethical naturopathic care.
4. Providing Accountability through Complaints and Discipline - We hold naturopaths accountable for their conduct and practise by investigating complaints and concerns and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

To support this mission, the College seeks the support of qualified individuals or organizations that focus on communications and public relations (PR) with deep expertise in healthcare, regulatory communication, and sensitive public-interest matters. The selected partner will help the College strengthen its public presence, improve transparency, support regulatory initiatives, and communicate effectively with diverse audiences, including patients, health professionals, partners, and the public.

2. Objectives

The PR firm will support the College in:

- Increasing public understanding of the College's role in ensuring competent, ethical, and safe healthcare.
- Enhancing transparency around regulatory processes such as complaints, investigations, registration, and quality assurance initiatives.
- Supporting proactive communication about public health issues, regulatory updates, and changes to standards.
- Strengthening relationships with interested healthcare organizations, government partners, patient advocacy groups, professional associations, and the public.
- Responding effectively and rapidly to emerging issues, public concerns, or sector-based crises involving regulated healthcare professionals.
- Building long-term communications capacity and strategic planning.

3. Scope of Work

The successful communications partner will provide services that may include, but are not limited to:

3.1 Strategic Communications

- Develop a comprehensive communications strategy that aligns with the College's public-protection mandate.
- Provide key message frameworks for regulatory processes, investigations, discipline outcomes, and public education campaigns.
- Advise on reputation management and health-sector risk mitigation.

3.2 Public Education & Awareness

- Support campaigns focused on patient rights, complaint processes, professional accountability, and safe healthcare practices.
- Develop accessible materials explaining complex regulatory concepts for public consumption.
- Promote College activities that support its strategic priorities.

3.3 Media Relations

- Prepare and distribute media advisories, press releases, and statements regarding regulatory activities or public health issues.
- Support interactions with health, policy, and investigative journalists.
- Provide media monitoring and sentiment analysis, including tracking emerging issues in healthcare.
- Deliver media training for senior leadership and spokespersons.

3.4 Issues and Crisis Communications

- Develop and update crisis communications protocols tailored for healthcare regulatory environments.
- Provide rapid-response services for high-profile investigations, public complaints, disciplinary cases, or system-wide health crises.
- Monitor public sentiment across media and social channels to inform decision making.

3.5 Digital Communications

- Support website content, social media strategy, and digital campaigns related to regulatory updates, public guidance, and awareness initiatives.
- Provide analytics-based recommendations to enhance digital engagement.

3.6 External & Government Relations Support

- Create targeted communication materials for regulated professionals, health-sector organizations, and government partners.
- Support outreach associated with regulatory changes, consultations, and new standards.

3.7 Measurement and Reporting

- Produce monthly and/or quarterly communications performance reports.
- Recommend ongoing refinements to communication strategies based on data.

4. Proposal Requirements

Proposals should include:

4.1 Firm Profile

- Overview of the firm, including size, history, and areas of specialization in the healthcare and regulatory sectors.
- Description of experience supporting public bodies, not-for-profit organizations, and healthcare agencies.

4.2 Team Qualifications

- Bios of team members with specific healthcare, regulatory, or crisis-communications experience.
- Relevant certifications, specialized training, or sector knowledge.

4.3 Approach and Methodology

- Explanation of how the firm approaches healthcare-regulatory communications, public-interest messaging, and multi-stakeholder engagement.
- Proposed workflow and collaboration structure with the College.

4.4 Examples of Relevant Work

- Case studies highlighting work with healthcare organizations, regulators, or public-sector entities.
- Samples of public education campaigns, media strategies, or crisis responses.

4.5 Pricing

- Detailed pricing, including hourly rates, retainer options, project-based fees, and any additional or pass-through costs.

4.6 References

- Minimum of three references from comparable organizations, preferably within healthcare or regulatory fields.

Budgetary note: The most common question posed by individuals and organizations bidding on requests for proposals relates to the budget the College has for the activities under consideration in the RFP. The College will not be providing information in the RFP or in response to questions regarding budget for several reasons:

- Overall costs are one element of the competitive process,
- The College's budget will be scalable depending on our overall needs and priorities at any given time,
- The College anticipates that any activities undertaken as a part of this RFP will occur under several fiscal years of the College's work,
- The College is seeking a qualified partner who can provide these services over the long term.

As part of this RFP process, the College is inviting potentially interested individuals and organizations to submit any questions that they may have about the RFP. All questions will be collected, and responses sent to all parties that indicate an intent to submit a proposal.

Questions, and any future correspondence should be addressed to:

Andrew Parr
Chief Executive Officer
ceo@collegeofnaturopaths.on.ca

6. Intent to Bid

As this RFP is being sent, unsolicited, to several individuals and organizations, anyone interested in submitting a proposal is asked to indicate so by e-mail no later than February 12, 2026, at 5:00 p.m. (ET). Any recipients of this RFP that do not indicate their intent to submit will be presumed to not be interested or suited for this project and will receive no further communication from the College on this matter. We thank you for your consideration.

7. RFP Schedule and Proposal Deadline

The following deadlines and schedule apply to the RFP:

- Release of the RFP: February 2, 2026.
- Receipt of Intent to Bid: February 12, 2026@ 5:00 pm
- Receipt of any questions: February 18, 2026@ 5:00 pm.
- Response to questions: February 20, 2026 by 5:00 pm.
- Submission of Proposals: February 27, 2026 by 5:00 pm.
- Presentations of shortlisted Providers: March 4, 2026.
- Selection of preferred Provider: March 11, 2026.
- Signed Contract: March 27, 2026.
- Service Start Date: April 1, 2026.

For clarity, all proposals must be received by 5:00 pm, ET on February 27, 2026.

8. Conflict of Interest

As this project involves direct work with the regulatory authority governing naturopathic doctors and the delivery of a key operational activity of the College. Providers must indicate any potential for a conflict of interest. A conflict of interest may exist where the Provider is providing similar services to a professional association, either in naturopathy or another profession, or with another organization that may have a relationship with the College.

Providing similar services to other health regulatory Colleges in Ontario or other jurisdictions would not be considered a conflict of interest.

9. Proposal Evaluation Process and Criteria

9.1 Evaluation Process and Contract Award

Proposals will be reviewed by a small team of individuals responsible for the delivery of the College's communications and external relations who will evaluate the proposals based on the criteria set out below.

9.2 Evaluation Criteria

The College will evaluate all proposals based on criteria and scoring:

- Demonstrated expertise in healthcare and/or regulatory communications
- Strength of proposed strategic approach
- Experience with crisis communications and high-sensitivity environments
- Qualifications of proposed team
- Quality of past work and case studies
- Pricing transparency and overall value
- Ability to support rapid and sustained communication needs

10. Terms and Conditions

By submitting a proposal, Providers are agreeing to the following terms and conditions of this request for proposals process:

- The Provider agrees that it will act as an independent contractor and will have no direct employer/employee/agent relationship with the College.
- The Provider has no existing other organizational relationship that would place it in a conflict of interest with the College or a perceived conflict of interest.
- Any costs associated with the development of a proposal and the development and delivery of a presentation or any meetings as part of the selection process will be at the expense of the Provider and not the College.
- The College reserves the right to reject any or all proposals at its sole discretion for any reason, whatsoever.
- All information obtained by the Provider in connection with this RFP is the property of the College, it shall be treated as confidential and shall not be used for any purpose other than for the purpose of replying to this RFP.
- Upon completion of the evaluation process, negotiations may be undertaken by the College to refine the details of the contract for all or portions of the proposed Scope of the Project.

11. Submission Instructions

Submissions must be received by the deadline set out in section 7 above. Late submissions may not be considered. With your submission, please include:

- One (1) electronic PDF submission,
- Email subject: "RFP Submission – Communications & PR Support (College of Naturopaths of Ontario)"

Send to:

Andrew Parr, CAE
Chief Executive Officer
ceo@collegeofnaturopaths.on.ca
416-583-6010

The College of Naturopaths of Ontario
February 2026



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 January 1, 2026 to February 28, 2026

This report is the fifth of six Chair's Reports for the current Council cycle and covers activities from January 1, 2026, through February 28, 2026.

During this period, The Vice-Chair and I met several times, including one meeting with legal counsel to discuss College personnel matters, as discussed at the in-camera session at January's Council meeting.

I also met with Dr. Audrey Sasson, ND, Chair of the OAND, in January, with a follow-up meeting scheduled for mid-March. In late February, I met with Andrew and the OAND senior leadership team, during which I reported that the CEO of the OAND had breached my privacy by disclosing my personal email address – an issue I subsequently addressed in a follow-up letter.

Andrew and I met with a potential presenter for the training segment of our in-person May Council meeting, and their proposal is currently under consideration. We also maintain regular email correspondence and hold virtual meetings at least once a month, which I continue to find highly valuable.

I deeply appreciate my email exchanges with Council members and want to emphasize that they are always encouraged to reach out. I am consistently available to discuss any matters related to our work.

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)
Council Chair
March 2, 2026



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT HIGHLIGHTS

This is the Regulatory Operations Report at February 28, 2026. The focus of this report are the months of January and February, the two months since the data submitted in our previous report to Council.

1.1 Registration

Registrants

As of February 28, 2026, the College had 1732 registrants in good standing (L3) who held a General class certificate of registration and 192 registrants in good standing (L6) who held an Inactive class certificate of registration. There were also 30 Life Registrants (L12), a reduction of one in this program year due to the passing of Dr. Joseph Kellerstein, ND (Retired).

In terms of changes in status, there was one suspension (L15) in January and February leaving the total at 24 for the year. There have been 34 class changes (L19) so far this year, four of which have been processed in the last two months.

Professional Corporations

Three new Certificates of Authorization for naturopathic professional corporations were issued in January and February bringing the total for the year to 11 (L37). A total of 28 certificates were renewed in January and February (L42), bringing the total so far for the year to 122.

1.2 Entry-to-Practice

Applications for Registration

In January and February, 13 new applications for registration were received (L47) bringing the total for the year to 99. A total of 21 new certificates of registration were issued in this period (L48) for a total of 91 this year. A total of 12 applications remain on-going (L46).

Referrals to the Registration Committee

Four new referrals were made to the Registration Committee (L51) in January and February, all of which were disposed of by the Committee (L52). In all four matters, the Committee directed the CEO to issue a certificate with no further action on the part of the applicant (L53).

1.3 Examinations

The Ontario Clinical Sciences Examination was delivered in February with 29 candidates having sat the exam (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; however, no funds were paid out during January and February (L112).

1.5 Quality Assurance

A total of 127 Peer & Practice Assessments were required in this program of which 13 were completed in the period (L118). This means that all 127 required have been completed.

1.6 Inspection Program

Premises & Inspections

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

The inspection outcomes in January and February include nine passes (L138) and three passed with conditions (L139) among the new premises inspections and three passes (L141) and two conditional passes (L142) among the 5-Year anniversary inspections. No premises outright failed the inspections.

Occurrence Reports

Four new Type 1 Occurrence reports were received in January and February (L146-L149). Of interest, one of the reports related to the performance of a procedure on the wrong patient for the first time. The other reports related to the death of a patient within five days of receiving treatment and two reports relating to 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 five new complaints (L156); no new Registrar's investigations (L157) were initiated in January and February and two complaint files and three report files were closed (L158/L159). Of these five closed files, four were provided with a letter of counsel (L167), one was issued an oral caution and SCERP (L171).

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 or Discipline Hearings were held during January and February.

1.10 Regulatory Guidance and Education

Regulatory Guidance

During January and February, 63 new regulatory guidance inquiries were received by either telephone or email (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 January with 161 people in attendance. This brings attendance among the three sessions held so far this year to 680 (L262). A total of 75 recorded programs have been accessed during this period, bringing the year to date total to 654 (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 January and February, one new appeal of a Registration Committee decision was filed (L266). There are now two active appeals before HPARB.

No new ICRC decisions were appealed to HPARB in this reporting period (L273); however, two decisions were rendered by HPARB, and both decisions upheld the ICRC decisions on the files. This leaves two remaining active appeals of ICRC decisions.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
March 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)													1982	1	
General Class (Total)													1749	2	
<i>In Good Standing</i>	2	8	2	5	-4	-5	6	11	10	6	5		1732	3	
<i>Suspended</i>	2	0	2	1	0	0	-1	1	-1	0	0		17	4	
Inactive Class (Total)													203	5	
<i>In Good Standing</i>	1	-2	1	-1	5	5	1	3	2	7	0		192	6	
<i>Suspended</i>	0	1	0	0	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	0		0	9	
<i>Suspended</i>	0	0	0	0	0	0	0	0	0	0	0		0	10	
Life Registrants													30	11	
<i>In Good Standing</i>	0	0	0	0	0	0	0	0	0	-1	0		30	12	
<i>Suspended</i>	0	0	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)														85	14
Suspensions	6	8	1	5	0	0	0	1	2	1	0		24	15	
Resignations	0	2	1	0	0	1	0	0	2	1	2		9	16	
Revocations	1	2	1	0	0	0	1	0	1	0	0		6	17	
Reinstatements	3	5	0	0	0	0	0	0	3	1	0		12	18	
Class Changes (Total)													34	19	
General Class to Inactive Class	1	1	2	0	5	5	2	3	2	5	2		28	21	
Inactive Class to General Class (<2yrs)	0	1	1	2	0	0	1	0	0	0	0		5	22	
Inactive Class to General Class (>2 yrs)	0	0	0	1	0	0	0	0	0	0	0		1	23	
Any Class to Life Registrant Status	0	0	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	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	0		0	28
Applications decided		0	0	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	0		0	30
Application referred by CEO to RC		0	0	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	0		0	32
Application denied by RC		0	0	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)														145	**
Certificates of Authorization in place														137	35
Suspended Certificates of Authorization		0	0	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	2	1		11	37
Certificates of Authorization Reinstated		0	0	0	0	0	0	0	0	0	0	0		0	38
Certificates Resigned/Desolved		0	0	0	1	0	0	0	0	0	0	0		1	39
Certificates Revoked		0	0	0	0	0	0	0	2	0	0	0		2	40
PC Renewals in 2025-26															**
Not Yet Renewed in this program year														12	41
Renewed		9	9	13	9	9	7	8	17	13	16	12		122	42
Revoked		0	0	0	0	0	0	0	2	0	0	0		2	43
Resigned/Dissolved		0	0	0	1	0	0	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														12	46
On-going applications from prior period(s)															**
New applications received		13	7	7	4	5	2	14	19	15	10	3		99	47
Certificates issued		7	12	6	6	1	2	7	15	14	14	7		91	48
Certificates declined		0	0	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	4	0		10	51
Decisions Issued		0	0	0	0	1	1	2	2	0	4	0		10	52

Regulatory Activity	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Registration Committee Outcomes													10	**
Approved	0	0	0	0	0	1	0	0	0	4	0		5	53
Approved – TCLs	0	0	0	0	0	0	0	0	0	0	0		0	54
Approved – Exams required	0	0	0	0	0	0	0	1	0	0	0		1	55
Approved – Education required	0	0	0	0	1	0	2	1	0	0	0		4	56
Denied	0	0	0	0	0	0	0	0	0	0	0		0	57

Prior Learning and Recognition Program Activities in Process													1	**
Applications from prior period													0	59
New applications received	0	0	0	0	0	0	0	0	0	1	0		1	60
Decisions rendered on applications	0	0	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	0	1	0	2	63
Exam sittings held	0	0	0	0	1	0	0	0	0	0	1	0	2	64
Number of candidates sitting exam	0	0	0	0	105	0	0	0	0	0	29	0	134	65
Ontario Biomedical Examination														
Exam sittings scheduled	0	0	0	0	0	1	0	0	0	0	0	1	2	68
Exam sittings held	0	0	0	0	0	1	0	0	0	0	0		1	69
Number of candidates sitting exam	0	0	0	0	0	104	0	0	0	0	0		104	70
Ontario Clinical Practical Examination														
Exam sittings scheduled	0	0	0	1	0	0	1	0	0	0	0	0	2	73
Exam sittings held	0	0	0	1	0	0	1	0	0	0	0	0	2	74
Number of candidates sitting exam	0	0	0	72	0	0	61	0	0	0	0	0	133	75
Ontario Therapeutic Prescribing Examination														
Exam sittings scheduled	1	0	0	0	0	1	0	0	0	0	0	0	2	78
Exam sittings held	1	0	0	0	0	1	0	0	0	0	0	0	2	79
Number of candidates sitting exam	49	0	0	0	0	51	0	0	0	0	0	0	100	80
Ontario Intravenous Infusion Examination														
Exam sittings scheduled	0	1	0	0	0	0	0	0	1	0	0	0	2	83
Exam sittings held	0	1	0	0	0	0	0	0	1	0	0	0	2	84
Number of candidates sitting exam	0	16	0	0	0	0	0	0	18	0	0	0	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	0	0	93
Appeals Denied	0	0	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	0	0	96
Appeals Denied	0	0	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	0	0	99
Appeals Denied	0	0	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	0	0	102
Appeals Denied	0	0	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	0	0	105
Appeals Denied	0	0	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	0	0	0	0	0	78	89
BME questions developed	0	0	0	0	0	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	0	0	109
Funding application declined	0	0	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	\$0	\$0	\$1,120	112

1.5 Regulatory Activity: Quality Assurance														
Peer & Practice Assessments (Remaining for Year)													0	114
Pool selected by QAC													127	115
Deferred, moved to inactive or retired (removed from	0	0	6	0	1	2	1	0	1	0	0	0	11	116
Assessments ordered by QAC, i.e. outside of random	0	0	0	0	0	8	0	0	0	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	8	5		127	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													5	119
Satisfactory Outcome	0	0	0	0	0	0	2	0	0	3	0		5	120
Ordered Outcome (SCERP, TCL, etc.)	0	0	0	0	0	0	0	0	0	0	0		0	121
Referred to ICRC	0	0	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	0	0	0	526	123
Number received	0	0	0	0	43	477	0	0	0	0	0	0	520	124
Number of CE Reports with deficiencies	0	0	0	0	11	119	0	0	0	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)													171	127
Total Registered from prior year (as of April 1)													160	127
Newly registered	6	1	2	2	1	3	0	1	0	0	6		22	128
De-registered	2	2	0	0	2	0	2	1	1	0	1		11	129

Inspections of Premises														
New Premises														
Part I Completed	6	0	1	2	3	3	0	1	0	3	3		22	134
Part II Completed	1	2	1	2	1	1	5	2	1	2	0		18	135
5-year Anniversary Inspections														
Premises requiring 5-year inspection													17	136
Completed	0	0	2	3	1	0	2	1	3	0	0		12	137

Inspection Outcomes														
New premises-outcomes (Parts I & II)														
Passed	7	5	4	0	3	7	3	4	0	0	9		42	138
Pass with conditions	2	0	0	0	2	1	0	1	0	2	1		9	139
Failed	0	0	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	3	0		11	141
Pass with conditions	0	0	1	0	2	0	0	0	0	1	1		5	142
Failed	0	0	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)													16	145
Patient referred to emergency	0	0	2	2	0	3	1	1	2	2	0		13	146
Patient died	0	0	0	0	0	0	0	0	0	0	1		1	147
Procedure performed on wrong patient	0	0	0	0	0	0	0	0	0	0	1		1	148
Emergency drug administered	0	1	0	0	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	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													19	154
Open Reports incl. carried forward from prior yrs													7	155
New Complaints	1	6	2	1	2	2	1	3	1	4	1		24	156
New Reports	0	0	1	0	0	2	1	0	0	0	0		4	157
Complaints completed	1	5	3	1	0	2	3	4	0	1	1		21	158
Reports completed	1	0	1	0	0	0	0	2	0	1	2		7	159
Files in Alternate Dispute Resolution (In process)													0	160
ADR Files from Prior Period													0	161
New files referred to ADR	1	0	0	0	0	0	1	0	0	1	0		3	162
Files resolved by ADR	0	0	0	0	0	0	0	0	0	1	1		2	163
Files not resolved by ADR	0	0	1	0	0	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	0	0		3	166
Letter of Counsel	0	2	0	1	0	1	1	1	0	1	3		10	167
Oral Caution	0	2	0	0	0	0	0	0	0	0	0		2	168
Specified Continuing Education and Remediation	0	0	2	0	0	0	0	0	0	0	0		2	169
Letter of Counsel & SCERP	0	0	0	0	0	0	0	0	0	0	0		0	170
Oral Caution & SCERP	1	0	2	0	0	0	0	1	0	1	0		5	171
Acknowledgement & Undertaking	0	0	0	0	0	0	0	2	0	0	0		2	172
Referral to Fitness to Practise Committee	0	0	0	0	0	0	0	0	0	0	0		0	173
Referral to Discipline Committee	1	0	0	0	0	0	0	2	0	0	0		3	174
Frivolous & Vexatious	0	0	0	0	0	1	1	0	0	0	0		2	175
Resolved through ADR	0	0	0	0	0	0	0	0	0	0	0		0	176
Withdrawn by Complainant	0	0	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	0	0		1	180	
New Interim Orders - Suspended	0	0	0	0	0	0	0	0	0	0	0		0	181	
Interim Orders Removed	0	1	1	0	0	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	1	0		10	184	
Billing and Fees	0	1	1	0	0	0	1	1	0	0	0		4	185	
Communication	0	0	1	0	2	1	1	2	0	3	1		11	186	
Competence/Patient Care	1	4	1	0	2	1	1	2	0	1	0		13	187	
Fraud	0	0	0	0	0	0	0	0	0	0	0		0	188	
Professional Conduct & behaviour	0	0	1	1	1	0	1	0	0	1	1		6	189	
Record Keeping	0	0	1	0	1	0	1	1	0	0	0		4	190	
Sexual Abuse/Harassment/Professional Boundaries	0	0	0	0	0	0	0	0	0	0	0		0	191	
Delegation	0	0	0	0	0	0	1	0	0	0	0		1	192	
Unauthorized Practice/Scope of Practice	0	1	1	0	2	2	1	0	0	0	0		7	193	
Failure to comply with an Order	0	0	0	0	0	0	0	0	0	0	0		0	194	
Inappropriate/ineffective treatment	0	3	0	0	1	0	0	0	0	0	0		4	195	
Conflict of Interest	0	0	0	0	0	0	0	0	0	0	0		0	196	
Lab Testing	0	0	0	0	1	0	1	0	0	0	0		2	197	
QA Program Compliance	0	0	0	0	0	0	0	0	0	0	0		0	198	
Cease & Desist Compliance	0	0	0	0	0	0	0	0	0	0	0		0	199	
Failure to Cooperate	0	0	0	0	0	0	0	0	0	0	0		0	200	
Practising while Suspended	0	0	0	0	0	0	0	0	0	0	1		1	201	
Unprofessional/Unbecoming Conduct	0	1	0	0	1	2	0	0	0	0	0		4	202	
Breach of Privacy	0	0	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	0	0		5	206	
Letters signed back by practitioner	0	0	0	0	0	0	0	0	0	0	1		1	207	
Letters unsigned or outstanding	1	0	1	0	1	1	1	0	1	0	0		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	0	0	0	212
Applications approved by the Court	0	0	0	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	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	0	0	0	3	217
Matters concluded	0	1	1	0	0	0	0	0	1	0	0	0	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	0	0	0	233
Matters concluded	0	0	0	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	0	0	0	1	221
Completed	0	0	0	0	1	0	0	0	0	0	0	0	1	222
Not needed on consent	0	0	0	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	0	0	0	2	225
Uncontested hearings completed	0	0	0	0	0	0	0	0	1	0	0	0	1	226
Outcomes of Contested Matters														
Findings made	0	0	0	0	0	0	0	0	1	0	0	0	1	228
No findings made	0	0	0	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	0	0	0	235
No finding made	0	0	0	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)														424	237
E-mail	27	31	21	29	27	18	16	33	16	17	18		253	238	
Telephone	17	24	10	25	8	11	17	19	12	22	6		171	239	
Most Common Topics of Inquiries															
Telepractice	2	2	2	6	2	0	2	3	4	5	2		30	240	
Record Keeping	4	3	4	4	7	3	1	5	3	3	2		39	241	
Scope of Practice	2	4	4	4	5	0	4	4	3	1	2		33	242	
Injections	2	0	0	2	1	1	2	2	0	0	0		10	243	
Patient Visits	3	4	1	2	0	1	0	1	2	2	0		16	244	
Delegations and Referrals	0	1	2	2	4	1	4	3	1	2	2		22	245	
Laboratory Testing	2	2	1	4	3	1	1	1	2	2	1		20	246	
Consent and Privacy	3	3	5	2	2	5	0	1	1	1	1		24	247	
Conflict of Interest	2	1	1	0	2	0	2	0	0	0	0		8	248	
Prescribing/Selling Drugs	3	2	3	4	3	5	3	2	1	4	3		33	249	
Fees and Billing	2	4	1	6	0	2	2	7	3	2	0		29	250	
Inspection Program	0	3	0	2	1	1	1	2	0	1	2		13	251	
Endorsements	1	0	0	4	0	0	0	0	0	0	0		5	252	
Graduates working for NDs	2	1	0	2	0	0	1	5	1	3	0		15	253	
Continuing Education	0	3	1	0	2	3	1	0	0	1	2		13	254	
Advertising	1	1	3	2	0	1	0	1	1	0	1		11	255	
Notifying Patients when Moving	3	1	0	3	1	0	0	1	1	1	0		11	256	
Completing Forms and Letters for Patients	0	0	0	1	0	1	0	1	0	0	0		3	257	
Registration and CPR	0	1	0	3	4	1	1	1	0	4	2		17	258	
Complaints	0	0	0	1	0	0	1	1	0	1	0		4	259	

Regulatory Education Program														
Live Sessions														
Session Delivered	0	1	0	1	0	1	0	1	0	1	0		5	260
Registrations	0	221	0	82	0	208	0	252	0	228	0		991	261
Attendees	0	144	0	58	0	135	0	182	0	161	0		680	262
Recorded Sessions														
Registrations	14	29	48	103	73	245	46	21	0	37	38		654	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														2	264
Appeals carried forward from prior period														0	265
New appeals filed with HPARB		0	0	1	0	0	0	0	0	0	0	1		2	266
Files where HPARB rendered decision		0	0	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	0		0	268
Returned		0	0	0	0	0	0	0	0	0	0	0		0	269
Overturned		0	0	0	0	0	0	0	0	0	0	0		0	270
ICRC Decisions before HPARB (Total current)														2	271
Appeals carried forward from prior period														4	272
New appeals filed with HPARB		0	1	0	0	0	0	0	1	0	0	0		2	273
Files where HPARB rendered decision		0	0	0	0	2	0	0	0	0	2	0		4	274
HPARB Decisions on ICRC Matters															
Upheld		0	0	0	0	2	0	0	0	0	2	0		4	275
Returned		0	0	0	0	0	0	0	0	0	0	0		0	276
Overturned		0	0	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	0		0	281
Matters where HRT0 rendered a decision		0	0	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	0		0	283
In favour of College		0	0	0	0	0	0	0	0	0	0	0		0	284
Matter settled/resolved		0	1	0	0	0	0	0	0	0	0	0		0	285



The College of Naturopaths of Ontario

Financial Report

For Q3 (October 1, 2025, to December 31, 2025)

And YTD results (April 1, 2025, to December 31, 2025)

Executive Summary

This financial report provides an overview of the College’s financial position and performance for the period ended December 31, 2025, based on the Balance Sheet and Income Statement. The results reflect the College’s continued commitment to sound financial management, transparency, and responsible stewardship of resources.

This report includes the following sections:

1. The Statement of Financial Position as at December 31st, 2025, with notes.
2. Q3 Statement of Operations (October 1st, 2025, to December 31st, 2025).
3. YTD Statement of Operations (April 1st, 2025, to December 31st, 2025) with notes.
4. Year End Projections (January 1st, 2026, to March 31st, 2026).

During Q3, revenue exceeded budget just over \$2.5K (*Actual: \$152.1K vs. Budget: \$149.5K*), while expenses were just under \$48K below budget (*Actual: \$1.1M vs. Budget: \$1.15M*). The variance in expenses is primarily due to timing differences in expenditures. These expenses are expected to occur in Q4. (*Refer to page 4 for the Q3 Statement of Operations*).

Year-to-date (YTD), the College’s revenue exceeded budget by \$62,902, and expenses were below budget by \$270,704, resulting in a favorable variance \$333,606 compared to the approved YTD budget as of December 31, 2025.

This financial report includes the Q3 results as well as the forecast for the fiscal year ending March 31, 2026. The Finance, Audit and Risk Committee reviewed the report at its February 25, 2026, meeting, and recommended that it be accepted by Council.

Summary of YTD (Q1-Q3) results

	Fiscal 2025-2026 YTD Results - (Q1 - Q3)				
Approved Fiscal Budget 2025-2026	YTD Budget (Q1-Q3)	YTD Actuals (Q1-Q3)	Variance	Q1-Q3 Variance	
\$	\$	\$	\$	%	
TOTAL REVENUES	3,942,392	3,815,676	3,878,578	62,902	2%
TOTAL EXPENSES	4,465,254	3,477,584	3,206,880	(270,704)	-8%
EXCESS OF REVENUES OVER EXPENSES	(522,862)	338,092	671,698	333,606	99%

Notes to the Statement of Financial Position

The Statement of Financial Position provides a snapshot of the financial standing of the College as of December 31, 2025.

1. **Cash** – Total cash balance is \$774,746. The net difference are funds received less normal operating YTD expenses (April 1st - December 31, 2025). Bank statements were reconciled and reviewed for completeness.
2. **Accounts Receivable** – Accounts Receivable has a balance of just over \$375,106, which includes registration fees of \$195K, less an allowance for doubtful accounts of \$7K and a loan receivable from CANRA in the amount of \$169K. Registration fees are collected monthly as per the pre-authorized payment plan. Repayment of the CANRA loan receivable commenced in November 2025.
3. **Prepays** – The prepaid balance of \$39,189 includes a standing rent deposit of \$15K plus BFL Insurance of \$10K and \$14K for miscellaneous software applications and operational expenses.
4. **Investments** – The College’s Manulife Money Market fund increased by approximately \$29K to \$1.764M since March 31st, 2025. The cashable GIC, at the end of its term in November, had a gain of just over \$16K. At the end of Q3 the GIC is under review for re-investment.
5. **Fixed Assets** – Total net book value of fixed assets is marginally over \$47K. Three additional docking stations were purchased for \$1.1K to complete the set up of hotelling stations in the office due to the retirement of outdated desktop computers.
6. **Accounts Payable and Accrued Liabilities** – **Accounts Payable** is \$110,817 of normal operating expenses as budgeted. **Accrued liabilities** are \$148,666 which includes employee vacation accruals (\$3K), year end audit fees (\$14K) and payroll accrual (\$130K). The payroll accrual includes one and a half pay periods in December that will be paid out in January 2026.
7. **Deferred income** – In the amount of \$63,350, is for Exams, Inspections and QA related fees collected in Q3 for related activities that will be executed and recognized as revenue in Q4.
8. **HST Payable** – In the amount of \$20,510 will be remitted to CRA for registration funds received through the pre-authorized monthly payment plan. This balance is determined by the total in accounts receivable at the end of the period.
9. **Reserved funds** – The reserve funds are adjusted at the end of the fiscal year, as per the approved reserve fund policies. The adjustment to the reserve funds depends on the March 31st, 2026, results.

2. Statement of Operations for Q3

Statement of Operations
As of October 01 2025-December 31 2025 (Q3)

	Q3 Results			
	Budget Q3	Actual Q3	Variance	Variance %
	\$	\$	\$	%
REVENUES				
Registration and member renewal fees	\$51,485	\$52,671	\$1,186	2%
Examination fees	\$30,640	\$40,584	\$9,944	32%
Assessment fees	\$5,000	\$0	-\$5,000	-100%
Incorporation fees	\$13,581	\$9,305	-\$4,276	-31%
Ordered costs recovered	\$11,500	\$7,500	-\$4,000	-35%
Inspection fees	\$20,500	\$31,800	\$11,300	55%
Interest	\$3,750	\$4,081	\$331	9%
Investment Income	\$13,000	\$6,236	-\$6,764	-52%
Miscellaneous	\$100	\$0	-\$100	-100%
TOTAL REVENUES	\$149,556	\$152,178	\$2,622	2%
EXPENSES				
Salaries and benefits	\$722,177	\$748,960	\$26,783	4%
Rent and utilities	\$49,134	\$45,861	-\$3,273	-7%
Office and general	\$75,306	\$15,087	-\$60,218	-80%
Consulting fees				
Consultants - general	\$1,850	\$3,978	\$2,128	115%
Consultants - complaints and inquiries	\$32,000	\$22,208	-\$9,792	-31%
Consultants - assessors/inspectors	\$23,700	\$20,373	-\$3,327	-14%
Exam fees and expenses	\$53,954	\$88,462	\$34,508	64%
Legal fees				
Legal fees - general	\$18,600	\$8,764	-\$9,837	-53%
Legal fees - complaints	\$52,600	\$3,616	-\$48,984	-93%
Legal fees - discipline	\$37,000	\$59,953	\$22,953	62%
Council fees and expenses	\$39,673	\$35,532	-\$4,141	-10%
Hearings (Discipline, Fitness to Practise)	\$4,180	\$0	-\$4,180	-100%
Amortization/Depreciation	\$0	\$0	\$0	0%
Insurance	\$8,931	\$8,949	\$18	0%
Equipment maintenance	\$15,340	\$12,258	-\$3,082	-20%
Audit fees	\$4,500	\$4,525	\$25	1%
Public education	\$14,879	\$28,191	\$13,312	89%
Education and training	\$1,500	\$650	-\$850	-57%
Postage & Courier	\$327	\$404	\$78	24%
TOTAL EXPENSES	\$1,155,649	\$1,107,771	-\$47,878	-4%
EXCESS OF REVENUES OVER EXPENSES	-\$1,006,093	-\$955,593	\$50,500	-5%

The Statement of Operations provides a report of all operating revenues and expenses for the fiscal year. For Q3, overall, revenue exceeded budget by just over \$2.5K (*Actual: \$152K vs. Budget: \$149.5K*), while expenses for the third quarter were \$47,878 below budget (*Actual: \$1.10M vs. Budget: \$1.15M*) resulting in a net impact of \$50,500 in excess revenues over expenses. The difference is due primarily to the timing of expenses incurred by the College. Please see notes on pages 6-7 to the YTD statement of operations for a concise explanation of the variances.

3. YTD Statement of Operations

STATEMENT OF OPERATIONS
As of April 01 2025 - December 31 2025 (Q1-Q3)

		Fiscal 2025-2026 YTD Results - (Q1 - Q3)				Fiscal 24-25	
Notes	Approved Fiscal Budget 2025-	YTD Budget (Q1-Q3)	YTD Actuals (Q1-Q3)	Variance	Q1-Q3 Variance	24-25 Actuals (Q1-Q3)	
	\$	\$	\$	\$	%	\$	
REVENUES							
	Registration and member renewal fees	3,436,580	3,420,825	3,457,952	37,127	1%	3,362,103
	Examination fees	273,980	225,960	270,745	44,785	20%	227,570
	Assessment fees	10,000	10,000	0	(10,000)	-100%	500
	Incorporation fees	49,632	35,441	30,434	(5,007)	-14%	33,270
	Ordered costs recovered	23,000	11,500	7,500	(4,000)	-35%	0
	Inspection fees	82,000	61,500	64,100	2,600	4%	52,700
	Interest	15,000	11,250	10,585	(665)	-6%	11,237
	Investment Income	52,000	39,000	37,262	(1,738)	-4%	52,838
	Miscellaneous	200	200	0	(200)	-100%	45
10	TOTAL REVENUES	3,942,392	3,815,676	3,878,578	62,902	2%	3,740,262
EXPENSES							
	Salaries and benefits	2,685,472	2,044,997	2,017,086	(27,911)	-1%	1,648,242
	Rent and utilities	202,004	152,402	142,636	(9,766)	-6%	138,772
11	Office and general	284,992	229,155	63,109	(166,046)	-72%	113,387
	Consulting fees						
	Consultants - general	47,925	44,850	47,286	2,436	5%	19,326
12	Consultants - complaints and inquiries	129,000	99,000	85,219	(13,781)	-14%	73,110
13	Consultants - assessors/inspectors	66,800	56,600	39,648	(16,952)	-30%	50,910
	Exam fees and expenses	267,337	224,758	240,547	15,789	7%	219,074
	Legal fees						
14	Legal fees - general	55,260	46,660	19,129	(27,532)	-59%	32,896
15	Legal fees - complaints	114,700	94,950	63,424	(31,526)	-33%	27,245
16	Legal fees - discipline	82,000	45,000	115,289	70,289	156%	222,814
	Council fees and expenses	206,875	180,530	172,006	(8,524)	-5%	51,735
17	Hearings (Discipline, Fitness to Practise)	8,360	4,180	8,878	4,698	112%	31,365
18	Amortization/Depreciation	20,554	0	9,893	9,893	0%	0
	Insurance	35,208	26,277	26,012	(265)	-1%	32,924
19	Equipment maintenance	61,560	46,220	38,469	(7,751)	-17%	34,382
	Audit fees	18,000	13,500	13,575	75	1%	0
20	Public education	165,656	155,777	96,940	(58,837)	-38%	49,115
21	Education and training	12,250	11,750	7,051	(4,699)	-40%	1,559
22	Postage & Courier	1,301	979	684	(296)	-30%	337
	TOTAL EXPENSES	4,465,254	3,477,584	3,206,880	(270,704)	-8%	2,747,192
	EXCESS OF REVENUES OVER EXPENSES	(522,862)	338,092	671,698	333,606	99%	993,070

Notes to the YTD Statement of Operations (Q1-Q3)

The notes will focus on the revenues and expenses that varied from the budget by 10%.

10. Total Revenues – At the end of Q3, total YTD revenues exceeded budget by just over \$2.5K primarily due to a higher than anticipated number of candidates enrolled for examinations.

- Examination revenue exceeded budget due to the increased enrollment of candidates for the Clinical (Practical) exam and Jurisprudence exam.
- No assessment fee revenues were generated as no peer and practice assessments were completed.
- Incorporation fees were slightly below budget due to the revocation of a few professional corporations.
- Ordered cost revenue was below budget. For reference, ordered costs are budgeted based on the timing of a hearing and when Decisions and Reasons are issued. In many cases the amount of monies awarded to the College is accompanied by some type of payment plan.
- Miscellaneous income remained minimal, as there were no significant activities or revenue collected from this category during this quarter.

By Q3, the College achieved 98% (Actual \$3.878M vs Budget \$3.942M) of its total budgeted revenue for the fiscal year.

11. Office and general (72% below budget) – This line item is typically comprised of various office expenses including office supplies, recruitment, printing and copying, license fees, website maintenance, janitorial costs, staff recognition, translations, and credit card fees. As of December 31st, the College incurred minimal photocopying and recruitment costs. There were no janitorial and translation costs. Costs associated with processing credit cards will increase in Q4 when registration renewals open in February.

12. Consulting fees – complaints and inquiries (14% below budget) – This account covers costs associated with investigation activities as related to complaints and Registrar (CEO) investigations. This quarter the College opened five new complaints, closed seven complaints, initiated one and closed two Registrar's (CEO) investigations.

13. Consulting fees – assessors/inspectors (30% below budget) – This account covers costs associated with activities conducted by assessors and inspectors for the College. A total of 56 Peer and Practice assessments were completed this quarter out of the 65 that were budgeted for Q3. For inspections, a total of nine were budgeted: five new premise inspections and four 5-year inspections. A total of 14 inspections were completed in Q3: eight new premises and six 5-year inspections.

14. Legal fees – general (59% below budget) – This account covers costs associated with legal advice for all College activities, except for complaints and discipline. This quarter operations and registration incurred costs that were processed. No other departments utilized any legal services this quarter.

Notes to the YTD Statement of Operations (Q1-Q3) continued:

- 15. Legal fees – complaints** (33% under budget) – This quarter the number of complaints and reports on which legal advice was required was less than anticipated.
- 16. Legal fees – discipline** (156% above budget) – This account represents legal costs for discipline matters, including prosecution costs and the costs associated with independent legal counsel. In Q3, costs were incurred in relation to preparatory work for an uncontested hearing. Additionally, continued legal work on two active appeal files contributed to the variance. At the end of Q3 this line item has exceeded total budget and will need to be offset through the reserve fund.
- 17. Hearings** (112% above budget) – Hearing costs in Q3 were incurred for a pre-hearing conference and one day of an uncontested hearing.
- 18. Amortization/Depreciation** – This expense allocation is budgeted in Q4 and reported at year-end.
- 19. Equipment maintenance** (17% below budget) – A cost savings for equipment maintenance was achieved by the end of Q3 as a result of the College not requiring any IT onboarding for staff.
- 20. Public education** (38% below budget) – Public education costs were higher this quarter as the College undertook website redesign work that had been deferred from Q1.
- 21. Education and training** (40% below budget) – Every year the College budgets for staff professional development, with most of the budget allocated to Q1 when performance appraisals are completed. However, the timing of when staff undertake approved professional development activities varies throughout the fiscal year. In Q3, one staff member was enrolled in professional development courses/activities.
- 22. Postage and Courier** (30% below budget) – The College’s postage machine is replenished on an as needed basis, with the majority of college communications being sent electronically. In Q3, courier costs were utilized for the distribution of new laptops.

Year End Projections (January 1, 2026-March 31, 2026)

At the end of this quarter the College's total revenue was \$3,878,578. While additional earnings of approximately \$123,742 are anticipated in Q4, revenue is projected to exceed the budgeted revenue by 1%.

Total expenditures at the end of this quarter were \$3,206,880 with the forecasted year end expenditures to be \$4,332,995; cost savings of approximately 3% of the total annual budgeted expenses.

For capital expenditures we have used \$12,751, which is 97% of the budgeted amount and do not anticipate any further capital purchases to be made in Q4.

Total Projected Revenue	\$4,002,320
Total Projected Capital Expenses	(\$ 12,751)
Total Projected Expenses	<u>(\$4,332,995)</u>
Year End Total	(\$ 343,426)

At the end of this fiscal year, we anticipate a deficit of (\$343,426).

End of report



The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 13, 2026

TO: Council members

FROM: Mr. Barry Sullivan
Vice-Chair, Governance Committee

RE: Proposed Amendments
Governance Process Policies – Part 2 (GP19-GP36)

The Governance Committee (GC) last met on March 13, 2026, and completed its' review of the Governance Process Policies – Part 2 (GP19-GP36), 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

GP20 - Commitment to Strategic Planning

The committee reviewed the policy and agreed to rephrase bullet point #1.

Recommendation: For the sentence to now read as:

At least every five years, the Council will consider whether it needs to dedicate a portion of its resources to focus on the long-term goals of the College.

GP21 - Debate Motions and Votes

The committee read through the policy and agreed to add wording to various definitions for clarity, as well as spelling out two-thirds referenced in Bullet Point 9 – items 4 and 5.

Recommendation: For the definitions and Bullet Points to now read as:

- Main Motion: Means a motion whose introduction brings business before the Council and that enables the Council to debate the matter.
- Postpone: Means to defer a motion that is before the Council and is qualified either as “postpone indefinitely” where the motion is brought back at the pleasure of the Council, “postpone definitely” where the matter is postponed to a certain date” where the motion is brought back on the date specified by the Council.
- Previous Question: Means immediately to close debate and the making of subsidiary motions (except the motion to Lay on the Table) so as to return to debate on the previous motion made to the Council.

- 9.4. A motion to limit or extend the limits of debate, which must be moved and seconded and requires approval of two-thirds (2/3rds) of Members present.
- 9.5. A motion to call the question, which must be moved and seconded and requires approval of two-thirds (2/3rds) of Members present.

GP26 – Hiring the Permanent CEO Replacement

The committee agreed to update Bullet Point #3 to indicate its correlation with Bullet Point #2.

Recommendation: For the sentence to now read as:

Where a suitable candidate has not been identified, the Search Committee, with the assistance of senior staff of the College, will issue a Request for Proposals from firms qualified to conduct an executive search on behalf of the Council and make a recommendation to the Executive Committee to contract with the successful bidding individual or firm.

GP29 - Participation in Outside activities or event

Following a discussion, the committee is recommending changes to two definitions and removing the list noted within Bullet Point #2.

Recommendation: For the definitions and Bullet Point #2 to now read as:

- Confidential Information: Means information concerning the business of the College and its Registrants, system partners and interested parties that is not known to the public, including, without limitation, Registrant and stakeholder lists and information, Council affairs, training seminars and programs, financial and contractual information, as well as any information pertaining to a Registrant's interaction with any program of the College.
- Council member: Means a person appointed to the Council by the Lieutenant Governor in Council or a Registrant elected or appointed to the Council.
- Bullet Point #2: Every Council and Committee member, through their participation in any Council or Committee meeting, or related activity, is committing themselves to abide by the Council's Governance Process policies that apply to their specific roles.

GP30 – Council and Committee Training Program

The committee noted that CCDI is no longer used by the College and should be updated to correct organization used.

Recommendation: To update the definition section to include the correct naming. Two definitions will now read as:

- Diversio: Means Diversio or a successor organization.
- Successful completion (bullet point 4 only): A certificate of completion of the Diversio training.

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. GP22 - Council Member Staff Interactions
 - a. Change the word from 'staff' to be 'them' in the opening paragraph.

- ii. GP23 - Process for Election of Officers
 - a. Change the word from 'the' to be 'that' in Bullet Point #6.
- iii. GP28 - Registering Gifts, Benefits & Remuneration
 - a. Change 'governance' to 'Governor' in the definition of Council member.
- iv. GP32 - Enterprise Risk Management
 - a. Removal of the two footnotes as they are not relevant to this policy.
 - b. Update the referenced committee from the Risk to the Audit, Finance and Risk Committee.
- v. GP33 - Equity, Diversity, Inclusion and Belonging (EDIB)
 - a. Removal of the direct links noted in the footnotes.
 - b. Update the referenced committee in the definitions and Bullet Points # 3 and #4 to the Governance Committee.
- vi. GP34 – Council Performance Assessment
 - a. Removal of the bracketed wording within the Panel definition.
- vii. GP35 - Council Skills Expertise and Diversity
 - a. Removal of 'draft' watermarking.
 - b. Removal of the brackets within Bullet Point #4b and one noted in #4e.
- viii. GP36.00 - Policy Review Process
 - a. Add 'Council-CEO' in the first definition.

Respectfully submitted,

 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCES<u>S</u>	Item 5.2
	Title	Policy No.
Commitment to Strategic Planning		GP20.01 <u>9</u>
		Page No.
		1

Council recognizes its legal and moral responsibility for the governance of the College of Naturopaths of Ontario and for seeing to it that the mission of the College is carried out while evolving the strategic direction it takes.

Accordingly,

1. At least every ~~five~~three years, ~~the~~ Council will consider whether it needs to dedicate a portion of its resources to focus on the long-term goals of the College.
2. All members of Council and the senior management team will participate in a strategic planning process agreed to by Council.
3. The strategic planning process will lead to a review/update of the Ends policies.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	<u>March 25, 2026</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.2
	Title Council Debates, Motions and Votes	Policy No. GP21.043
		Page No. 1

Council debates, motions and voting are governed by the Rules of Order of the Council, which is Schedule 2 of the By-laws of the College and Robert's Rules of Order. Debates, motions and voting will be conducted in a manner that is consistent with these rules and this policy, and that reflect an environment of respect for all members and staff. In the case of any inconsistency, the by-laws prevail over Robert's Rules of Order and this policy, and this policy prevails over Robert's Rules of Order.

Definitions	Abstain	Means to not vote at all on a matter for which a motion has been tabled.
	Amending Motion	Means a motion that is made to amend an earlier motion that has been moved and seconded and is presently before the Council for debate.
	Call the Question	Means a motion to close debate on a motion that has been moved and seconded and is presently before the Council for debate that would result in an immediate vote on the motion if the motion to call the question has been approved.
	Counted Vote	Means a vote that is taken whereby the secretary to the meeting counts the number of votes in favour, opposed and any abstentions.
	Lay on the table	Means to interrupt the pending business so as to permit doing something else immediately.
	Limit or extend limits of debate	Means placing specific parameters set by the Council on the manner of the debate on a motion before the Council.
	Main motion	Means a motion whose introduction brings business before the Council and that enables the Council to debate the matter.
	Point of Order	Means the raising of a question of order or procedure on which the Chair is required to rule and to enforce the regular rules of order.
	Postpone	Means to defer a motion that is before the Council and is qualified either as "postpone indefinitely" where the motion is brought back at the pleasure of the Council, "postpone definitely" where the matter is never brought back or "postponed" to a certain date" where the motion is brought back on the date specified by the Council.
	Previous question	Means immediately to close debate and the making of subsidiary motions (except the motion to Lay on the Table) so as to return <u>to</u> debate on the previous motion made to the Council.
	Recorded Vote	Means a vote which is taken and whereby the number of votes in favour, opposed and abstentions is recorded in the record.
	Refer to a	Means a motion on a matter is referred by the Council to one or more

DATE APPROVED	DATE LAST REVISED
October 17, 2013	March September 25, 202 6 <u>4</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title	Policy No. GP21.043
	Council Debates, Motions and Votes	Page No. 2

- Committee** of the Council committees for consideration, include advice and recommendations where warranted.
- Request for Information** Means a Council member who wishes to obtain information or have something done that requires the permission of the whole Council.
- Robert’s Rules of Order** Means the Robert’s Rules of Order Newly Revised, 11th edition, Da Capo Press.
- Roll Call Vote** Means taking a vote by roll call which has the effect of placing on the record how each Council member voted.
- Show of Hands Vote** Means a vote that is taken by Council members raising their hands in response to the call of the Chair and the subsequent ruling by the Chair as to whether the motion was passed.
- Subsidiary motion** Means a motion that is moved to assist the Council in disposing of the main motion and may include any of the following: Postpone indefinitely, Postpone to a certain time, Postpone definitely, Amend, Refer to a Committee, Limit or extend limits of debate, Previous question, or Lay on the table.

- Accordingly, 1 Council members will usually receive information about a matter to be discussed in the form of a briefing note or written report circulated in advance of the meeting. It is expected that Council members will have reviewed the materials and noted any questions they may have.
- 2 To begin a discussion, the Council member or the staff of the College responsible for the item will present the item providing a brief synopsis or providing any new or additional information to be considered.
- 3 Council members will be permitted to pose any questions or seek clarification about the information presented without initiating debate, discussion or stating any personal or professional positions. The Council Chair may rule any question or clarification that they believe do not comply with this requirement as out of order.
- 4 At the conclusion of the question/clarification period, a motion, which may be referred to as a “main motion”, must be introduced by a Council member and seconded by another Council member. The motion may then be discussed and debated.
- 5 As part of the debate of a motion, a Council member may comment on a previous point made during the debate or may introduce a new point for consideration of the Council.
- 6 Each Council member who wishes to address the motion will be invited to speak to the motion before individuals who wish to speak a second time. If the debate

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October 17, 2013	March <u>September</u> 25, 2026

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Council Debates, Motions and Votes	Policy No. GP21.043
		Page No. 3

appears to be concluded, the Council Chair may ask if there is any further debate. If there is no further debate, or if Council has passed a motion to vote on the motion, or if the time allotted to the debate on the matter has concluded, the Chair will put the motion to a vote.

- 7 Procedural issues that may arise will be addressed during the debate but separate from the main discussion. A Council member who believes a procedural rule has been violated can raise a Point of Order.
- 8 Clarification issues that may arise will also be addressed during the debate but separate from the main discussion. A Council member raises clarification issues as a Request for Information.
- 9 Once a “main” motion has been introduced, it should not be interrupted by another agenda item. However, one of the following “subsidiary” motions may be introduced:
 1. A motion to amend the motion, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
 2. A motion to defer the matter, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
 3. A motion to refer the matter to committee, which must be moved and seconded and requires the approval of a majority (50% plus 1) of Members present;
 4. A motion to limit or extend the limits of debate, which must be moved and seconded and requires approval of two-thirds (2/3rds) of Members present.
 5. A motion to call the question, which must be moved and seconded and requires approval of two-thirds (2/3rds) of Members present.
- 10 Votes of the Council will usually be carried out by a show of hands and will be recorded as carried or not carried based on the number of votes in favour or opposed and abstentions. Only when a Council member who has abstained or opposed a vote requests it will their name be recorded in the minutes. The CEO as Secretary to the meeting will report to the Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated.
- 11 The Chair or a majority (50% plus 1) of Council members can require that a vote be counted. In this case, the CEO, as secretary to the meeting, will report to the Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated. In the case of a counted vote, the number of votes in favour and opposed will be recorded in the minutes. Only when a Council member who has abstained from or opposed a vote requests it, will their name be recorded in the minutes, unless their name must be noted to reflect that quorum was present.
- 12 Any Council member can require that a vote be conducted by a roll call vote. In such a circumstance, the Chair will ask each Council member how they vote and the vote of each Council member as being in favour, opposed or abstaining will be recorded in the minutes. The CEO, as Secretary to the meeting, will report to the

DATE APPROVED October 17, 2013	DATE LAST REVISED <u>March</u> September 25, 2026 ⁶⁴
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 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
Council Debates, Motions and Votes		GP21.043
		Page No.
		4

Chair on the number of votes and the Chair will rule whether the motion has been carried or defeated.

- 13 A request for a counted or roll call vote may be made by any Council member at any time following the time the Chair states the question on the motion, but must be made before any debate or business has intervened.
- 14 A Council member who doubts the result of a vote can require a vote to be retaken by a show of hands, by requiring those in favour or opposed to stand (or in the case of an electronic meeting, raise their electronic hand), or as a roll call vote. Such a request must be made immediately after the result has been announced, and before any debate or business has intervened. The Council Chair or a majority (50% plus 1) of Council members can require that the vote be counted.

DATE APPROVED	DATE LAST REVISED
October 17, 2013	March September 25, 2026

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Council Member, Staff Interactions	Policy No. GP22.032
		Page No. 1

Council members work closely and collegially with the staff and, when in attendance at the offices of the College, in close proximity to the staff. Although Council members do not have any direct authority over the ~~m~~-staff (in accordance with GP03 (Council Code of Conduct)), they do have considerable indirect power and influence over the staff. In order to ensure that the legal obligations of the College and the reporting relationships within the College are met, including the staff to the CEO and the CEO to the staff, boundaries are necessary and prudent.

- Accordingly, 1 Council members will not ask staff to produce copies of personal documents or print personal documents, including those relating to expense claims to be filed with the Health Boards Secretariat and College.
- 2 In order to protect the confidentiality of materials being developed or considered by the staff, Council members will not approach staff at their workstations nor enter into an office of staff uninvited or unscheduled.
- 3 Council members are invited to engage in friendly informal dialogue with staff should they meet them in the corridors or open areas; however, they should not engage in dialogue about College activities outside of the appropriate forums.
- 4 In accordance with GP03 (Council Code of Conduct) Council members shall not direct staff to undertake any activities on their behalf. Council and its statutory Committees direct the CEO (or the appropriate Director as the CEO's delegate).

DATE APPROVED	DATE LAST REVISED
January 29, 2015	March 25 9 , 202 6 ³

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.2
	Title Process for Election of Officers	Policy No. GP23.054
		Page No. 1

Annually at the first meeting following the regular election of Council members, and, in the event that the Officer positions become vacant as set out in the by-laws, the Council will hold democratic and open elections for the positions of Officers of the Council.

- Accordingly,
- 1 The elections will be supervised by the CEO.
 - 2 The CEO may appoint scrutineers to assist in the election.
 - 3 Before the first regular meeting of the newly elected Council each year or any other Council meeting designated for the purpose by Council resolution, or should a position become vacant, the CEO shall send an invitation to all Council members requesting any person wishing to stand for election to the offices of the Council Chair, Council Vice-Chair and Officers-at-Large to indicate so, in writing to or on a form set by the CEO.
 - 4 A Council member's intent to seek office must be supported by two other Council members either electronically or on a form set by the CEO no later than 5:00 p.m. on the day one week before the meeting of Council when the election of Officers shall take place.
 - 5 Where no candidate is nominated for a position or, in the case of Executive Committee members at large where there are insufficient nominations for the number of positions available, nominations from the floor will be permitted.
 - 6 The CEO shall, prior to the deadline indicated in section 4 but not more than one week prior to that deadline, inform all Council members about any Council members' intent to seek election that has been submitted up to the ate point.
 - 7 At least five (5) days prior to the meeting of Council when the election of officers shall take place, the CEO shall circulate to the Council a list of the eligible candidates for election to the offices of the Council Chair, Council Vice-Chair and Officers-at-Large.
 - 8 A Council member may withdraw as a candidate at any time before the election.
 - 9 At the meeting of Council when the election of officers shall take place, the CEO shall present the names of eligible candidates who have indicated their interest for the position of Council Chair.
 - a) Where there is only one nominee for a position, that person shall be elected by acclamation.
 - b) In the event that there is more than one candidate for the office, the voting will be conducted by ballot or by electronic voting means, with the result being tabulated and then recorded and reported by the CEO.
 - c) Before the vote, candidates shall be given the opportunity to speak briefly (order to be determined by lot).
 - d) The election of a candidate shall be confirmed by a majority vote of those present and voting.

DATE APPROVED	DATE LAST REVISED
April 28, 2015	March 25 ⁹ , 2026 ³

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Process for Election of Officers	Policy No. GP23.054
		Page No. 2

- e) Where no candidate receives a majority vote, the candidate receiving the fewest votes shall be disqualified and Council shall, by ballot or electronic voting means, vote on the remaining candidates until one candidate receives a majority vote.
 - f) In the event of a tie, a second ballot will take place. If the second ballot also results in a tie, the winning candidate will be determined by lot.
- 10 The results of each election will be tabulated and reported by the CEO, with the number of votes accorded to each candidate to remain confidential.
 - 11 Once the Council Chair is elected, the Council Vice-Chair shall be nominated and elected in a similar manner.
 - 12 Once the Council Vice-Chair has been elected, the Officer-at-Large positions shall be filled in a similar manner, with the following modifications.
 - a) Council shall first elect the Officer-at-Large position(s) to be filled by Registrants(s).
 - b) Once the required number of Registrants has been elected, Council shall elect the remaining Officer-at-Large position(s) to be filled by Public member(s).
 - c) Where two or more positions are available for a Registrant or a Public Member, they may be elected on one ballot.
 - d) The required number of candidates who receive the most votes cast on the ballot shall be declared elected and a majority vote is not required.
 - 13 Once the election is completed, the CEO shall call for a motion to destroy the ballots or any record of the electronic voting system.

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April 28, 2015	March 25 9 ⁶ , 202 6 ³

 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Policy No.
Hiring a Permanent CEO Replacement		GP26.043
		Page No.
		1

It is the responsibility of the Council to seek out an individual to perform the role of the Chief Executive Officer (CEO) in the event that the position becomes vacant.

Accordingly,

1. The Council shall appoint a minimum of three Council members to form a Search Committee who shall be authorized to interview, evaluate, negotiate and recommend to the Council the appointment of an individual as the Chief Executive Officer.
2. Prior to instituting the remaining provisions of this policy, the Search Committee will first determine whether there may be suitable, qualified individuals within the College who are interested in being considered as a candidate for the position and shall make a recommendation to the Council on their candidacy.
3. Where a suitable candidate has not been identified, ~~t~~The Search Committee, with the assistance of senior staff of the College, will issue a Request for Proposals from firms qualified to conduct an executive search on behalf of the Council and make a recommendation to the Executive Committee to contract with the successful bidding individual or firm.
4. The Council Chair and Interim CEO will complete the procurement process and sign a contract with the winning bidder who will then, on behalf of the Search Committee, oversee the process of advertising for and conducting initial screening of candidates for the position. Suitable candidates will be presented to the Search Committee for consideration.
5. The Search Committee will conduct interviews with the suitable candidates presented by the Executive Search firms, obtain reference checks for the candidate(s) it deems qualified and best suited to fill the position and select one individual to present to the Council as its proposed CEO.
6. The Search Committee shall present to the Council for approval, the name of the candidate for the position, their qualifications (Résumé or Curriculum Vitae), a draft negotiated employment agreement including compensation levels, benefits and start date.

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July 31, 2019	March September 25, 2026

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Registering Gifts, Benefits & Remuneration	Policy No. GP28.032
		Page No. 1

The Council of the College of Naturopaths of Ontario supports the principles of transparency, accountability and openness in its deliberations surrounding the regulatory framework for naturopaths and the Council's management of the College. All decisions must be made in an environment that is free from influence or the perception of influence of individuals or other organizations.

Definitions	Benefit	Means a service that is given at no cost to the recipient, but which provides assistance, support or reward to the recipient.
	Council member	Means a person appointed to the Council by the Lieutenant Governor ance in Council or a Registrant elected or appointed to the Council.
	Committee member	Means a person appointed to a Statutory or Council committee by the Council.
	Gift	Means a product that is given at no cost to the recipient, but which provides assistance, support or reward to the recipient.
	Remuneration	Means the payment of a fee or stipend to the recipient for the provision of information or for attending a particular event or activity.

Accordingly,

- 1 Each Council and Committee member must register any gift, benefit or remuneration that they receive from any individual or organization while engaged in regulation or based on their knowledge of regulatory activities with the College.
- 2 Notwithstanding paragraph 1, the following would not need to be declared.
 - a) Any gift or benefit they receive as a corollary when on official College business, e.g., lunch is provided when at a meeting on behalf of the College.
 - b) Any gift or benefit they receive from the College for the performance of their duties, including but not necessarily limited to volunteer recognition gifts, per diems or expenses in accordance with GP18, a meal when at a meeting with the College.
- 3 Declarations of gifts, benefits or remuneration received must be made within seven days of receipt of the gift and on a form prescribed by the Chief Executive Officer (CEO).
- 4 A summary of all declarations received by the CEO shall be disclosed to the Council and publicly as part of the Consent Agenda of the College Council for the period covering the time since the prior Council meeting.
- 5 A full summary of all declarations shall be released by the Council via the College's website annually.
- 6 Any Council or Committee member who is found to have failed to declare a gift of any value may be subject to removal pursuant to section 15.02 of the by-laws.

DATE APPROVED May 26, 2021	DATE LAST REVISED March September 25, 2026 ⁶⁴
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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title	Policy No.	GP29.024
	Participation in Activities or Events with Outside Individuals, Groups, or Organizations	Page No.	1

All Council and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the public interest and is in accordance with the Council's Governance Policies. Participation in activities or events with outside individuals, groups, and organizations must reflect adherence to these policies.

Definitions	Confidential information	Means information concerning the business of the College and its Registrants, system partners and interested parties and stakeholders that is not known to the public, including, without limitation, Registrant and stakeholder lists and information, Council affairs, training seminars and programs, financial and contractual information, as well as any information pertaining to a Registrant's interaction with any program of the College.
	Conflict of Interest	Means a situation where a reasonable person would conclude that a Council or Committee member's real or perceived personal or financial interests may affect their judgement or the discharge of their duties to the College and the public interest.
	Council member	Means a person appointed to the Council by the Lieutenant Governor ance in Council or a Registrant elected or appointed to the Council.
	Committee member	Means a person appointed to a Statutory or Council committee by the Council.
	Financial gain	Means receiving financial compensation or remuneration.
	Intellectual property	Means all work of or made by any Council or Committee member in connection with the work or other activities of the College during their involvement with the College.
	Remuneration	Means the payment of a fee or stipend to the recipient for the provision of information or for attending a particular event or activity.
	Reputational gain	Means improving one's position or reputation with the community.

Whereas,

- 1 Every Council and Committee member, through their participation in any Council or Committee meeting, or related activity, is committing themselves to the following key governance principles.
 - a) Serving the public interest above both personal and the profession's interests.
 - b) Owing the College a duty of undivided loyalty above any other organization with which they might choose to become involved.
 - c) Always acting in good faith and in keeping with the trust that is bestowed upon them by the people of Ontario.

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July 28, 2021	March 25 9 , 202 6 ³

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title	Policy No.	GP29.0 2 ⁴
	Participation in Activities or Events with Outside Individuals, Groups, or Organizations	Page No.	2

- d) Serving diligently and obediently to the mandate of the College and with respect, courtesy and civility.
- 2 Every Council and Committee member, through their participation in any Council or Committee meeting, or related activity, is committing themselves to abide by the Council's Governance Process policies that apply to their specific roles. ~~These include,~~
 - a) ~~Avoiding Conflict of Interest.~~
 - b) ~~Confidentiality.~~
 - c) ~~Intellectual Property.~~
- 3 Through their participation in Council and College regulatory activities, Council and Committee members will have access to confidential information both in terms of individuals and in an aggregate form. In keeping with s. 36 of the RHPA, the College's bylaws and Privacy Code and the Council's aforementioned Governance Process policies, this information may not be used or disclosed for any purpose other than the execution of regulatory duties within the College.

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Accordingly,

- 4 A Council or Committee member **may not**, without the express written approval of the CEO, use such information in any of the following ways.
 - a) As part of a presentation or speech to any individual, group or organization outside of the College.
 - b) As part of a biography or in promotional material for any course, disclosing a Committee member's involvement in a Committee.
 - c) As part of an educational program or continuing education course.
 - d) As a participant in a conference as a speaker or as part of a panel discussion or group discussion.
 - e) As a participant in any activity that will result in financial or reputational gain in any way.
- 5 Notwithstanding paragraph 3, a Council or Committee member may use any publicly available information published by the College, including but not necessarily limited to information from the Annual Report, the College's public website, a newsletter or news bulletin, in a professional manner.
- 6 Requests for approval from the CEO to participate in activities or to use information in any of the ways set out in paragraph 4 shall be based on the following considerations.
 - a) Whether any confidential or personal information would be disclosed in an anonymized fashion.
 - b) Whether any privileged and protected deliberative information would be disclosed and, if so, whether the disclosure may be anticipated to hamper future free and open deliberations by a Committee or by the Council.
 - c) Whether the Council or Committee member would be seen as directly or indirectly speaking on behalf of the College and whether they have been authorized to do so.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Participation in Activities or Events with Outside Individuals, Groups, or Organizations	Policy No.	GP29.02⁴
		Page No.	3

d) Whether the public interest of the disclosure outweighs any anticipated consequences.

Such a request for approval would not be unreasonably withheld; however, the CEO may impose restrictions as may be necessary.

7 Any Council or Committee member who is found to have failed to conform with this policy may be subject to removal from their position pursuant to section 15.02 of the by-laws.

DATE APPROVED	DATE LAST REVISED
July 28, 2021	March 2 5 ⁹ , 202 6 ³

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Council and Committee Training Program	Policy No. GP30.032
		Page No. 1

The Council is committed to the principles of good governance to support the College’s public interest mandate. In line with this commitment, the Council will ensure that all Council and Committee members are provided with the training necessary for them to fulfill their duties and responsibilities to the broader benefit of the greater good.

Accordingly,

Definitions	AODA	Means the Access for Ontarians with Disabilities Act.
	<u>DiversioCCDI</u>	Means the Diversio Canadian Centre for Diversity and Inclusion or a successor organization.
	Education review	Means a multiple-choice questionnaire that reviews information and education provided in a training session.
	Training Program	Means multifaceted training that includes all the following components: <ul style="list-style-type: none"> • A presentation and discussion conducted by the CEO on key concepts including but not necessarily limited to the public interest, fiduciary duties and responsibilities, critical decision-making considerations, the legislative framework, right touch regulation and practical approaches to their roles. • An education review conducted following the presentation and discussion session delivered by the CEO. • On-line training delivered by the OHRC relating to human rights, discrimination and accessibility for Ontarians with disabilities. • Training relating to unconscious bias, equity, diversity, inclusion and belonging.
	Successful completion	Means receipt by the College and the Council or Committee member of each of the following: <ul style="list-style-type: none"> • A certificate of attendance for attending the presentation and discussion conducted by the CEO. • Correctly responding to 70% of the questions posed on the education review. • A certificate of completion of the OHRC training in each of human rights and discrimination and AODA. • A certificate of completion of the <u>DiversioCCDI</u> training.
	OHRC	Means the Ontario Human Rights Commission as established by the Government of Ontario.

- 1 All new Council and Committees members are required to successfully complete the training program as defined herein and as developed and delivered by the CEO and external agencies, on behalf of the Council and overseen by the Governance Committee of the Council. While Council members assume their duties according to the election schedule or date of appointment by the Minister, successful completion of the training will be required prior to Committee members formally assuming their duties.

DATE APPROVED September 29, 2021	DATE LAST REVISED March <u>September</u> 25, 2026 ¹⁴
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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Council and Committee Training Program	Policy No. GP30.032
		Page No. 2

- 2 Notwithstanding paragraph 1, Committee members may attend a committee meeting prior to successful completion of the training program for the purposes of auditing or observing the procedures.
- 3 All sitting Council and Committee members will be required to complete an on-line refresher training program as developed and delivered by the CEO and approved external agencies, on behalf of the Council and overseen by the Governance Committee of the Council. Such training will be required a minimum of every two years following their initial training, although annual training is recommended.
- 4 Failure of Council and Committee members to complete the necessary training programs may result in referral of the matter by the CEO to the Governance Committee of the Council for a review of the circumstances and determination of what remedial action may be warranted and necessary, including but not necessarily limited to:
 - a) An extension of time necessary to complete the training program.
 - b) A requirement by the Governance Committee that the Council or Committee member complete such other remedial training, at the College’s cost, as they may deem necessary.
 - c) The filing of a written complaint by the Governance Committee pursuant to section 15.02 of the College’s by-laws.
- 5 All Council and Committee members who attend the presentation and discussion by the CEO shall be entitled to a per diem in accordance with GP 18 – Per diems and Expenses.

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September 29, 2021	March <u>September</u> 25, 2026

 The College of Naturopaths of Ontario	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES
	Title Enterprise Risk Management	Policy No. GP32.024
		Page No. 1

The Council is committed to the principles of good governance to support the College's public interest mandate. In line with this commitment, the Council is committed to building and fostering an Enterprise Risk Management culture that supports our objectives through a systematic process of risk identification, assessment, treatment and management for the College and will affect this through its strategic planning process. The College's value of serving and protecting the public interest, providing quality service, accountability and transparency, teamwork and collaboration are the foundation of the organizational risk management culture and will guide our actions.

Accordingly,

Definitions Enterprise Risk Management Means an approach to managing all of an organization's key business risks and opportunities. ⁴

Risk Means the possibility and/or uncertainty that an unintended event (referred to as a peril) will occur and affect the achievement of objectives. ²

Risk tolerance Means the overall level of risk acceptable to the Council of the College from one of zero, low, moderate, or high.

- 1 Risk management will form an integral part of all our decisions and activities.
- 2 The Council will assume its fiduciary and moral responsibility to ensure effective risk management is practised throughout all College activities.
3. The Council will establish its overall risk tolerance level upon advice of its Audit, Finance and Risk Committee. However, until such time as the Committee can make recommendations, the tolerance level will be set as low in recognition that a zero tolerance for risk is likely not possible in regulation of a profession.
4. The Council will be required to commit the necessary attention and resources to achieve excellence in risk management and to ensure that the Chief Executive Officer allocates sufficient funds to support it. This includes but is not necessarily limited to:
 - a) Approval of this ERM policy.
 - b) Participation as respondents to surveys, questions or other consultation processes to help identify and assess risk, especially strategic risk.

⁴ ~~Ontario's anti racism strategic plan. <https://www.ontario.ca/page/ontarios-anti-racism-strategic-plan#section-8>~~

² ~~Glossary of Terms, A reference Tool, January 2022. Canadian Centre for Diversity and Inclusion | Centre canadien pour la diversité et l'inclusion Western Canada | Bureau de l'Ouest <https://cedi.ca/media/3150/cedi-glossary-of-terms-eng.pdf>~~

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January 26, 2022	March 25 9 , 202 6 3

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES
	Title Enterprise Risk Management	Policy No. GP32.021⁴
		Page No. 2

- c) Approval of risk treatments where they fall within Council’s mandate because of cost or significance (just as Council is now involved in those matters).
- d) Recipients of regular reports for the purpose of providing assurance that the Risk Management Program is operating effectively.
- e) Recipients of special reports when any risk reaches an agreed upon priority level (e.g., extreme or high risk?).
- f) Using risk management principles when making all Council-level policy decisions.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.2
	Title Equity, Diversity, Inclusion and Belonging (EDIB)	Policy No. GP33.024
		Page No. 1

The Council is committed to actioning essential change to eliminate racism, bias (unconscious and conscious) and discrimination (individual and systemic). In line with this commitment, the Council recognizes that strong leadership and effective governance structures are required to embed EDIB across all levels of the organization. As such, the Council has a responsibility to ensure that the policies, procedures, and programs delivered by the College reflect its commitment to EDIB.

Definitions	Diversity	Means understanding that each individual is unique and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, culture or other ideologies. This can also include differences that are entirely personal, such as personality, style and ability. ¹
	Belonging Equity	Means feeling secure, supported, accepted, and included. ² Means fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society. ³
	<u>Equity, Diversity and Inclusion Governance Committee</u>	Means the non-statutory committee of the Council of the College of Naturopaths established pursuant to section 12.02 and section 10 of the bylaws and the <i>Committee Principles</i> policy (GP06).
	Inclusion	Means using proactive measures to create an environment where people feel welcomed, respected and valued, and to foster a sense of belonging and engagement. This practice involves changing the environment by removing barriers so that

¹ Ontario’s anti-racism strategic plan. <https://www.ontario.ca/page/ontarios-anti-racism-strategic-plan#section-8>

² Glossary of Terms, A reference Tool, January 2022. Canadian Centre for Diversity and Inclusion | Centre canadien pour la diversité et l’inclusion Western Canada | Bureau de l’Ouest <https://ccedi.ca/media/3150/ccedi-glossary-of-terms-eng.pdf>

³ Building a Framework & Plan to Address Equity, Inclusion, Diversity & Anti-Racism in Ontario. <https://www.ontariohealth.ca/sites/ontariohealth/files/2021-01/CorpusSanchezInternationalReport.pdf>

DATE APPROVED	DATE LAST REVISED
November 30, 2022	March 25 ⁹ , 2026 ³

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 5.2
	Title Equity, Diversity, Inclusion and Belonging (EDIB)	Policy No. GP33.024
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each person has equal access to opportunities and resources and can achieve their full potential.⁴

- Accordingly,
1. The principles of equity, diversity, inclusion and belonging (EDIB) will form an integral part of all our decisions and activities.
 2. The Council will assume its fiduciary and moral responsibility to ensure the principles of EDIB are practised throughout all College activities.
 3. The ~~Governance Equity, Diversity and Inclusion~~ Committee will make recommendations to the Council with respect to College policies, processes, and programs to ensure they reflect the organization’s commitment to EDIB.
 4. The Council will commit the necessary attention and resources to achieve its commitment to EDIB and to ensure that the Chief Executive Officer allocates sufficient funds to support it. This includes but is not necessarily limited to:
 - a) Reviewing the membership of, and appointing members to the ~~Governance Equity Diversity and Inclusion~~ Committee annually or as required, to support the Committee’s ability to meet its terms of reference (CC048);
 - b) Responding to surveys, questions, or other consultation processes to help identify, assess, and support EDIB activities;
 - c) Approving EDIB activities and/or processes where they fall within Council’s mandate because of cost or significance (just as Council is now involved in those matters);
 - d) Receiving regular reports for the purpose of providing assurance that the EDIB program is operating effectively; and
 - e) Using EDIB principles when making Council-level policy decisions.

⁴ Guide on Equity, Diversity and Equality Terminology. Government of Canada. <https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng>

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Council Performance Assessment	Policy No. GP34.010
		Page No. 1

Furthering the Council’s commitment to excellence in governance and the importance of good governance to the principles of public protection, and in support of ensuring the Council has the right skills, expertise and diversity through high performing Council members, the Council will assess the performance of individual Council members and their contributions to the Council and its Committees.

Definitions	Code of conduct	Means the Council Code of Conduct as set out in GP03 as amended from time-to-time.
	Council cycle	Means the period from the convening of the May Council meeting of the prior year to the convening of the May Council meeting of the current year.
	ESG	Means an environmental, social and governance framework that assesses an organization’s sustainability and ethical impact.
	Panel	Means the Council & CEO Performance Review Panel <i>(formerly identified as the CEO Performance Review Panel as set out in GP19)</i> .

- Accordingly,
1. Each year, the Council & CEO Performance Review Panel (herein referred to as the Panel) will conduct an individual performance assessment of each Council member who sat on the Council for the preceding Council cycle.
 2. The evaluation will be based on the following criteria and core considerations:
 - a) Governance and compliance,
 - i) Fiduciary duties: Upholds their fiduciary duties by acting with due diligence, in good faith, and with undivided loyalty to the College.
 - ii) Regulatory Oversight duties: Understands the regulatory oversight duties of the Council with a shared understanding of the statutes, regulations, standards, by-laws and key policies of the College.
 - iii) Supports effective governance: Contributes to the process of making and implementing decisions that serve the public interest and organizational goals, upholds the principles of transparency, accountability and efficiency.
 - iv) Confidentiality: Protects confidential information and handles information appropriately.
 - b) On-going governance education: Supports and participates in a process of on-going education in the principles of good governance both collectively and individually. Strategic contribution,
 - i) Strategic insight: Brings the ability to deeply understand and interpret complex internal and external factors that influence the College’s long-term success, and uses that understanding to guide decisions and actions toward achieving strategic objectives.
 - ii) Long-term value creation: Balances short-term performance with long-term priorities.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Council Performance Assessment	Policy No. GP34.010
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- iii) Performance oversight: Monitors key performance indicators and leading indicators; asks data-driven questions.
- iv) Innovation & transformation: Encourages innovation, digital, and operating model improvements.
- v) Resource allocation: Weighs capital, talent, and time trade-offs; prioritizes high-value initiatives.
- vi) ESG & stakeholder lens (as applicable): Integrates material ESG and key stakeholder impacts.
- vii) Scenario & resilience: Supports scenario planning, stress tests, and strategic risk mitigations.
- c) Financial oversight,
 - i) Financial fluency: Understands financial statements, drivers, and key ratios relevant to the business.
 - ii) Budget & forecast discipline: Reviews and challenges budgets, forecasts, and variances.
 - iii) Audit & controls: Supports strong internal controls; engages with internal/external auditors appropriately.
 - iv) Capital allocation: Evaluates capital investments and expenditures, mergers & acquisitions, divestitures, return thresholds, and post-mortems.
 - v) Liquidity & solvency: Monitors cash, leverage, covenants, and funding access.
 - vi) Cost and efficiency: Promotes productivity and unit-economics transparency.
 - vii) (Nonprofit) Stewardship: Aligns resources to mission; supports sustainable funding.
- d) Engagement and participation,
 - i) Attendance & timeliness: Consistent, punctual attendance; minimal unexcused absences.
 - ii) Preparation: Reviews materials; comes ready with questions and insights.
 - iii) Constructive challenge: Balances support with healthy skepticism; avoids rubber-stamping.
 - iv) Collaboration & respect: Listens actively; invites diverse viewpoints; avoids dominance.
 - v) Committee contribution: Accepts assignments; delivers between meetings.
 - vi) Communication between meetings: Provides timely responses; is accessible when needed.
 - vii) Board culture: Helps maintain a trust-based, productive board dynamic; mentors new directors.
- e) Ethical standards
 - i) Integrity & independence: Acts without conflicts; exercises independent judgment.
 - ii) Conflicts of interest: Discloses promptly; recuses when appropriate.
 - iii) Code of conduct: Models expected behaviors; zero tolerance for misconduct.

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- iv) Culture & tone: Encourages speak-up culture; supports fair, inclusive practices.
 - v) Compliance alignment: Supports compliance programs and remediation when issues arise.
3. The evidence and indicators used in this evaluation will be those as set out in the attached Performance Assessment template.
 4. Ratings are established on the following scale:
 - a) 1. Needs Improvement: Rarely meets expectations; gaps in preparation, compliance, or judgment.
 - b) 2. Inconsistent: Meets some expectations but with notable gaps or variability.
 - c) 3. Solid/Meets: Reliably meets expectations with occasional stretch contributions.
 - d) 4. Strong: Frequently exceeds expectations; adds clear, repeatable value.
 - e) 5. Exemplary/Leader: Sets the standard; mentors others; materially elevates board effectiveness.
 5. Weighting of each criterion will be:
 - a) Governance and compliance – 20%
 - b) Strategic contribution – 25%
 - c) Financial oversight – 20%
 - d) Engagement and participation – 20%
 - e) Ethical standards – 15%.
 6. The assessment process will include the following:
 - a) A self-assessment conducted by the Council member,
 - b) An assessment conducted by member of the Panel,
 - c) A final assessment completed by the Panel based on the individual assessments filed.
 7. At the completion of the assessment, the process may identify individual training for the Council member to foster continuous improvement.
 8. Where a Council member disagrees with the assessment and outcomes set out therein, the Council member may file a statement of disagreement setting out their reasons for disagreeing. This shall be appended to the finalized performance assessment.
 9. Finalized assessments will be filed by the Council Chair with the CEO who will hold the assessments confidentially.
 - a) For professional members elected to the Council, the assessments will be available for the future use of a panel of the Governance Committee in determining an elected Council member’s eligibility to seek re-election to the Council.
 - b) For Public members appointed to the Council by the Lieutenant Governor in Council, the assessments will be available for the future use of the

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
	Title Council Performance Assessment	Policy No. GP34.010
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Governance Committee in responding to inquiries from the Ministry of Health regarding the willingness of the Council to have the individual re-appointed.

- 10 The members of the Panel, subject to the approval of the Public Appointments Secretariat with respect to payment for Public members on the Panel, would be paid a per diem when meeting to conduct assessments.

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December 10, 2025	<u>March 25, 2026</u>

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 5.2</i>
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Furthering the Council’s commitment to excellence in governance and the importance of good governance to the principles of public protection, the Council will take proactive steps to have the right mix of skills, expertise and diversity through high performing Council members necessary to meet its mandate.

Definitions	Council	<u>M</u> means the Council of the College of Naturopaths of Ontario established under subsection 6(1) of the <i>Naturopathy Act, 2007</i> .
	Council member	<u>M</u> 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 Profile	<u>M</u> means the profile or matrix of desired skills, expertise and diversity attributes for Council and committee members, as approved by the Council from time to time.
	Skills, Expertise and Diversity Matrix	Means the mapping of the collective skills, expertise and diversity of the current Council members, based on individual self-assessments.

- Accordingly,
1. The Council, through the annual election of Council members and in consultation with the Ministry of Health, will take proactive steps such that its members have the skills, expertise and diversity as set out in this policy as its primary means of meeting its regulatory and governance mandate.
 2. The Council, as a governing board, will take proactive steps so that it embodies the following skills among its members.
 - a) **Governance & Ethical skills:** including governance responsibilities, ethical obligations, the principles of independence, confidentiality and avoiding conflicts of interest.
 - b) **Leadership & Collaboration skills:** including an understanding of leadership and its importance, respectful collaboration, contributing to productive deliberation, evaluation and succession planning.
 - c) **Financial Literacy & Oversight:** including understanding financial oversight and stewardship, audit and accountability principles, familiarity with the structure of financial statements.
 - d) **Risk Management & Oversight:** including understanding the concepts of organizational risk, enterprise risk management and how the Council oversees these.
 - e) **Compliance & Public-Interest Accountability** – including the health-regulatory framework and the College’s duty to act in the public interest, balancing fairness, transparency and impartiality.
 - f) **Regulatory Decision Framework & Fairness:** including understanding how statutory decision-making processes operate and the Council’s oversight role in the regulation of Ontario’s naturopaths.

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- g) **Strategic & Systems Thinking:** understanding how the College’s strategy connects to the broader health-system environment and recognizing trends that inform strategic decisions.
 - h) **Equity, Diversity, Inclusion & Belonging:** understanding how EDIB enhances governance quality and recognizes how unconscious bias may affect decision-making.
 - i) **Technology & Innovation Awareness:** understanding how digital tools, data, and innovation support effective, transparent, and responsive regulation.
 - j) **Continuous Improvement & Governance Effectiveness:** understanding effective governance practices, meeting protocols, evaluation, and continuous-improvement methods that enhance Council performance
 - k) **Environmental, Social & Governance (ESG) Awareness:** understanding how environmental, social, and governance (ESG) principles contribute to sustainable and accountable decision-making.
3. The Council, as a governing board, will take proactive steps so that it embodies the following expertise among its members.
- a) **Profession experience:** including individuals with a variety of years of experience in a regulated profession.
 - b) **Educational background:** including individuals who have completed a variety of levels of education ranging from secondary school, university, community college, and training in the trades.
 - c) **Board experience:** including individuals who have had a range of experience on a board ranging from little/none up to long-standing experience.
 - d) **Regulatory experience:** ranging from individuals who have had little/none to extensive experience in regulated industries or professions.
 - e) **Legislative experience:** ranging from individuals who have little experience working within legislative frameworks to those who have had extensive experience and potentially prior experience with the Regulated Health Professions Act, 1991.
4. The Council, as a governing board, will take proactive steps so that it embodies the following diversity among its members.
- a) **Gender Diversity:** including a balance among individuals who identify as male and female while also welcoming those who identify as non-binary.
 - b) **Age & Generational Diversity:** including representation from individuals in the age ranges of 18 to 29 years (~~Gen-Z~~), 30 to 45 years (~~Gen-Y~~), 46 to 61 (~~Gen-X~~), older than 61 (~~Baby Boomers~~).
 - c) **Regional Diversity:** including representation from the following regions of Ontario - Northern, Eastern, Southwestern, Central, Southern and the GTHA.
 - d) **Community Diversity:** including representation from urban, suburban and rural communities.
 - e) **Lived Experience Diversity:** including representation from the Black community, Racialized/Persons of Colour (~~BIPOC~~), 2SLGBTQ+ community, Indigenous (First Nations, Métis, Inuit) communities, European communities,

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Faith-based communities (e.g., Jewish, Muslim, Christian, Hindu, Buddhist, and Sikh), persons with disabilities or chronic health conditions, discriminated and marginalized communities.

5. The Council recognizes that no single individual possesses all the desired skills, expertise and diversity attributes, nor can a Council of 14 individuals always meet every criterion. The Council has therefore ranked each of the skills, expertise and diversity considerations, using a scale of 1 to 5 where 1 is “nice to have”, 2 is “somewhat important”, 3 is “moderately important”, 4 is “important” and 5 is “very important” as follows:
 - a) Skills:
 - Governance & Ethical skills: 5
 - Leadership & Collaboration skills: 4
 - Financial Literacy & Oversight: 3
 - Risk Management & Oversight: 4
 - Compliance & Public-Interest Accountability: 4
 - Regulatory Decision Framework & Fairness: 4
 - Strategic & Systems Thinking: 3
 - Equity, Diversity, Inclusion & Belonging: 4
 - Technology & Innovation Awareness: 3
 - Continuous Improvement & Governance Effectiveness: 3
 - Environmental, Social & Governance: 3
 - b) Expertise
 - Profession experience: 4
 - Educational background: 2
 - Board experience: 3
 - Regulatory experience: 3
 - Legislative experience: 2
 - c) Diversity
 - Gender Diversity: 4
 - Age & Generational Diversity: 3
 - Regional Diversity: 3
 - Community Diversity: 3
 - Lived Experience Diversity: 4

6. To support the development and maintenance of a diverse Council, the Governance Committee will annually undertake an assessment of the skills, expertise and diversity of all Council members. Individual assessments will remain confidential, however, a Council Skills, Expertise and Diversity Matrix will be created that establishes a map of the skills, expertise and diversity of all Council members collectively.

7. At the completion of the assessment, the Governance Committee will compare the Skills, Expertise and Diversity Matrix of the Council to the Council Profile and the ranking established by the Council and will develop a gap analysis that

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identifies the skills, expertise and diversity the Council is looking for in terms of the election of Council members and the appointment of Public members.

8. The Chief Executive Officer will use the information from the gap analysis to seek applications from registrants for candidacy to be elected to the Council from their peers.
9. The Committee will use the gap analysis to evaluate applicants seeking to stand for election to the Council to create a slate of candidates who meet the needs of the Council. The information will also be provided to the Ministry of Health when seeking new or re-appointment of Public members.

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	Governance Policies Monitoring and Review Process	Page No. 1

The Council is committed to excellence in governance and will take proactive steps to carry out its related responsibility to make, modify and monitor policies which address the Ends, Governance Process, Council-CEO Linkage and Executive Limitations Policies for the College. In furtherance of this, the Council will establish, maintain and implement the following Governance Policy Monitoring and Review Process.

Definitions	Governance Policies	Means a set of policies established and maintained by the Council that provide a framework for governing the activities of the Council, Chief Executive Officer and the strategic directions of the College. These include Ends, Governance Process, <u>Council-CEO</u> Linkage and Executive Limitations policies.
	Council-CEO linkage policies	Means policies through which the Council delegates authority to the CEO and defines how it monitors and evaluates the operations of the College.
	Ends policies	Means policies that define the Council's broad objectives that define what results the College seeks to achieve, for whom and at what cost.
	Executive Limitations policies	Means policies that establish the constraints of ethics, prudence and efficiency within which the Council delegates the management and operation of the College to the CEO, and within which all executive activity and decisions must take place.
	Governance Committee	Means the Committee established under the Council's Committee Principles Policy (GP06) and delegated responsibilities by the Council in accordance with the terms of reference attached to that policy.
	Governance Process policies	Means policies that define how the Council conceives, carries out and monitors its own work.

- Accordingly, 1. At each of its regularly scheduled bi-monthly meetings, the Council will undertake the following work in conjunction with its policy governance responsibilities:
- a) Consider the reports of the Council Chair and Chief Executive Office in the context of existing policies to determine whether any policies require amending or new policies created based on the contents of those reports,
 - b) Undertake a detailed review of a set of policies as set out in the Council Annual Planning Cycle (GP08) to ensure the Council has a full understanding of the policies and their impact on the governance and operations of the College,
 - c) Consider any new policies proposed or amendments to existing policies as determined by the detailed review noted in (b) or based on

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recommendations from the Governance Committee or the Chief Executive Officer.

2. The Council will be supported and guided in its work by the Governance Committee as established under the Committee Principles Policy (GP06).
3. On or about the first day of the month in which the Council will convene a regular bi-monthly business meeting, the Governance Committee will provide a copy of the policies scheduled for the detailed review to all Council members and separately to members of the Governance Committee, asking that:
 - a) The policies be reviewed by Council and Committee members within seven (7) days of receipt of the policies, and that
 - b) Any comments, questions, requests for clarification or concerns, as well as any suggested clerical errors or omissions relating to the policies be submitted to the Governance Committee Chair and Vice-Chair, by way of an on-line form provided by the CEO on behalf of the Committee.
4. All Council members are required to complete their review within the timeframe allocated and will either submit any suggested errors or omissions, comments, questions, requests for clarification or concerns or having none, will indicate so, using the on-line form noted in paragraph 3 above.
5. Following the closure of the individual review period but before the dissemination of the Council meeting materials for the upcoming bi-monthly meeting of the Council, the Governance Committee will meet approximately mid-month, to review the feedback on the policies and will prepare:
 - a) A submission on any proposed amendments to the policies under review as well as any proposed new policies, and
 - b) A presentation for the Council addressing the intent, scope and application of the policies and any related questions or requests for clarification sought by the Council.
6. The Governance Committee Chair or Vice-Chair will ensure that any proposed policy amendments or new policy proposals are provided to the CEO for inclusion in the materials to be delivered by the CEO to the Council for the meeting that month and will attend the Council meeting to make their presentation in support of the Governance Policies Monitoring and Review process.
7. Following the Council meeting, the Governance Committee will ensure that any approved amendments or new policies are delivered to the Council through its on-line Policy Manual and published to the College's website.

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The College of Naturopaths of Ontario

BRIEFING NOTE Operational Plan 2026

PURPOSE: To present to the Council the updated Operational Plan for the 2026 fiscal year.

OUTCOME Acceptance

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	The CEO will provide the highlights of the changes to the Operational Plan and related matters.		
Results:	Council is asked to accept the Operational Plan.		
Overall Timing:	30 minutes		
Steps/Timing:	1.	Review of Plan and changes over prior version.	10 minutes
	2.	Q & A from Council members	15 minutes
	3.	Motion and vote	5 minutes

BACKGROUND:

Annually in March, the Chief Executive Officer (CEO) and Senior Management Team (SMT) of the College present the Operational Plan for the upcoming year. The Operational Plan is based on the Strategic Plan established by the Council, is typically supported by a Human Resources Plan and is the basis for the draft capital and operational budgets.

The [Strategic Plan](#) was approved by the Council in January 2023 and covers the period of April 1, 2023 to March 31, 2027. The Strategic Plan establishes both the Strategic Objectives of the College and the Council's Strategic Priorities.

In the language of the Council governance model, the Strategic Plan represents the Ends which the College is meant to achieve during the period. In support of this, the Council's Ends Statements Policy (E01.06) and Ends Priorities Policy (E02.06) reflect these same desired outcomes for the College.

The Operational Plan is the "means" by which the CEO and SMT intend to achieve the desired "ends" the Council set out in its policy. Essentially the Operational Plan uses the strategic priorities for assigning new and existing College activities.

The Operational Plan for 2026 is an update of the version presented last year at this time. Operational adjustments are being proposed based on the experience working towards the new priorities established by the Council and are intended to fine-tune operations to focus on the desired outcomes. The updated plan for 2026 follows this briefing.

DISCUSSION POINTS:Operational Priorities

The College, like most of its companion organizations, has finite resources to undertake the activities it might be asked to do. As would be expected, the College sets priorities in its work to ensure that the areas of work that are of greater importance are those that are undertaken first.

The College's priorities, with the associated programs, are as follows.

Priority #1.	To regulate the profession in the public interest.
Programming: (alphabetically)	<ul style="list-style-type: none"> • Complaints & Reports Program, • Discipline Program, • Entry-to-Practice Program, • Examinations Program, • Financial Management of the College, • Governing the College through Council & Committees, • Inspection Program, • Patient Relations Program, • Quality Assurance Program, • Registration Program, • Standards Program.

The mandate of the College and the responsibilities it is given are set out in the Regulated Health Professions Act, 1991 (RHPA), including Schedule 2 the Health Professions Procedural Code, the regulations made under the RHPA, the Naturopathy Act, 2007 and the regulations made under that Act and other legislation and regulations as they apply to the regulation of naturopathy in Ontario, such as but not limited to the Laboratory and Specimen Collect Centre Licensing Act.

As can be seen, the work necessary to fulfill the College's mandate is extensive and resources intensive. As such, it consumes more than 80% of our resources.

Priority #2.	To focus on the strategic priorities established by the Council.
Programming: (alphabetically)	<ul style="list-style-type: none"> • Consultation Program, • In Conversation With Program, • Regulatory Education Program, • Review of the Regulatory Framework, • Risk-based Regulation Program.

The secondary role of the College, the staff in particular, is to develop the College and to move it in the directions set by the Council through its Strategic Plan. Over the last several years, this work has been a major focus of the College.

Priority #3.	To liaise with system partners and interested parties.
Programming:	<ul style="list-style-type: none"> • Responding to external consultations from regulatory colleges,

	<ul style="list-style-type: none"> • HPRO • CANRA • Engaging with interested parties.
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The College has and will continue to make efforts to be open and communicative with several interested parties and system partners, however, doing so cannot be on a higher priority level than regulation or work towards our goals.

Highlights of Operational Plan Changes

Each year, the CEO and senior management team present updates to the Operational Plan for the coming year. These updates and the activities set out in the plan are funded through the Capital and Operating Budgets presented to the Council.

Priority #1

The sections of the Operational Plan that relate to Priority #1 set out above include:

- 2(A) **Operating under the principles of good governance.** This includes quality decision-making and a commitment to EDIB. *No changes have been made in this update.*
- 2(B) **Committees that are properly constituted.** This includes ensuring the Committees have the necessary individuals to fulfill their work and are appointed annually. *No changes have been made in this update.*
- 2(C) **Volunteer Recruitment, Assessment and Training.** This includes programs of recruiting volunteers, undertaking competency assessments, and providing initial and on-going training. *No changes have been made in this update.*
- 2(D) **Proper Human Resource Management and a Human Resource Plan.** This includes ensuring the College has the necessary personnel to delivery on its required programming and operates within the confines of an HR Plan. *No changes have been made in this update.*
- 2(E) **Sound Financial Management.** This includes effective financial management of the College, including budgeting, reporting and auditing. *No changes have been made in this update.*
- 2(F) **Transparency and Accountability.** This includes commitment to the AGRE transparency principles, an open regulatory process within the confines of the legislation, Council fulfilling its oversight responsibilities over the College and CEO, as well as its own activities. *No changes have been made in this update.*
- 2(G) **Commitment to Oversight requirements.** This includes working with the organizations that provide oversight of the Colleges activities such as the Ministry of Health, HPARB and the Fairness Commissioner. *No changes have been made in this update.*
- 2.1 **Evaluation of Applicants.** This includes the examinations, entry-to-practice, and PLAR programs. *No changes have been made in this update.*
- 2.2 **Standards Awareness and Compliance.** This includes the inspection program, and the standards programs. *No changes have been made in this update.*
- 2.3 **Holding Registrants Accountable.** This includes the registration of individuals and corporations, patient relations, complaints and reports activities, the discipline program and the fitness to practice program. *No changes have been made in this update.*
- 2.4 **Registrants Maintain their Competence.** This entails all elements of the QA program including registrant self-assessment, CE reporting, Peer & Practice Assessments, CE course approval and currency audit programs. *No changes have been made in this update.*

As these activities are integral to the College fulfilling its mandate, few operational changes have been incorporated into the plan for 2026-27.

Priority #2

The sections of the Operational Plan that relate to Priority #2 set out above include:

- **1.2 College engages Registrants and the Public.** This includes the In Conversation With program, the Consultation Program, Regulatory Education Program, and corporate communications. *This section has been updated to reflect the new terminology approved by the Council at its January 2026 meeting. Given the difference between Informal and Formal consultations has not been well understood, there will likely be fewer consultations undertaken this year than in the prior year. There will be a renewed emphasis this year on the College being equipped and able to provide its messages to the public and registrants.*
- **1.3 Risk-based Approach to Regulation.** This includes the development and operation of a risk-based approach to regulation. *Given it is part of the second priority for the College, and given that it requires extensive data to be collected over several years, the work in this area will not be completed within the four-year timeframe set out in the Council's strategic plan. It is further recommended that the Working Group on the Identification and Mitigation of Patient Harm (WGIMPH) be eliminated and instead, the College will include data and potential conclusions in the annual report and present its finding to the Council for information and input.*
- **2.5 Examination of the Regulatory Model.** This includes exploring all areas of the regulatory model including registration, professional misconduct, quality assurance and general regulations as well as contemplating any needs for additional regulations. *Given it is part of the second priority for the College, the work in this area will not be completed within the four-year timeframe set out in the Council's strategic plan.*

Priority #3

The sections of the Operational Plan that relate to Priority #3 set out above include:

- **1.1 College engagement of system partners.** This includes engaging with system partners and interested parties on issues of mutual concern, in particular supporting alliances such as HPRO and CANRA. *This section has been updated to reflect the new terminology approved by the Council at its January 2026 meeting.*

ANALYSIS

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

- **Hazard risk – people.** This risk identifies a risk due to loss of key people, such as the CEO or senior staff due to resignation, retirement, death or illness. Failure of the College to continue to make the organizational changes set out in the HR plan will significantly increase this area of risk. Senior staff of the College have become burned out and change is needed to prevent their loss due to illness or resignation.

- Operational risk – People: Should the College lose the senior staff for any reason, the loss of knowledge and expertise will have a significant and negative impact on the College's operations as well as its ability to deliver on the Council's strategic plan.
- Operational risk – Process: It is important for any board to regularly review its objectives and the feasibility of meeting these goals. Failing to review the organizations strategic objectives and their impact on the operations of the College may result in failure to maintain or meet all the College's regulatory requirements as a result of increased activity in other areas, or lack of resources to meet all the demands.
- Strategic risk – economic environment: The employment market remains tight in that the number of experienced staff available to recruit is presently lower than the number of positions available. Replacing any experienced staff can be expected to result in increased costs for personnel due to these market pressures.
- Strategic risk – reputation: Any change in senior personnel may result in concerns of key stakeholders, such as the Ministry, over the continuity as well as stability and sustainability of the College. Changes in personnel may result in challenges in delivering new programming and meeting the strategic objectives of the College.

Privacy Considerations – There are no privacy considerations.

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

- Information to foster trust: the detailed information in this briefing, the Operational Plan and the draft budgets provides extensive information about the activities of the College and their implications. This degree of information should foster trust among stakeholders.
- Timely, accessible and contextual: The information is timely as it is being provided in advance of the next fiscal year of the College.

Financial Impact – The financial impact of the Operational Plan and associated HR Plan are set out in the draft Capital and Operating Budgets being presented to the Council.

Public Interest – The public interest assessment is based on the document *Understanding the Public Interest*, a copy of which is included in the Information Items of the Consent Agenda. Only those relevant factors have been identified and addressed.

- The Operational Plan sets out the activities that the College is continuing and will undertake to meet both its statutory obligations as well as the Council's Strategic Plan. These work towards the goal of good governance and providing sufficient information to the Council to make a well-informed decision. Combined, these serve the public interest.

Andrew Parr, CAE
Chief Executive Officer
March 2026

Operational Plan

APRIL 1, 2023 TO MARCH 31, 2027 – 2026 UPDATE

Activity	Key Performance Indicators
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I. INTRODUCTION TO THE OPERATIONAL PLAN FOR 2023-2027

The coming four years of operations will be realigned and re-prioritized to match the Council’s new Strategic Plan and Ends Statements. Much of what the College does is set out in the legislative framework governing the College and the profession. These continue to be reflected in this operational plan given the substantial financial and human resources required to meet these obligations.

Unlike the Operational Plan of the last several years, this plan is organized within the strategic objectives and priorities established by the Council. This is intended to allow the Council and the reader to understand which initiatives being undertaken are supporting which objectives and priorities. It is acknowledged that some initiatives may support more than one strategic priority. While this will be noted, the initiatives will be set out only one time and, in the area, where it is identified as the major operational priority.

We will continue to focus on excellence in regulation, ensuring we fulfill our core mandate to protect the public, and oversee the practice of naturopathy. Operations will focus on ensuring we clearly define our goals, evaluate our progress, and success in achieving them. Very specific initiatives have been identified to meet the challenges identified above.

II. STRATEGIC OBJECTIVES AND PRIORITIES OF THE COUNCIL

On January 25, 2023, the Council approved its Strategic Plan and Ends Statements. These are as follows:

- Objective 1: The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.
- Related priorities: 1. The College engages its system partners to further their understanding and trust in the College and the profession.

Index:

All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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2. The College engages its registrants and the public to further their understanding and trust in the College and the profession.
3. The College relies on a risk-based approach to proactively regulate the profession.

Objective 2: Naturopathic Doctors are trusted because they are effectively regulated.

- Related priorities:
1. Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.
 2. Registrants and the public are aware of and adhere to the standards by which NDs are governed.
 3. Registrants are held accountable for their decisions and actions.
 4. Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care.
 5. The College examines the regulatory model to maximize the public protection benefit to Ontarians.

Each of the priorities has been numbered for ease of reference. The numbers are intended to reflect the order the Council has laid them and are not indicative of priorities within the objectives.

III. PURPOSEFUL ENGAGEMENT OF STAKEHOLDERS

The Council’s first of two overall objectives it has established is that the College will engage, through collaboration and education, its stakeholders and will do so with purpose. The stated purpose is to ensure that they understand the role of the College and trust the College to perform its regulatory role. It specifically states:

1. The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.

The following operational activities will be undertaken in support of this objective and its related priorities.

Index:

All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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1.1	The College engages its system partners to further their understanding and trust in the College and the profession.
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The College’s systems partners will include the Ministry of Health (MOH), Ontario Association of Naturopathic Doctors (OAND), the Canadian College of Naturopathic Medicine (CCNM), Health Professions Regulators of Ontario (HPRO), and Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). The relationship with each system partner will be unique such that one approach will not fit all. Two activities will be undertaken in support of this priority. The overall focus of this priority is to provide education and collaboration opportunities.

1.1.1	Individualized Engagement of System Partners and Interested Parties		
	The College will engage with system partners and interested parties on a regularized basis as opportunities to discuss issues of mutual concern or importance within the regulatory system.	<ul style="list-style-type: none"> • Meetings will be scheduled with each system partner and interested party at a frequency and timing that meets the College’s needs . • The College will oversee the process of scheduling, agenda development, meeting minutes (where agreed upon) and development of meeting highlights to be released for transparency purposes. • Each meeting will be focused on education of each system partner and interested party and seeking opportunities to work together in the broader public interest. 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

1.2	The College engages its registrants and the public to further their understanding and trust in the College and the profession.
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Although this priority focuses on engagement of both the registrants of the College and the public, it is intended that this engagement will focus on education and collaboration. There are a number of activities in which the College engages that will fall within this priority; however, many of these can and will be augmented to improve the overall effectiveness and impact that they have.

Index:

All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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1.2.1	In Conversation With Program	<p>The College will continue to deliver its <i>In Conversation With</i> series, a fireside chat concept that engages both the public and registrants on key issues in regulation. This series will continue on an as needed basis to focus on key issues being faced by the College or promoting Council and volunteer opportunities.</p>	<ul style="list-style-type: none"> • Topics will be developed by the College in support of other programming such as consultations and governance matters.
Timeframe:	All Planning Years	Responsible:	Communications

1.2.2	Consultation Program	<p>The College will continue to engage the public and its registrants in consultation on key issues and initiatives; however, an augmented process will be introduced that allows the public and the registrants to hear directly from the College about the intent and outcomes of the regulatory changes under consultation.</p>	<ul style="list-style-type: none"> • The College will release consultation documents on significant change being proposed to the regulatory framework, albeit regulations, by-laws, Council policies. • Feedback will be sought through written and on-line opportunities. • The College will invite the public and registrants to attend information sessions about the consultation topic, through the ICW program, as an opportunity for the College to provide education and allow participants to gain a fulsome understanding of what is being proposed and to provide meaningful feedback. • The College will maintain an on-going mechanism for registrants and the Public to provide feedback with respect to the tables of permitted drugs and substances within the General Regulation so that the College can ensure that they are accurate and up-to-date and work with the Association to allow it to consider changes that may reflect a change in scope of practice.
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

Index:

All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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1.2.3	Regulatory Education Program		
<p>The College will develop and maintain a new Regulatory Education Program (REP) that provides detailed education into regulatory issues and concerns. The REP will be informed both by current issues as well as by data derived from the Risk-based Regulation Program of the College.</p>		<ul style="list-style-type: none"> • A minimum of six sessions will be offered on-line annually at no or minimum cost to registrants. • The Quality Assurance Committee will be asked to consider awarding continuing education credits to these sessions as appropriate. • Sessions will be recorded and maintained on the College website for registrants to access 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

1.2.4	On-going Corporate Communications		
<p>The College will maintain a program of outbound communications and messaging to registrants, public and stakeholders through defined program elements.</p>		<ul style="list-style-type: none"> • Registrants, System Partners and Interested Parties will be informed of the College’s on-going work and new developments through: <ul style="list-style-type: none"> ○ The iNformeD e-newsletter. ○ The News sections of the College’s website. ○ Accuracy and currency of the College’s website. ○ The College’s social media channels. 	
<p>The College will engage a third-party communications firm to support the College and Council in getting its messages to system partners, including registrants, interested parties and the public.</p>		<ul style="list-style-type: none"> • Matters brought before the Council will include communications components to be released by the College that reinforce the College’s mandate and role. • Key messages will be reviewed and updated with the support of the communications firm. 	
Timeframe:	All Planning Years	Responsible:	Communications

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1.3	The College relies on a risk-based approach to proactively regulate the profession.
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Risk-based regulation is intended to alter the regulatory landscape from one that is primarily reactive (complaint and report driven) to one that is pro-active. It is intended to use information and data from the College’s regulatory activities as a means of identifying current and emerging risks to the public and to develop appropriate mechanisms (education, information, research) to mitigate those risks. Research remains conflicted in terms of specific measures that can be used from within the regulatory system; however, it is believed that an overall systemic approach will provide sufficient information to allow risks to be identified and risk mitigation techniques deployed.

1.3.1	Risk-based Regulation Program Development	
	The College will articulate its initial approach to Risk-based regulation and present the preliminary final concept to the Council. It is acknowledged that the approach will be an iterative one that will require refinement based on information gleaned through the processes.	<ul style="list-style-type: none"> • The preliminary plan will be developed and articulated in writing, including the identification of current data available to the program and new data sets required. • The Senior Management Team of the College will present the final plan to the Council no later than March 2024.
Timeframe:	Completed	Responsible: Chief Executive Officer

1.3.2	Risk-based Regulation Program Implementation	
	The risk-based regulatory approach will be initiated by developing and launching the necessary mechanisms to collect and interpret the data.	<ul style="list-style-type: none"> • Data as set out in the Risk-based Regulation Program will be collected and assembled in raw form. • The data will be presented to the profession through the College’s Annual Report allowing system partners and interested parties to consider what efforts they may make to mitigate potential risks.. • Appropriate mitigation techniques will be identified internally to the College and presented to the Council for its information and input..
		<ul style="list-style-type: none"> • The College will provide support to registrants who are required to track Therapeutic Prescribing data.
Timeframe:	2024-2029	Responsible: Chief Executive Officer

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IV. EFFECTIVE REGULATION LEADS TO TRUST IN THE PROFESSION.

The Council' second of two overall objectives focuses on effective regulation of the profession with the intention that the regulation will increase the trust the public has in the profession itself. It specifically states:

2. Naturopathic Doctors are trusted because they are effectively regulated.

Although the Council has identified five priority activities in support of this strategic objective, there are a number of on-going corporate activities that are necessary in order to accomplish “**effective regulation**”. For the College to regulate, it must have:

- A. A functioning Council that operates under the principles of good governance.
- B. A system of Committees that are properly constituted with capable individuals sitting on those committees.
- C. A program that seeks out volunteers, assesses and trains volunteers how to properly perform their duties.
- D. A well instituted human resource program and a human resources plan to ensure that the skills needed to operate the College are available and on a sustained basis.
- E. A financial management system that ensures the College operates within generally accepted accounting principles and is using its financial resources effectively.
- F. A program that supports both transparency and accountability.
- G. The ability and commitment to the oversight requirements placed on the College in the public interest that allow proper and full accounting of the College.

Each of these will be addressed prior to addressing the Council’s five priority activities.

2 (A)	Operating under the principles of good governance
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Activity	Key Performance Indicators
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2(A)-1	Quality Decision-making	<p>The College will operate a program that ensures that the Council is properly equipped to make decisions on policy matters brought before it.</p> <ul style="list-style-type: none"> • Council will be fully briefed on all major issues and policy matters to be brought before it and Council will receive its materials for meetings in a timely manner. • Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process. • Briefings of Council will include a detailed analysis of the risk, privacy, financial, transparency, public interest and EDIB considerations of the decisions being considered.
Timeframe:	All Planning Years	Responsible: Chief Executive Officer

2(A)-2	A Commitment to equity, diversity, inclusion and belonging	<p>The College will continue its commitment to integrate the principles of equity, diversity, inclusion and belonging into all of its activities.</p> <ul style="list-style-type: none"> • The College will continue to evaluate its policies and procedures using its EDIB lens tool (developed and implemented in 2023). • The Governance Committee, with which the EDIB Committee amalgamated in June 2025, will continue to review and consider pertinent issues pertaining to EDIB, including but not limited to the collection and use of racialized data.
Timeframe:	All Planning Years	Responsible: Human Resources

2 (B) Committees that are properly constituted with capable individuals sitting on those committees.

<p>The College will operate a program to ensure that the College Council is always properly constituted and therefore able to fulfill their governance obligations.</p>	<ul style="list-style-type: none"> • Council elections will be delivered annually in accordance with the by-laws.
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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> Executive Committee elections will be delivered annually, and supplemental elections held as needed, in accordance with the by-laws and Council policies. Public member appointments will be monitored to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the need to appointment and re-appointment as necessary.
<p>The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.</p>	<ul style="list-style-type: none"> The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. Council will be presented a slate of appointments, at minimum annually at its May meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.
<p>Timeframe: All Planning Years</p>	<p>Responsible: Human Resources</p>

2 (C) Volunteer Recruitment, Assessment and Training program.

2(C)-1	Recruitment
<p>The College will maintain a comprehensive volunteer program to ensure the involvement of the public and registrants in regulatory processes.</p>	<ul style="list-style-type: none"> Recruitment of volunteers from among registrants and the public will be undertaken on an on-going basis. A retention program will be implemented that incorporates best practices in retention including regular feedback opportunities from current volunteers and those that may exit the program. A recognition program for volunteers will be implemented as a means of augmenting the retention of volunteers and recognizing the value that the Council and College places on its human resources.
<p>Timeframe: All Planning Years</p>	<p>Responsible: Human Resources</p>

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2(C)-2	Competency Assessment	<p>The College will fully implement and manage the Council’s Qualifying Program for all volunteers, including those seeking election to Council and appointment to a Council Committee.</p>	<ul style="list-style-type: none"> • A minimum of one orientation session will be delivered for potential candidates for election and individuals seeking appointment to Committees to provide an overview of their duties and responsibilities and overall time commitment. • Each volunteer will be required to complete a competency-based self-assessment based on the competencies established by the Council in its Governance Process policies. • Each volunteer will be screened by the Governance Committee to confirm their competency and overall fit with the College’s volunteer program. • The Governance Committee will determine eligibility for election to the Council and make recommendations to the Council for volunteer appointments to committees.
Timeframe:	All Planning Years	Responsible:	Human Resources

2(C)-3	Training	<p>The College will operate a program to ensure that all new and existing Council and Committee members are afforded the necessary training to fulfill their duties.</p>	<ul style="list-style-type: none"> • A minimum of one live training session will be offered annually for new Council and committee members that sets out their duties and responsibilities surrounding due diligence, public protection and other key matters. • A minimum of one training session bi-annually or as needed for Council and committee chairs and co-chairs. • All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination. • All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years.
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Activity	Key Performance Indicators
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Timeframe: All Planning Years	Responsible: Human Resources
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2 (D) Proper Human Resource Management and a Human Resources Plan.

2(D)-1	Effective Human Resource Management
<p>The College will manage its human resources in such a way as to recognize the value of its staff and in keeping with best practices for human resource management in the not-for-profit sector.</p>	<ul style="list-style-type: none"> • The College will undertake recruitment of new personnel in a way that first emphasises current staff and is open and transparent. • College staff will be compensated in a manner that reflects the current market value of the positions. • New staff will be provided with the information and tools necessary to the performance of their duties with the College. • Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. • Staff who are leaving the College will be treated with respect and dignity.
<p>College management and staff will work collectively to continue to build and enhance the College “team” as a unified work force and to ensure that the College’s workplace environment is conducive to the team approach.</p>	<ul style="list-style-type: none"> • The College shall take all necessary and prudent steps to ensure that the College workplace environment promotes diversity and inclusivity, and is free from harassment, abuse, and discrimination, including annual reviews of the College’s relevant policies and ensuring that proper investigations are conducted when concerns are raised. • The College shall foster a team approach through shared work and social experiences.
<p>The College will provide staff with on-going training to enhance individual and program performance.</p>	<ul style="list-style-type: none"> • The CEO will provide all staff with group training in areas of importance to the College and its regulatory work. • A formal process to support and encourage staff professional development will be established and integrated to the annual

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	<p>performance review process, to enhance their own performance, that of the program areas and as developmental opportunities.</p> <ul style="list-style-type: none"> • The College shall maintain membership with the Canadian Network of Agencies for Regulation (CNAR) and share information from this organization with staff. • Within the budgetary restrictions, the College will send staff to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s) and opportunities for future advancement.
Timeframe: All Planning Years	Responsible: Human Resources

2(D)-2	Human Resources Plan	
<p>The College will have a Human Resources Plan that ensures the long-term sustainability and stability of the College.</p>		<ul style="list-style-type: none"> • A Human Resources Plan, that sets out the current and future plans for staffing of the College, and which aligns with the Council’s strategic plan and the College’s Operational Plan is maintained. • .
<p>The Human Resources Plan will be updated annually and attached to the Operational Plan presented to the Council.</p>		<ul style="list-style-type: none"> • Each year as the Operational Plan is updated, the Human Resources Plan is also updated to reflect any changing operations or operational priorities.
Timeframe:	All Planning Years	Responsible: Senior Management Team

2 (E)	Sound Financial Management.
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2(E)-1	Effective financial management		
<p>The financial resources of the College will be managed in accordance with generally accepted accounting principles and best practices for the not-for-profit sector and will meet all legislative and oversight requirements.</p>		<ul style="list-style-type: none"> • Capital and Operating budgets will be developed for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan. • Unaudited financial statements and the variance report will be provided to Council in accordance with the Council’s Annual Planning Cycle (GP08). • The annual external audit of the College’s financial status will be supported by the staff. 	
Timeframe:	All Planning Years	Responsible:	Director, Operations

2 (F)	Transparency and Accountability
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2(F)-1	Commitment to and Action on the Transparency principles		
<p>The College will operate a program that supports the transparency principles adopted by the Council and increases transparency of College decision-making wherever possible.</p>		<ul style="list-style-type: none"> • A qualitative Annual Report that provides not only statistical information but also necessary context and trending information, will be developed and released annually. • Audited financial statements and the Auditor’s report will be presented to the Council at its July meeting and included in the Annual Report. • Regular Committee reports will be sought from Committee Chairs and included in the Council consent agenda for each Council meeting and Annual Committee reports will be developed by the staff and reviewed by Committee Chairs and presented to the Council in July. 	

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Activity		Key Performance Indicators	
		<ul style="list-style-type: none"> • Council and Executive Committee meeting materials will be made publicly available unless redacted in accordance with the Code. As such, <ul style="list-style-type: none"> ○ Council meeting materials will be posted to the website prior to the Council meeting. ○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee terms of reference. 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

2(F)-2 Open Regulatory Process			
<ul style="list-style-type: none"> • Regulatory processes and matters of the public interest will be routinely disclosed. 		<ul style="list-style-type: none"> • The College will maintain (update regularly) a summary table of active and resolved complaints and inquiries on the website, with all information presented in an anonymized form that does not identify complainants or registrants. • The College will maintain a public list of registrants who received an Oral Caution from the Inquiries, Complaints and Reports Committee, were directed to complete a specified continuing education program or signed an acknowledgement and undertaking within the past two years. • The College will alert the public to pending discipline hearings including the status of the matter and the notices of hearings. • Discipline hearing outcomes will be provided to the public, including posting on the website of Agreed Statements of Facts, and Joint Submissions on Penalty and Costs, which are exhibits to hearings, and posting of Decisions and Reasons from panels of the Discipline Committee. 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

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Activity	Key Performance Indicators
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2(F)-3	Council Oversight Responsibilities	<p>The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.</p> <ul style="list-style-type: none"> • The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public. • The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such, <ul style="list-style-type: none"> ○ A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting. ○ A year-end report based on the work set out in the Operational Plan (including Part 1) will be presented to the Council at its July meeting. 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

2(F)-4	CEO Annual Assessment	<p>The College will operate a program to ensure that the Council can properly assess the performance of the CEO.</p> <ul style="list-style-type: none"> • Staff will support the Council in its work to undertake a performance review of the CEO on an annual basis in accordance with its policies. • The Council will be provided with the necessary materials to undertake its review, which is based on the goals and development plan set by the CEO and approved by the Council. 	
Timeframe:	All Planning Years	Responsible:	Council

2(F)-5	Council Self-Assessment	<p>The College will operate a program to ensure that the Council can properly assess, its own performance, the performance of its committees and individual Council and Committee members.</p> <ul style="list-style-type: none"> • Staff will support the Council's Governance Evaluation process to enable the Council to undertake a performance review of itself,
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	<p>the Committees and individual Council and Committee members through an independent and neutral third party.</p> <ul style="list-style-type: none"> Staff will oversee the support provided by a third-party consultant retained to assist the Council in its efforts.
Timeframe: All Planning Years	Responsible: Chief Executive Officer

2(F)-6	Council Risk Assessment	
<p>The College will operate a program that identifies and mitigates risks to the Council and the College.</p>		<ul style="list-style-type: none"> The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organization, including directors and officer’s liability insurance, commercial general liability insurance and property insurance. These policies will be reviewed bi-annually. The College will institute and manage an Enterprise Risk Management (ERM) Program and will support the Council’s Finance, Audit and Risk Committee to ensure the Council is aware of the risks facing the College and processes instituted to mitigate those risks. The ERM assessment will be updated bi-annually.
Timeframe:	All Planning Years	Responsible: Chief Executive Officer

2 (G)	Commitment to oversight requirements.	
2(G)-1	HPARB Appeals	
<p>The College will operate a program in support of the Health Professions Review and Appeal Board (HPARB) appeals process for appeals of decisions of the Registration Committee (RC) and for appeals of decisions of the Inquiries, Complaints and Reports Committee (ICRC).</p>		<ul style="list-style-type: none"> College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving an alert of an appeal. Legal Counsel for the College will be alerted and provided copies of all materials provided to HPARB. Staff will attend conferences and hearings in defence of RC decisions rendered and as a resource to HPARB in matters of appeals of ICRC decisions.

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Activity		Key Performance Indicators	
		<ul style="list-style-type: none"> HPARB decisions will be reported to the Committees and the Council and any matters returned by HPARB will be brought to the appropriate committee on an expedited basis. 	
Timeframe:	All Planning Years	Responsible:	Deputy CEOs
2(G)-2 HRTO Matters			
The College will operate a program that allows it to respond to matters filed with the Human Rights Tribunal of Ontario (HRTO).		<ul style="list-style-type: none"> All notices received by the HRTO will be provided to Legal Counsel of the College. College staff will support Legal Counsel by providing all necessary information to allow for a proper defence to be mounted. College senior staff will participate in all conferences and hearings of the HRTO. All outcomes of the HRTO will be reported to the Council and any impacted Committees. 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer
2(G)-3 College Performance Measure Framework			
The College will support the work of the Ministry of Health in its oversight capacity through the College Performance Measure Framework (CPMF) .		<ul style="list-style-type: none"> The College will assemble the necessary quantitative and qualitative data for the CPMF between January and March as required. The College's draft submission will be presented to the Council in March as required. Once approved, the report will be submitted to the Ministry. The Ministry's summary of all College reports will be reviewed to identify best practices which this College may adopt in the future. The CPMF reporting has been placed on hold for the 2025 year. 	
Timeframe:	All Planning Years	Responsible:	Senior Management Team

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2(G)-4	Fair Registration Practices	
<p>The College will support the work of the Office of the Fairness Commissioner (OFC) in its effort to ensure that registration practices of regulatory authorities are fair, objective, impartial and transparent.</p>		<ul style="list-style-type: none"> The College will submit the annual Fair Registration Practices report on the schedule set by the OFC and will make such reports publicly available. The College will engage the OFC in support of its registration practices assessment conducted on a schedule as determined by the OFC.
<p>The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in conjunction with their Risk-informed Compliance Framework, and best practices as highlighted by the Ontario Ministry of Health’s CPMF Reporting.</p>		<ul style="list-style-type: none"> The College will seek to implement any additional recommendations resulting from further OFC assessments, changes to OFC fair registration practices or fair access requirements, or Ministry feedback in relation to the CPMF reporting.
Timeframe:	All Planning Years	Responsible: Deputy CEO, Registrant & Corporate Services

The following operational activities will be undertaken in support of the Council’s second strategic objective and the five strategic priorities it has identified.

2.1	Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.
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2.1.1	Examinations	
<p>The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from Council on Naturopathic Medical Education (CNME)-accredited programs and PLAR applicants seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.</p>		<ul style="list-style-type: none"> The College will deliver two (2) sittings of the Clinical (Practical) examinations annually. The College will deliver two (2) sittings of the written Clinical Sciences examination annually. The College will deliver two (2) sittings of the written Biomedical examination annually.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually. The Ontario Jurisprudence exam will be available online.
All College examinations will be maintained through an examination question development and retirement program.	<ul style="list-style-type: none"> A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP) for each of the BME and CSE 25% of the questions and cases used in the Clinical (Practical) Exams will be reviewed annually. The College will support efforts by the Canadian Alliance of Naturopathic Regulatory Authorities in its effort to develop a national set of competencies and national examinations.
The College will work with the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) towards the development of pan-Canadian national entry-to-practice examinations.	<ul style="list-style-type: none"> The College will work with CANRA towards developing and launching national written entry-to-practice clinical sciences and biomedical examinations. In consultation with CANRA, the College will develop an exam transition plan, associated policy and communications to support changes to recognized entry to practise examinations for registration in Ontario.
Timeframe: All Planning Years	Responsible: Deputy CEO, Registrant & Corporate Services

2.1.2	Entry-to-Practice
The College will operate an Entry-to-Practise program that enables new graduates, Prior Learning Assessment and Recognition (PLAR) applicants, and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.	<ul style="list-style-type: none"> An application for registration process with the College will be maintained. All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met.

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Activity	Key Performance Indicators
	<ul style="list-style-type: none"> • Applicants that meet the requirements will be provided a Certificate of Registration. • Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and registrants as soon as they are approved by the Committee. • Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.
<p>The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalent under the Prior Learning Assessment and Recognition Program (PLAR) to that of an individual who has graduated from a CNME-accredited program.</p>	<ul style="list-style-type: none"> • A process for evaluating individuals under the Council’s PLAR policy will be maintained and applicants for assessment will be processed in accordance with that policy. • Information about the PLAR process will be maintained and made publicly available by the College. • PLAR Assessors will be recruited and provided training and related tools to the assessment process. • PLAR demonstration-based assessment materials will be reviewed on a regular basis and updated as needed.
<p>Timeframe: All Planning Years</p>	<p>Responsible: Deputy CEO, Registrant & Corporate Services</p>

2.2	Registrants and the public are aware of and adhere to the standards by which NDs are governed.
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2.2.1	Inspection Program	<p>The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the <i>Naturopathy Act, 2007</i>, to regulate premises in which IVIT procedures are performed.</p> <ul style="list-style-type: none"> • The College will maintain a process for new IVIT premises to become registered with the College and for registering of the designated registrant and other personnel operating from the premises and for existing premises to maintain their information with the College. • The College will maintain a process for the inspection of new premises as well as a process for the subsequent re-inspection of premises every five years. • Fees for new premises registered and inspections will be levied and collected. • A pool of qualified and trained inspectors will be maintained. • Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC) to appoint an investigator and a cease & desist letter is sent to the Registrant. • Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the Committee by preparing materials for review, drafting decisions & Inspection Reports on files for review and approval of the Committee. Decisions of the Inspection Committee will be provided to the designated Registrant as soon as they are approved by the Committee. • The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. • Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee
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	<p>requires further action by the reporting Registrant, they will be contacted by staff.</p> <ul style="list-style-type: none"> Type 2 occurrence report forms will be collected annually, analyzed, and reported to the Committee and Council.
Timeframe: All Planning Years	Responsible: Deputy CEO, Regulation

2.2.2	Standards Program	
<p>The College will operate a program to develop and maintain the Standards of Practise of the profession and any related policies and guidelines.</p> <p>Standards and guidelines will be reviewed by the Standards Committee (SC) to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.</p>		<ul style="list-style-type: none"> College staff will support the SC as it initiates reviews of any or all of the Core Competencies, Code of Ethics and Standards and Guidelines. Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. Where the SC makes amendments to any of the standards, guidelines or policies, staff will update the materials and release them publicly. Staff will also maintain a program of alerting registrants of any changes to the standards.
Timeframe:	All Planning Years	Responsible: Deputy CEO, Regulation

2.2.3	Regulatory Guidance Program	
<p>The College will operate a Regulatory Guidance program that will respond to registrants’ questions and provide information, whenever possible, and guide the profession to the resources available to it.</p>		<ul style="list-style-type: none"> E-mail and telephone inquiries will be responded to by the College staff. Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council.
Timeframe:	All Planning Years	Responsible: Deputy CEO, Regulation

2.3	Registrants are held accountable for their decisions and actions.
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Index:

All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity		Key Performance Indicators	
2.3.1 Registration of Individuals and Corporations			
The College will operate a Registration program that enables naturopaths registered with the College to maintain their status with the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.		<ul style="list-style-type: none"> • A registration renewal process will be conducted annually, in accordance with the by-laws that will enable all registrants to update their information with the College and pay their annual registration fees. • Class change applications will be processed by the College with those requiring a review by the RC being presented to the Committee with the information needed for decisions and with Decision & Reasons drafted based on Committee discussions, approved by the Committee, and provided to the Registrant. • The public registers will be maintained in accordance with the Code, regulations, and by-laws 	
The College will ensure that registrants maintain their CPR and PLI status as required under the by-laws.		<ul style="list-style-type: none"> • The College will monitor individual compliance with the requirements for a cardiopulmonary resuscitation certification and for carrying the necessary amounts of professional liability insurance. • whose CPR and/or PLI will expire will be undertaken. • Individuals who are not in compliance with these requirements will be provided notices and/or suspended in accordance with the Registration Regulation and the Code. 	
The College will operate a program that allows registrants to obtain Certificates of Authorization for professional corporations that they wish to establish.		<ul style="list-style-type: none"> • A process for registrants to apply for a Certificate of Authorization for a professional corporation will be maintained. • Applications will be reviewed, and decisions will be provided to registrants. • New corporations will be added to the Corporations register of the College. • A process for annual renewals of Certificates of Authorization will be maintained ensuring that all professional corporations are properly authorized. 	
Timeframe:	All Planning Years	Responsible:	Deputy CEO, Registrant & Corporate Services

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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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2.3.2	Patient Relations Program		
<p>The College will operate a Patient Relations Program as set out in the <i>Regulated Health Professions Act, 1991</i>. Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.</p>	<ul style="list-style-type: none"> • A Patient relations program will be maintained. • Current information (handbooks) for registrants and patients will be maintained and made publicly available. • A process for applying for funding for counselling will be maintained in accordance with the Code. • Applications for funding will be presented to the Patient Relations Committee (PRC) at the next available meeting and decisions will be communicated to applicants. 		
Timeframe:	All Planning Years	Responsible:	Deputy CEO, Regulation

2.3.3	Complaints & Reports		
<p>The College will operate a Complaints and Reports program to receive information and complaints about registrants of the profession and to fulfil its obligations to investigate the matters in accordance with the <i>Regulated Health Professions Act, 1991</i>, through the Inquiries, Complaints and Reports Committee (ICRC).</p>	<ul style="list-style-type: none"> • Complaints received by the College will be processed in accordance with the Code. • Concerns relating to professional misconduct or incompetence brought to the College's attention will be referred to the CEO for consideration of initiating a request for investigation. • Complaint and report files will be presented for the consideration and screening by the ICRC. • Complaints and Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decision is reported to the Deputy CEO. • The status and summary of active and closed anonymized complaints and reports are regularly updated and maintained on the College's website. • Program information will be maintained on the College's website. 		
Timeframe:	All Planning Years	Responsible:	Deputy CEO, Regulation

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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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2.3.4	Cease & Desist	<p>The College will operate an Unauthorized Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to registrants who are breaching the standards of practice in a manner that presents a risk of public harm.</p> <ul style="list-style-type: none"> • C&D letters are drafted and sent to the individual via Process Server, where applicable. • Names of unauthorized practitioners are posted on the Register of Unauthorized Practitioners on the College’s website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorized Practitioners. • Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. • Information about unauthorized practitioners who fail to sign a confirmation is provided to the Deputy CEO. • Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice. 	
Timeframe:	All Planning Years	Responsible:	Deputy CEO, Regulation

2.3.5	Alternative Dispute Resolution Program	<p>The College will operate an Alternative Dispute Resolution (ADR) Program to ensure that matters that meet the eligibility criteria and are agreed to by both the Complainant and Registrant are properly resolved in accordance with section 25 of the RHPA and the program policies.</p> <ul style="list-style-type: none"> • Complaints received by the College will be reviewed by College staff for ADR eligibility as per the Program Policy. • An independent College approved Mediator is appointed for each eligible ADR matter. • A matter referred to ADR by the CEO must be completed and submitted for ratification within a maximum of 120 days of the referral. Any matters not resolved within this timeframe will be provided to the ICRC for investigation. 	
Timeframe:	All Planning Years	Responsible:	Deputy CEO, Regulation

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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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2.3.6	Prosecution through Hearings	<p>The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.</p>	<ul style="list-style-type: none"> • Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. • Information for disclosure is provided to the CEO/legal counsel. • Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair’s selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for hearings of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC. • Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.
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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity		Key Performance Indicators	
As a corollary, the College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies.		<ul style="list-style-type: none"> • ILC will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee. • Full committee meetings will be facilitated by the staff as directed by the Chair, including making necessary arrangements with ILC for training. 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

2.4 Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care.

2.4.1	Quality Assurance Program
The College will operate a Quality Assurance (QA) Program as set out in the <i>Regulated Health Professions Act, 1991</i> , and the Quality Assurance Regulation made under the <i>Naturopathy Act, 2007</i> .	<ul style="list-style-type: none"> • Annual registrant self-assessment <ul style="list-style-type: none"> ○ maintain and develop new online self-assessments to be annually completed by registrants. ○ Review renewals to ensure all registrants have completed their annual self-assessment, follow up with those who do not. • Continuing Education (CE) Reporting, in three groups, one group each year <ul style="list-style-type: none"> ○ The reporting group will be tracked, and CE reports analyzed. ○ Follow up with those not received. ○ Those not meeting requirements are presented to the Quality Assurance Committee (QAC) for review and further follow up. • Peer & Practise Assessment program <ul style="list-style-type: none"> ○ QAC determines number of assessments to be completed and details of standards to be reviewed.

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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity		Key Performance Indicators	
		<ul style="list-style-type: none"> ○ Registrants are randomly selected and undergo assessment by a peer. ○ Follow up with those who do not complete it or where issues are raised. ○ A pool of qualified and trained assessors will be maintained. ● CE course approval program <ul style="list-style-type: none"> ○ Applications for CE credits are presented to the QAC for review and approval. ○ List of approved courses is maintained on the website. 	
Timeframe:	All Planning Years	Responsible:	Deputy CEO, Regulation

2.4.2	Currency Hour Audits		
	The College’s Registration program will establish and maintain a process for auditing the currency hours of registrants to ensure that they meet the requirements as set out in section 6 of the Registration Regulation or appropriate steps are taken to mitigate the potential risk to patients.	<ul style="list-style-type: none"> ● Currency hour reporting cycles are tracked and annually declared currency hours will be analyzed. ● Notices will be sent to General Class registrants to alert them to their three-year currency cycle and accrued hours, starting in year one of their reporting cycle. ● Annual currency hour audits will be conducted of those registrants who have completed their three-year currency cycle. ● Those not meeting requirements will be provided with options as set out in the Registration Regulation and Registration policy for addressing currency hour deficiencies. 	
Timeframe:	All Planning Years	Responsible:	Director, Registration and Examinations

2.5	The College examines the regulatory model to maximize the public protection benefit to Ontarians.
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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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2.5.1	Registration Regulation and Related Policies	<p>In consultation with the Registration Committee, the College will undertake a comprehensive review of the structure and provisions of the Registration Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p> <ul style="list-style-type: none"> • The College will consider the current classes of registration to determine if there is an alternative approach that might improve public protection and reduce the regulatory burden on registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation. • The College will consider the current structure of the entry-to-practice examinations to determine whether there may be opportunities to streamline the examinations and/or align examination requirements with other regulated Canadian jurisdictions via a national examination model. • The College will consider whether all of the current ETP requirements surrounding acupuncture and naturopathic manipulation should remain or whether an alternative post-certification approach, such as rostering, may be beneficial to public protection and access to the profession. • The College will consider whether a specialization program might be warranted and in the public interest. • The College will consider current requirements set out in by-laws and standards that might more appropriately be incorporated into the Registration Regulation to improve enforcement opportunities in the public interest. • The Registration Committee, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 	
Timeframe:	2024-2025	Responsible:	Chief Executive Officer

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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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2.5.2	General Regulation and Related Policies		
<p>In consultation with the Committees, the College will undertake a comprehensive review of the structure and provisions of the General Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p>		<ul style="list-style-type: none"> The Committees and staff of the College, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

2.5.3	Professional Misconduct Regulation and Related Policies		
<p>In consultation with the Inquiries, Complaints and Reports Committee, the College will undertake a comprehensive review of the structure and provisions of the Professional Misconduct Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p>		<ul style="list-style-type: none"> The College will consider whether retaining the prohibition on the use of testimonials is in keeping with modern approaches to regulation or whether it might be restructured or removed. The College will consider whether a program of specialization is recommended in other reviews and therefore whether changes to the Professional Misconduct Regulation might be warranted. The College will consider whether a breach of by-laws should be included as a defined act of professional misconduct. The ICRC and staff, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 	
Timeframe:	2024-2029	Responsible:	Chief Executive Officer

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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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2.5.4	Quality Assurance Regulation and Related Policies	<p>In consultation with the Quality Assurance Committee, the College will undertake a comprehensive review of the structure and provisions of the Quality Assurance Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p>	<ul style="list-style-type: none"> The College will consider whether the structure of the Committee as mandated in the Regulation is appropriate and in the public interest. The College will consider whether provisions mandating participating in a College developed program for Registrant portfolios is required or recommended. The Quality Assurance Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.
Timeframe:	2025-2029	Responsible:	Chief Executive Officer

2.5.5	Standards Review	<p>In consultation with the Standards Committee, the College will undertake a comprehensive review of the structure and provisions of the standards and related policies and in the context of other recommendations made under this priority activity and will make recommendations to the Council on any changes necessary. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p>	<ul style="list-style-type: none"> The College will consider whether any commensurate amendments to the standards are necessary based on the proposed changes set out under the other area of this priority activity. The Standards Committee, with the support of and training from the EDIC, will apply the equity tool to the standards and make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging.
Timeframe:	All Planning Years	Responsible:	Deputy CEO, Regulation

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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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Activity	Key Performance Indicators
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2.5.6	By-laws Review	<p>In consultation with the committee, the College will undertake a comprehensive review of the structure and provisions of by-laws in light of other recommendations made under this priority activity and will make recommendations to the Council on any changes that may be necessary. Wherever possible, recommendations that might reduce the overall reporting burden and “red tape” embodied in the regulation will be included.</p> <ul style="list-style-type: none"> • The College will consider whether any commensurate amendments to the by-laws are necessary based on the proposed changes set out under the other area of this priority activity. • The staff of the College, with the support of and training from the EDIC, will apply the equity tool to the by-laws and make recommendations as to changes that may be warranted in keeping with the Council’s commitment to equity, diversity, inclusion and belonging. 	
Timeframe:	All Planning Years	Responsible:	Chief Executive Officer

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All Planning Years	2023-2024	2024-2025	2025-2026	2026-2029
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The College of Naturopaths of Ontario

BRIEFING NOTE

Capital and Operating Budgets for 2026-2027

PURPOSE: To discuss the draft Capital and Operating Budgets for the fiscal year April 1, 2026 to March 31, 2027 and two additional years of projections.

OUTCOME To accept the capital and operating budgets for the fiscal year April 1, 2026 to March 31, 2027.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other: Financial

PROCESS:

Activity:	Presentation, discussion.		
Results:	Feedback and discussion on the budgets.		
Overall Timing:	25 minutes		
Steps/Timing:	1.	An overview of each of the two budgets will be presented by the Deputy CEO, Registrant and Corporate Services.	10 minutes
	2.	Q&A, discussion by Council.	15 minutes

BACKGROUND:

Each year, the Senior Management Team presents an Operational Plan as well as the Operating and Capital budgets in support of that plan and the on-going infrastructure of the College. The Operational Plan is also supported by the Strategic Plan and a Human Resources Plan.

The draft Operating Budget for 2026-2027, along with two years of estimates, is attached to this briefing note as Appendix 1 for review and discussion.

The draft Capital Budget for 2026-2027, along with two years of estimates, is attached to this briefing note as Appendix 2.

The draft Operating and Capital Budgets for 2026-2027 is attached to this briefing note as Appendix 3.

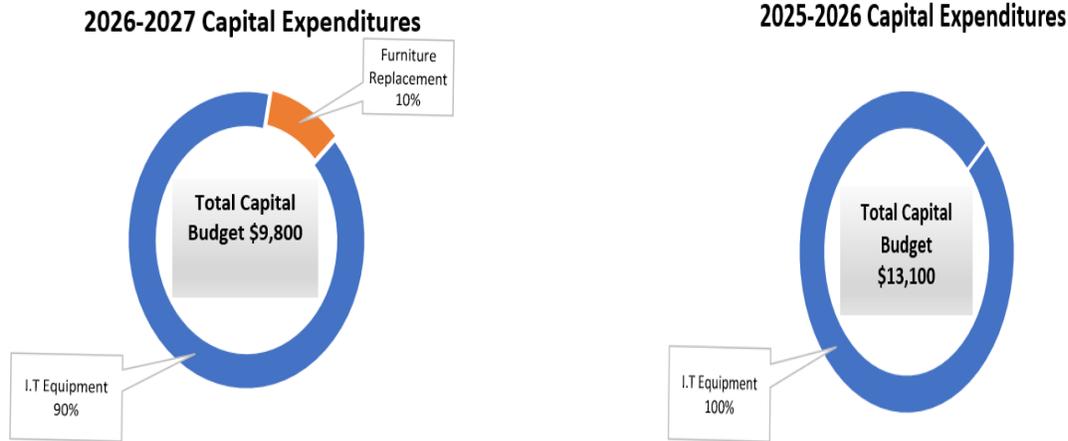
Accompanied by this briefing note will also be a detailed presentation on the breakdown of budgetary allocations based on each department.

DISCUSSION POINTS:

Capital Budget

A Capital Budget is a budget allocating money for the acquisition or maintenance of fixed assets such as land, buildings, and equipment (Oxford Dictionary). A simplistic view of a Capital Budget is that the purchases made are added to the College's asset list and are depreciated over a defined period. The capital budget for this year is comprised exclusively of computer equipment.

The total Capital Budget (Appendix 2) of \$9,800 for 2026-27 is a 25% reduction of cost allocations from the previous fiscal year. The computer equipment line item represents the purchase of replacement equipment for decommissioned computer equipment. There is also a small allocation of \$1,000 for furniture and fixtures to replace any defective equipment (e.g., office chairs).



Operating Budget

The total draft Operating Budget (Appendix 1) for 2026-2027 is as follows:

Revenue	\$4,951,186
Reserve Fund Transfer	(\$ 470,000)
Operating Revenue	\$4,481,186
Non-Cash Expenses	\$ 64,232
Operating Expenses	<u>\$4,473,686</u>
Net Result	\$ 7,500

The prepared budget factors in the operationalizing of Council initiatives, as set out in the Strategic plan, and updates to the Operational plan to support this work. As illustrated above, there are two line items presented under Revenue: Reserve Fund Transfer and Operating Revenue. At its December 10, 2025, Council meeting, the Council approved amendments to the by-laws relating to fees, including a \$250 increase to each registrant class effective April 1, 2026. These funds will not go into Operations but rather will be moved directly into the reserve funds to bring them up to the levels set out in the Council’s Reserve Fund Policy.

There are also two-line items presented under Expenses: Operating Expenses and Non-Cash Expenses. Operating expenses are the expenses the College intends to incur in the fiscal year across all program areas, with the exception of depreciation and bad debt, which are noted as “Non-Cash Expenses.” Depreciation is not a realized expense but rather reflects the reduction in a capital expense’s value over time due to wear, tear or obsolescence. Bad Debt are monies held at estimated amount that may or may not be realized.

There were also additional proposed changes to the by-laws and fees to ensure the College’s financial sustainability in the continued delivery of its regulatory programs required under the statutes, and the programming developed in support of the Council’s strategic objectives.

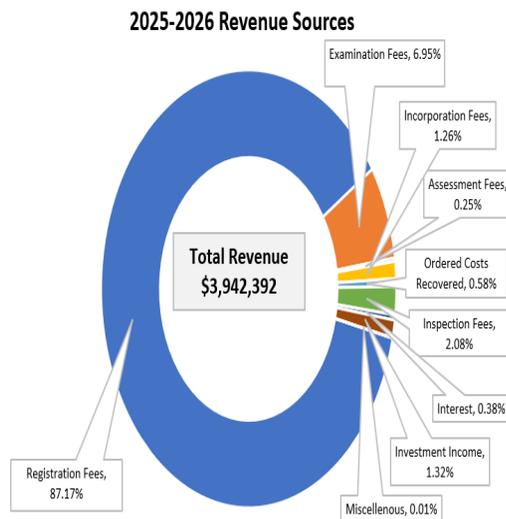
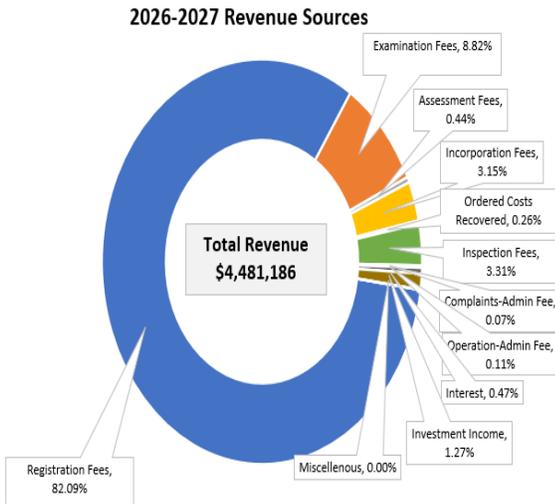
This year the College is presenting a balanced budget, based primarily on five factors:

1. A change in approach from budgeting for all possible contingencies to budgeting based on past expense experience;
2. By-law changes affecting fees;
3. No significant changes to the College’s human resources plan;
4. Program areas remaining focused on development and maintenance;
5. No new major initiatives identified for the coming fiscal year; and
6. No planned contested hearings.

Revenues

Revenues have been calculated using the following high-level assumptions.

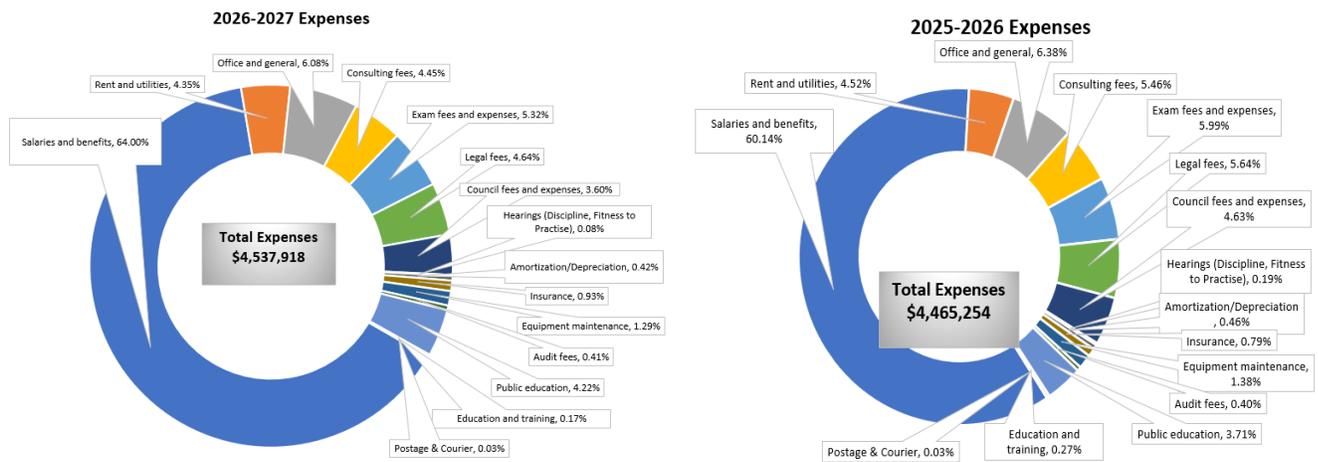
- Registration fees have been increased by CPI and exclude the additional fee of \$250 per registrant. Registration experiences incremental growth in registrations of approximately 3% year over year;
- New fees are being applied to each program area for specific services in accordance with Council approved changes to Schedule 3 of the by-laws;
- Some existing fees (e.g., examinations, Peer and Practice assessments) have been increased to allow the program area to be financially self-sustaining, also in accordance with Council approved changes to Schedule 3 of the by-laws;
- The Inspection program remains stable year over year due to regular cycle scheduling of five-year intervals and demand for new premises;
- The number of Professional Corporations increase slightly year over year with approximately eight to ten new corporations annually;
- Interest rates on the College’s savings have been slightly increased to align with current interest rates;
- Investment income from the College’s Mutual Fund is expected to increase minimally with its current portfolio under review for re-investment;
- Complaints is an existing program area that now has a new fee schedule; and
- DC Ordered Costs are based on the maximum recovery fees the College may claim for a contested and uncontested hearing. This fiscal year the College is anticipating one uncontested hearing.



Expenses

Expenses have been calculated using the following high-level assumptions.

- Overall expenses where applicable have either been increased by CPI or contractual obligations;
- Salaries and Benefits have increased by 4% of the overall operating budget by the inflationary factor and benefits;
- Consulting fees decreased by close to \$42,000 and 1% in the overall operating budget due to the completion of a one-time project allocation for the Regulatory Risk Program and the College managing much of the work for complaints and Registrar (CEO) investigations;
- There is close to a \$40,000 and 1% overall reduction in legal fees as no contested hearings are anticipated this fiscal year; and
- Council and Committee expenses have decreased by \$33,000 and 0.8% of the overall operating budget due to the amalgamation of certain committees and the more in-depth peer reviews of Council and Committee by Satori Consulting have been conducted in the 2025-26 fiscal year.



Operating Budget and Capital Budget

The total draft Operating Budget with the Capital Budget (Appendix 3) for 2025-2026 is as follows:

Operating Revenue	\$4,481,186
Expense (Capital)	\$ 9,800
Expense (Operating)	<u>\$4,473,686</u>
Net Result	\$ (2,300)

It is important to note that the Capital budget includes purchasing furniture only if replacements become necessary. In addition, as noted above, certain expenses are non-cash expenses which includes depreciation of assets and write-off of unpaid debts.

ANALYSIS

Risk Assessment – The following is a more comprehensive risk assessment. Please refer to the attached document *Understanding the Risk Analysis Terminology* for information. Only those risks related to this matter will be addressed.

- Operational (people) - As budgets include salary dollars, there is always a risk that the College is not able to keep up to the compensation levels of the employment market pay, and loss of personnel may occur. In addition, with further development of existing programs concerns arise in the loss of senior staff from burnout and turnover.
- Operational (process)- Introduction of new fees to certain program areas may increase the number of individuals that default or fail to complete the requirement resulting in increased referrals to ICRC.
- Financial (credit) - The payment plan makes the College a creditor and subjects the College to a risk of default in payment. The payment plan continues to experience increased enrollment year over year of approximately 10% with 773 Registrants enrolled in the program last year.
- Financial (price risk)- New fees introduced to certain program areas may carry a risk of no longer receiving requests for that service. This might include certificate of authorizations for Professional Corporations
- Financial (price risk)- Annual fees will reflect a consumer price index increase this year, and an additional fee of \$250 thus potentially exposing registrants to financial hardship.
- Strategic (economic environment)- The consumer price index has seen minor change from 1.9% this year compared to 1.8% from the previous year.
- Strategic (economic environment)- Economic environment remains uncertain in the Canadian economy.
- Strategic (political) - The political environment has a degree of instability and uncertainty under the Trump administration in the US, and the impact of ongoing tariffs.
- Strategic (reputation) – Budgets are “roadmaps” identifying where financial activities are anticipated. Budgets can create a risk to reputation if the reader does not fully understand either the approach undertaken or the fact that a budget and estimates of subsequent years, like any planning document, may not represent the actual results encountered. ~~represent the overall financial health and sustainability of an organization..~~

Privacy Considerations – The way the budget is presented ensures that there are no privacy implications. These may have arisen if the materials disclosed compensation rates for College personnel and providers.

Transparency –The transparency assessment is based on the document *Understanding the College’s Commitment to Transparency*, a copy of which is attached. Only those transparency principles that are relevant have been identified and addressed.

- Information to foster trust: By developing an annual capital and operating budget the College is fulfilling its public interest mandate financially.
- Relevant, credible, and accurate information: The information provided in both the capital and operating budgets includes information to support the College’s operating plan, strategic plan, and human resources plan.
- Timely, accessible, and contextual: The budget is presented at the March Council meeting with the most up to date information available to take effect at the start of April.
- Consistent approaches: The College submits the annual capital and operating budget to the Council for discussion. The change of frequency to Council meetings on a bi-monthly basis has improved this process as noted above as being timely.

Financial Impact – There are no actual costs associated with preparation of the capital and operating budgets.

Public Interest – The public interest assessment is based on the document the Public Interest, a copy of which is attached. Only those relevant factors have been identified and addressed.

- Preparation of an annual capital and operating budget is being contextualized to support the College's Operating Plan.
- The public interest is best served if the College can meet or have cost savings annually to demonstrate financial governance and long-term sustainability of the College.

Erica Laugalys
Deputy CEO, Registrant & Corporate Services
March 13, 2026



The College of Naturopaths of Ontario

STATEMENT OF OPERATIONS

	2026-2027		2027-2028		2028-2029	
	Budget	% of Bud.	Estimate	% of Act.	Estimate	% of Act.
REVENUES						
*Registration and member renewal fees	\$ 4,148,795	84%	\$ 4,779,124	83%	\$ 5,440,230	85%
Examination fees	\$ 395,310	8%	\$ 395,310	7%	\$ 395,310	6%
Assessment fees	\$ 19,750	0%	\$ 28,750	0%	\$ 28,750	0%
Incorporation fees	\$ 141,337	3%	\$ 151,298	3%	\$ 160,644	3%
Ordered costs recovered	\$ 11,674	0%	\$ 107,465	2%	\$ 107,465	2%
Inspection fees	\$ 148,250	3%	\$ 211,250	4%	\$ 160,250	3%
Complaints-Admin Fee	\$ 3,000	0%	\$ 3,000	0%	\$ 3,000	0%
Operation-Admin Fee	\$ 4,875	0%	\$ 4,875	0%	\$ 4,875	0%
Interest	\$ 21,075	0%	\$ 21,075	0%	\$ 21,075	0%
Investment Income	\$ 56,920	1%	\$ 59,748	1%	\$ 61,220	1%
Miscellaneous	\$ 200	0%	\$ 200	0%	\$ 200	0%
TOTAL REVENUES	\$ 4,951,186		\$ 5,762,095		\$ 6,383,019	
<i>*Amount from Registration Transferred to Reserved Account</i>	\$ (470,000)		\$ (477,500)		\$ (486,250)	
OPERATING REVENUES	\$ 4,481,186		\$ 5,284,595		\$ 5,896,769	
RESERVED FUND	\$ 470,000		\$ 477,500		\$ 486,250	
EXPENSES						
Salaries and benefits	\$ 2,904,309	64%	\$ 3,397,329	63%	\$ 3,530,586	62%
Rent and utilities	\$ 197,468	4%	\$ 205,580	4%	\$ 214,784	4%
Office and general	\$ 275,934	6%	\$ 289,251	5%	\$ 297,754	5%
Consulting fees						
Consultants - general	\$ 15,750	0%	\$ 26,225	0%	\$ 213,025	4%
Consultants - complaints and inquiries	\$ 121,000	3%	\$ 160,000	3%	\$ 160,000	3%
Consultants - assessors/inspectors	\$ 65,100	1%	\$ 71,400	1%	\$ 66,300	1%
Exam fees and expenses	\$ 241,350	5%	\$ 261,314	5%	\$ 251,924	4%
Legal fees						
Legal fees - general	\$ 83,750	2%	\$ 44,425	1%	\$ 45,100	1%
Legal fees - complaints	\$ 87,000	2%	\$ 122,310	2%	\$ 93,120	2%
Legal fees - discipline	\$ 40,000	1%	\$ 205,000	4%	\$ 205,000	4%
Council fees and expenses	\$ 163,521	4%	\$ 211,828	4%	\$ 161,626	3%
Hearings (Discipline, Fitness to Practise)	\$ 3,695	0%	\$ 21,335	0%	\$ 21,485	0%
Amortization/Depreciation	\$ 18,984	0%	\$ 18,984	0%	\$ 18,984	0%
Insurance	\$ 42,192	1%	\$ 48,318	1%	\$ 55,179	1%
Equipment maintenance	\$ 58,588	1%	\$ 59,512	1%	\$ 60,460	1%
Audit fees	\$ 18,600	0%	\$ 19,195	0%	\$ 19,809	0%
Public education	\$ 191,465	4%	\$ 209,017	4%	\$ 219,815	4%
Education and training	\$ 7,690	0%	\$ 11,690	0%	\$ 13,208	0%
Postage & Courier	\$ 1,522	0%	\$ 1,559	0%	\$ 1,578	0%
TOTAL EXPENSES	\$ 4,537,918		\$ 5,384,271		\$ 5,649,736	
<i>*Amount from non-cashable expenses (Depreciation & Bad Debit) removed from operating expenses</i>	\$ (64,232)		\$ (64,384)		\$ (64,384)	
OPERATING EXPENSES	\$ 4,473,686		\$ 5,319,887		\$ 5,585,352	
*EXCESS OF REVENUES OVER EXPENSES	\$ 7,500		\$ (35,292)		\$ 311,417	



The College of Naturopaths of Ontario

CAPITAL BUDGET 2026-2029

	2026-27		2027-28		2028-29	
Computer Equipment	Laptops with docking stations x 5	\$ 7,750.00	Laptops with docking stations x 4	\$ 6,600.00	Laptops with docking stations x 3	\$ 5,100.00
	Docking stations (for hotelling desks) x 3	\$ 1,050.00	Docking station replacement x 1	\$ 350.00	Docking station replacement x 1	\$ 350.00
			Battery Backup	\$ 2,500.00		
Total Comp Equip		\$ 8,800.00		\$ 9,450.00		\$ 5,450.00
Furniture and Fixtures	Misc. Chair replacement	\$ 1,000.00	Misc. Chair replacement	\$ 1,000.00	Misc. Chair replacement	\$ 1,000.00
Total Furnit. & Fixtures		\$ 1,000.00		\$ 1,000.00		\$ 1,000.00
Leasehold Improvement						
Total Budget		\$ 9,800.00		\$ 10,450.00		\$ 6,450.00



The College of Naturopaths of Ontario

2026- 2027 Operating and Capital Budget**OPERATING
REVENUE**

*Registration and Member Renewal Fees	\$	4,148,795
Examination Fees	\$	395,310
Assessment Fees	\$	19,750
Incorporation Fees	\$	141,337
Ordered Costs Recovered	\$	11,674
Inspection Fees	\$	148,250
Complaints-Admin Fee	\$	3,000
Operation-Admin Fee	\$	4,875
Interest	\$	21,075
Investment Income	\$	56,920
Miscellaneous	\$	200

TOTAL REVENUES	\$	4,951,186
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*Amount from Registration Transferred to Reserved Account	\$	(470,000)
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OPERATING REVENUES	\$	4,481,186
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RESERVED FUND	\$	470,000
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EXPENSES

Salaries and Wages	\$	2,904,309
Rent and Utilities	\$	197,468
Office and general	\$	275,934
Consulting fees	\$	201,850
Exam fees and expenses	\$	241,350
Legal fees	\$	210,750
Council fees and expenses	\$	163,521
Hearings (Discipline, Fitness to Practise)	\$	3,695
Amortization/Depreciation	\$	18,984
Insurance	\$	42,192
Equipment maintenance	\$	58,588
Audit fees	\$	18,600
Public education	\$	191,465
Education and training	\$	7,690
Printing and Postage	\$	1,522

TOTAL EXPENSES	\$	4,537,918
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*Amount from non-cashable expenses (Depreciation & Bad Debit) removed from operating expenses	\$	(64,232)
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OPERATING EXPENSES	\$	4,473,686
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NET OPERATING SURPLUS/(DEFICIT)	\$	7,500
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CAPITAL EXPENSES

I.T Equipment	\$	8,800
Furniture & Fixtures	\$	1,000

NET CAPITAL (DEFICIT)	\$	(9,800)
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NET COLLEGE SURPLUS/(DEFICIT)	\$	(2,300)
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The College of Naturopaths of Ontario

BRIEFING NOTE

Oral Micronized Progesterone

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

OUTCOME Determination of proposed amendments to Table 3 of the General Regulation.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Review and discussion of public consultation feedback of amendment to Table 3.		
Results:	Council determination on whether to add OMP to Table 3		
Overall Timing:	20 minutes.		
Steps/Timing:	1.	Review of materials from staff.	minutes
	2.	Questions from Council.	7 minutes
	3.	Motion and vote	3 minutes

BACKGROUND:

The College of Naturopaths of Ontario (the College) is responsible for reviewing the prescribed substances that naturopathic doctors may administer by injection or inhalation and the designated drugs that they may prescribe, dispense, compound or sell. These drugs and substances are listed on the Tables that are included in the General Regulation (Ontario Regulation 168/15) made under the *Naturopathy Act, 2007*. This responsibility includes ensuring that the drugs and substances accessible by naturopathic doctors are safe and effective when used within naturopathic practice.

To amend one or more of the Tables, the Council of the College must propose an amending regulation which, after review by the Minister of Health, must be approved by the Lieutenant Governor in Council.

In 2019, the College Council proposed amendments to the Tables set out in the General Regulation made under the *Naturopathy Act, 2007* including the addition of Oral Micronized Progesterone (OMP) to Table 3. In 2022, the Ministry concluded its review of the changes to the Tables in the General Regulation submitted on behalf of the Council. The Ministry agreed to some, but not all of the changes submitted by the Council. OMP was not among the approved changes.

In 2024, the Ontario Association of Naturopathic Doctors (OAND) submitted a new proposal to the College seeking to add OMP to Table 3 of the General Regulation. Upon receipt of the proposal, the College engaged Dr. Jamie Kellar, BScHK, PharmD, PhD, Associate Dean, Academic Associate Professor, Teaching Stream, with the Leslie Dan Faculty of Pharmacy at the University of Toronto to conduct an independent expert review of the submission. The

College also asked that Dr. Kellar obtain an independent review of her report prior to submitting the report to the College. Dr. Kellar retained the services of Dr. Tiana Tilli, BScHK, PharmD, RPh, ACPR, Lecturer and Clinical Pharmacist at the Faculty of Pharmaceutical Sciences, University of British Columbia. Both Dr. Kellar and Dr. Tilli were remunerated for their work as independent reviewers. Neither has had any prior relationship with the College, the OAND nor with drug manufacturers related to OMP.

In preparing the report, Dr. Kellar was asked to consider the initial Drug Information and Research Centre (DIRC) report, which was obtained during the earlier drug review in 2019, and identify what, if any, factors had changed since the initial review was conducted. A copy of the report is attached. The key highlights are:

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

Other key recommendations of the report also note that:

- Using OMP in combination with topical estrogen is viable and beneficial and that oral estrogen is not required when prescribing OMP.
- Physician co-management is reserved for high-risk medications of which OMP is not one; however, referral or physician co-management is recommended for certain listed patient populations.
- Ontario NDs who have completed the Canadian Therapeutic Prescribing Course and Examination, i.e., have met the Standard of Practice for Therapeutic Prescribing can effectively and safely prescribe and use OMP.
- Combining transdermal estrogen with oral micronized progesterone is evidence-based, effective, and safe for most healthy women needing hormone therapy.
- OMP is considered the gold standard for progesterone therapy in hormone replacement treatment plans and has a favourable safety profile for most individuals when used as prescribed.

On May 28, 2025, the Council of the College received a briefing on the OAND submission, Dr. Kellar's Report, and the Working Group feedback, and was asked to consider the matter. Specifically, the Council was asked to consider adding OMP to Table 3 with a limitation that it would only be permitted for use in accordance with the indications on the label. The Council was asked not to amend Table 4 (dispense), Table 5 (compound) or Table 6 (sell) as it relates to oral micronized progesterone for the following reasons:

- Table 4 – by not adding OMP to Table 4, patients will be required to obtain the drug from a pharmacist ensuring that patient safety is enhanced through the checks and balances inherent in the knowledge, skill, and judgment of two professions.
- Table 5 – by not adding OMP to Table 5, OMP cannot be compounded. As was noted in the report, Prometrium® is the brand name of the drug that is currently available as well as several generic manufacturers. Given the broad availability of the drug, compounding it for use is not necessary and would likely be in breach of clause 11(2)(9) of the General Regulation.
- Table 6 – by not adding OMP to Table 6, OMP cannot be sold by an ND in Ontario. This coincides with the rationale for not enabling it to be dispensed.

The Council agreed with the rationale set out and approved, in principle, the addition of OMP to Table 3 in the General Regulation and asked that a mandatory 60-day consultation be initiated.

Initial Consultation

The Council of the College initiated a consultation on the proposed amendment to Table 3 of the General Regulation by adding the following:

Table 3
Drugs that may be Prescribed

Drug	Limitations, routes of administration, dosages
Progesterone (oral micronized)	For use only in accordance with label indications approved by Health Canada.

In line with the consultation's intent, the College included the Independent Expert Review – Oral Micronized Progesterone and the Proposed Amendments to Table 3 to the public consultation. The formal consultation opened on June 30, 2025, and closed at 5:00 pm on September 8, 2025.

During the public consultation period, the College received feedback in support of the addition of OMP to Table 3 of the General Regulation from:

- The Association of Ontario Midwives
- The OAND
- The Ontario Pharmacists Association
- The Nurse Practitioners Association of Ontario
- The Canadian College of Naturopathic Doctors
- 47 Naturopathic Students
- 22 Members of the Public
- 58 Naturopathic Doctors
- 2 Pharmacists
- 3 Nurse Practitioners
- 2 Medical Doctors

The College did not receive any public consultation feedback opposing the addition of OMP to Table 3 of the General Regulation.

Several respondents to the public consultation, although in support of the addition of OMP to Table 3 of the General Regulation, recommended the removal of the limitation "For use only in accordance with label indications approved by Health Canada." The removal of this limitation would allow for NDs to prescribe OMP for purposes that are not currently approved by Health Canada. The term "off-label" refers to the use of a medication in a manner that is different from what Health Canada has approved to be marketed in Canada. For example, when research shows that the benefits of using the medication in new ways outweighs the risks, prescribers may wish to provide this option to their patients. Off-label use includes prescribing a medication for a new health condition or to a different age group.

The purpose of the initial limitation approved for consultation was to ensure a narrow and controlled addition of the drug while maintaining alignment with evidence considered in previous Ministry reviews. This limitation was included as the Independent Expert Review stated: "The only approved label indication for oral micronized progesterone in Canada is for the prophylaxis of endometrial hyperplasia. Other proposed indications such as vasomotor symptoms or infertility are considered off label indications." The consultation feedback did note that the Independent Expert Review confirmed that OMP has a favourable safety profile and is not considered a high-risk medication, and that off-label prescribing is common in OMP therapy and is often utilized by other prescribers in Ontario.

In considering the public consultation feedback, the Council had two decisions to make:

- 1) Whether to approve the addition of OMP to Table 3 of the General Regulation.
- 2) If the answer to question 1 was in the affirmative, whether to include or remove the current proposed limitation.

To assist the Council with its decision on whether to prohibit off-label use, the College invited the external reviewer, Dr. Jamie Kellar, BScHK, PharmD, PhD, to make a brief presentation on the matter at the December 10, 2025 Council meeting. In her submission, Dr. Kellar discussed off-label prescribing and its relevance, the importance of available evidence for using a drug off-label, and the ethical and safety considerations including informed consent and vigilant patient monitoring when using drugs off-label. Dr. Kellar noted that off-label use is common and clinically safe when:

- There is clear, evidence-informed rationale for off-label use.
- Care is taken in the selection of a patient who meets the profile of patients for off-label use based on the evidence.
- Vigilant monitoring and follow up is undertaken and the drug is stopped the moment any contraindications arise.
- There is documentation of the risk-benefit analysis for use in a particular patient, and
- Informed consent was given by the patient for the off-label use.

The Council was in support of the rationale set out in the consultation feedback and the information provided by its external reviewer regarding the potential removal of the original limitation included with adding OMP to Table 3 in the General Regulation. As the removal of the proposed limitation was considered a substantive amendment, this triggered a new 60-day public consultation on the proposed addition of OMP to Table 3 of the General Regulation.

Secondary Consultation

The Council of the College initiated a subsequent consultation on the proposed amendment to Table 3 of the General Regulation, Ontario Regulation 168/15 by adding the following:

Table 3
Drugs that may be Prescribed

Drug	Limitations, routes of administration, dosages
Progesterone (oral micronized)	No limitations, etc., specified.

In line with the consultation's intent, the College included the Independent Expert Review – Oral Micronized Progesterone (Appendix 1), the Proposed Amendments to Table 3 (Appendix 2) and the Independent Expert Presentation – Off Label OMP Prescribing (Appendix 3) in the public consultation. The formal consultation opened on January 2, 2026, and closed at 5:00 pm on March 4, 2026.

During the public consultation period, the College received feedback of support for the addition of OMP to Table 3 of the General Regulation and the removal of the initial limitation from:

- The OAND

- 1 Naturopathic Student
- 16 Members of the Public
- 157 Naturopathic Doctors
- 2 Pharmacists
- 2 Nurse Practitioners

The College did not receive any public consultation feedback opposing the addition of OMP (including the removal of the initial limitation) to Table 3 of the General Regulation.

ANALYSIS

Risk Assessment – The risk assessment is based on the document Understanding the Risk Analysis Terminology, a copy of which is included in the Reference Materials package provided to the Council. The only significant risks that have been identified relate to strategic risks.

- With any changes to regulations, the College may face a reputational risk with regards to stakeholders questioning the decision of the Council to proceed with adding additional drugs. This risk is mitigated by engaging expert review both internal and external to the profession and conducting a public consultation on the proposed amendment before making any final decision. In this instance, the Council received an independent external review of the addition of OMP as well as additional independent information about off-label usage and initiated a subsequent consultation to allow those who may have withheld any opposition because of this limitation the opportunity to register an objection to the boarder use by the profession. Additionally, should the Council decide to proceed with the addition of OMP with no limitation specified, the College will need to take actions to mitigate any risk of harm to patients through one or more of a Standard of Practice, Guideline or Council Policy on Off-Label Prescribing by NDs.

Privacy Considerations – There are no privacy considerations. The proposed regulation and Independent Expert Review were circulated publicly for feedback. The feedback (redacted where required) from the public consultation is also available.

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

- The information presented on the proposed amendment was made publicly available on the College website during the public consultation.

Financial Impact – There is no direct financial impact; however, there is an indirect financial impact through the use of College resources.

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

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

EDIB – The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. No EDIB issues were identified.

RECOMMENDATIONS

None.

ACTION ITEMS

If Council approves the addition of OMP with or without the limitation, College staff will create the necessary Regulation Submission materials and submit the proposed regulation amendment to the Ministry of Health for consideration.

Jeremy Quesnelle
Deputy CEO, Regulations

Drug Name Oral Micronized Progesterone

National Drug Schedule Schedule I

Therapeutic Category Hormone

Prepared By: Dr. Jamie Kellar, RPh, BScHK, BScPhm, PharmD, PhD
Associate Dean Academic,
Leslie Dan Faculty of Pharmacy, University of Toronto

Reviewed By: Dr. Tiana Tilli, BScH, PharmD, RPh
Clinical Pharmacist and Lecturer
Faculty of Pharmaceutical Sciences
University of British Columbia

SCOPE OF REVIEW

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

METHODOLOGY OF REVIEW

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

QUALIFICATIONS OF REVIEWERS

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

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

CONFLICT OF INTEREST

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

TERMINOLOGY

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

Oral Micronized Progesterone

OVERVIEW OF PROGESTERONE

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

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

WHY PROGESTOGENS?

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

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

MECHANISM OF ACTION

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

OVERVIEW OF INDICATIONS FOR BIOIDENTICAL PROGESTERONE

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

APPROVED/'ON-LABEL' INDICATIONS

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

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

Oral Micronized Progesterone

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

OFF-LABEL INDICATIONS

- Menopause – vasomotor symptoms (i.e., hot flashes, night sweats)⁴
- Spontaneous preterm birth, prevention^{4,5}
- Ischemic heart disease – acute, exercise-induced⁴
- Menstrual epilepsy⁴
- Primary menorrhagia⁴

PROPOSED INDICATIONS BEING SOUGHT BY THE COLLEGE OF NATUROPATHS OF ONTARIO

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

ADMINISTRATION AND DOSAGE

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

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

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

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

Dosing for estrogen therapy-associated endometrial hyperplasia prophylaxis:

- Cyclically: 200mg/day orally for 12-14 days sequentially each month, along with conjugated estrogen⁴⁻⁶
 - The Canadian label states: 200 mg daily for the last 14 days of estrogen treatment per cycle (i.e., from day 8-21 for a 28-day cycle or from day 12-25 for a 30-day cycle)⁶
 - The Canadian label recommends patients being treated with high doses of estrogen (equivalent to 1.25 mg conjugated estrogens or higher) receive 300 mg daily for the last 12-14 days of estrogen treatment.

Oral Micronized Progesterone

- Preferred in late menopause transition and early postmenopause⁵
- Continuously: 100mg/day orally continuously
 - Preferred if ≥ 2 to 3 years postmenopause⁵

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

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

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

Dosing for menopause – vasomotor symptoms

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

EFFICACY

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

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

Estrogen Therapy-Associated Endometrial Hyperplasia Prophylaxis

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

Guideline Recommendations (North American Menopause Society)¹

- In women with a uterus and symptoms associated with menopause, estrogen plus progestogen therapy or tissue-selective estrogen complex (conjugated equine estrogens plus bazedoxifene) should be used for protection against endometrial hyperplasia and cancer; good, consistent evidence supports this recommendation (Level 1).^{1,4}
- The safety of progestogen-only treatment has not been evaluated in long-term studies.⁴
- Hormone therapy should be individualized and reevaluated periodically to determine the need for ongoing use; based primarily on consensus and expert opinion⁴

Assisted Reproductive Technology (ART): Luteal Phase Support

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

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

Oral Micronized Progesterone

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

Treatment of Menopause Symptoms – Vasomotor Symptoms

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

Guideline Recommendations (North American Menopause Society)¹

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

Guideline Recommendations (NICE Guidelines)¹³

Gender-affirming hormone therapy: past use

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

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

Oral Micronized Progesterone

SAFETY

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

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

Adverse Effects

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

>10%:⁴⁻⁶

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

1% to 10%:⁴⁻⁶

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

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- Cough (8%)

Frequency not defined:⁴

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

Contraindications for Progesterone Use

There are certain contraindications and box warnings associated with progesterone:

- allergy or hypersensitivity to progesterone, soya, peanuts/peanut oil or to any ingredient in the formulation^{5,6 4}
- liver dysfunction or disease⁴⁻⁶
- personal history of known or suspected estrogen-dependent or progestin-dependent malignant neoplasia (e.g., breast cancer or endometrial cancer)⁴⁻⁶
- endometrial hyperplasia⁶
- undiagnosed abnormal vaginal bleeding⁴⁻⁶
- known or suspected pregnancy⁴⁻⁶
- active or past history of arterial thromboembolic disease (e.g., stroke, myocardial infarction, coronary heart disease) or active or past history of confirmed venous thromboembolism (such as deep venous thrombosis or pulmonary embolism) or active thrombophlebitis^{4,6}
- classical migraine⁶
- partial or complete loss of vision due to ophthalmic vascular disease⁶

The Women's Health Initiative Study & Warnings

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

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

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

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

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

Health Canada Serious Precautions and Warnings

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

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

Box Warning – Food and Drug Administration, United States

Similarly, the US boxed warning states:

Cardiovascular Disorders and Probable Dementia

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

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

Breast Cancer

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

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Issues with the Serious/Boxed Warnings

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

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

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

The National Institute of Health and Care Excellence (NICE) menopause guidelines include a statement in the 2024 update that "overall, life expectancy is unlikely to change with the use of combined hormone replacement therapy" in people aged 45 or over¹³. Similarly, an analysis of the effects of hormone therapy in women aged 50-59 years from the WHI found overall benefits to outweigh potential risks, including for all-cause mortality. While the WHI was not powered for age-related subset analyses, these estimates highlight the limitations to the boxed warnings.⁸

General Warnings/Precautions for Progestogen Use

Breast cancer:

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

CNS depression:

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

Endometriosis:

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

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

Fluid retention:

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

Retinal thrombosis:

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

Cardiovascular disease:

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

Dementia:

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

Diabetes:

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

Surgery:

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

DRUG RECALLS

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

PLACE IN THERAPY: CLINICAL PRACTICE GUIDELINES

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

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

Monitoring Requirements

Assisted Reproductive Technology (ART): Luteal Phase Support

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

Menopause (endometrial hyperplasia prophylaxis and vasomotor symptoms):

At Baseline (prior to combination hormonal therapy)⁸

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

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

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

Safety Parameters

Physical Examination

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

Laboratory Tests

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

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

Efficacy Parameters

- response to treatment

Safety Parameters

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

Annual Monitoring

Efficacy Parameters

- Response to treatment and ongoing need/appropriateness of use

Safety Parameters

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

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

PRESCRIBING RESTRICTIONS

None

WHO CAN PRESCRIBE IN CANADA?

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

TRAINING NEEDED FOR NATUROPATHS TO PRESCRIBE

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

CO-MANAGEMENT WITH A PHYSICIAN

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

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

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

Referral or Co-management with a Physician is recommended for patients with the following:

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

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

Can Oral Micronized Progesterone Be Taken With Topical Estrogen?

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

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

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

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

Additional Comments

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

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

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

References

1. North American Menopause Society. The 2022 hormone therapy position statement of The North American Menopause Society. *Menopause*. Jul 1 2022;29(7):767-794. doi:10.1097/gme.0000000000002028.
2. Progesterone Monograph. In: Natural Medicines [Electronic Version]. Available from: <https://naturalmedicines-therapeuticresearch-com.myaccess.library.utoronto.ca/databases/food,-herbs-supplements/professional.aspx?productid=760>. Accessed March 31, 2025. Subscription required.
3. Ontario Drug Benefit Formulary/Comparative Drug Index. Available from: <https://www.formulary.health.gov.on.ca/formulary/>. Accessed March 31, 2025.
4. Progesterone. In: Micromedex [Electronic Version]. Merative, Michigan. Available from https://www-micromedexsolutions-com.myaccess.library.utoronto.ca/micromedex2/librarian/PFDefaultActionId/evidencexpert_DoIntegratedSearch?navitem=topHome&isToolPage=true#. Accessed March 31, 2025. Subscription Required.
5. Progesterone. In: Lexi-Drugs [Electronic Version]. Wolters Kluwer Health, PA. Available from: https://www-micromedexsolutions-com.myaccess.library.utoronto.ca/micromedex2/librarian/PFDefaultActionId/evidencexpert_DoIntegratedSearch?navitem=topHome&isToolPage=true#. Accessed March 31, 2025.
6. Prometrium (progesterone) Monograph. In: CPS [Electronic Version] Prometrium (progesterone). Canadian Pharmacists Association. Ottawa, Can. March, 2021. Available at: <https://cps-pharmacists-ca.myaccess.library.utoronto.ca/search#m464200n00136>. Accessed March 31, 2025. Subscription required.
7. Micronized Progesterone for Prevention of Miscarriage and Preterm Birth: A Review. 2014. Canadian Agency for Drugs and Technologies in Health (CADTH). Ottawa, Canada. Available at: https://www.cda-amc.ca/sites/default/files/pdf/htis/nov-2014/RC0550_RR_RiB_Prometrium_for_Miscarriage_e.pdf. Accessed March 31, 2025.
8. Martin K, Barbieri R. Treatment of menopausal symptoms with hormone therapy. In: *UpToDate* [Electronic Version]. Wolters Kluwer, PA. 2023. Accessed: May 7, 2025. Subscription Required.
9. Ciampaglia W, Cognigni GE. Clinical use of progesterone in infertility and assisted reproduction. *Acta Obstet Gynecol Scand*. Nov 2015;94 Suppl 161:17-27. doi:10.1111/aogs.12770.
10. Zarutskie PW, Phillips JA. A meta-analysis of the route of administration of luteal phase support in assisted reproductive technology: vaginal versus intramuscular progesterone. *Fertility and Sterility*. 2009/07/01/ 2009;92(1):163-169. doi:<https://doi.org/10.1016/j.fertnstert.2009.02.018>.
11. Smits J, Devroey P, Faguer B, Bourgain C, Camus M, Van Steirteghem AC. A prospective randomized comparison of intramuscular or intravaginal natural progesterone as a luteal phase and early pregnancy supplement. *Hum Reprod*. Feb 1992;7(2):168-75. doi:10.1093/oxfordjournals.humrep.a137611.
12. Hitchcock CL, Prior JC. Oral micronized progesterone for vasomotor symptoms--a placebo-controlled randomized trial in healthy postmenopausal women. *Menopause*. Aug 2012;19(8):886-93. doi:10.1097/gme.0b013e318247f07a.

Oral Micronized Progesterone

13. National Institute for Health and Care Excellence. *Menopause: identification and management: NG23*. November 7, 2024. Accessed May 7, 2025. Available at: <https://www.nice.org.uk/guidance/ng23/chapter/Recommendations>
14. Fournier A, Berrino F, Clavel-Chapelon F. Unequal risks for breast cancer associated with different hormone replacement therapies: results from the E3N cohort study. *Breast Cancer Res Treat*. Jan 2008;107(1):103-11. doi:10.1007/s10549-007-9523-x.
15. Panay N, Nappi RE, Stute P, et al. Oral estradiol/micronized progesterone may be associated with lower risk of venous thromboembolism compared with conjugated equine estrogens/medroxyprogesterone acetate in real-world practice. *Maturitas*. 2023;172:23-31. doi:<https://doi.org/10.1016/j.maturitas.2023.04.004>.
16. Jiang Y, Tian W. The effects of progesterones on blood lipids in hormone replacement therapy. *Lipids Health Dis*. Nov 21 2017;16(1):219. doi:10.1186/s12944-017-0612-5

**TABLE 3
DRUGS THAT MAY BE PRESCRIBED**

Drug	Limitations, routes of administration, dosages
Adenosine triphosphate	Only if prescribed for intravenous injection to be administered by the member in his or her office to the patient.
Calcium Chloride	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Calcium Gluconate	Only if prescribed in injectable form for intravenous injection to be administered by the member to the patient.
Colchicine	Must not be prescribed unless the drug is botanical colchicine, compounded from the corm of <i>colchicum autumnale</i> .
Dextrose Injection	May only be prescribed when in concentrated solutions for intravenous injection to be administered by the member to the patient.
Digitalis Purpurea and its glycosides	Only if prescribed in conjunction with monitoring of patient's serum levels by member.
Estrogen (bioidentical)	Only if prescribed in topical or suppository form.
Folic Acid	Only if prescribed in oral dosage containing more than 1.0 mg of folic acid per dosage or, where the largest recommended daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 1.0 mg of folic acid.
L-Tryptophan	Only if prescribed for patient's use in oral dosage form at a concentration of more than 220 mg per dosage unit or per daily dose. Recommended daily dose must not exceed 12g and must be provided. May be prescribed as a single ingredient intended for intravenous injection.
Levocarnitine and its Salts	Only if prescribed for the treatment of primary or secondary levocarnitine deficiency.
Nitroglycerin	Administered to a patient by the member in his or her office only in emergency circumstances and only for angina pectoris. Dosage: 1 to 2 metered doses (0.4 or 0.8 mg nitroglycerin) administered on or under the tongue, without inhaling. The mouth must be closed immediately after each dose (up to 3 doses in total, at least 5 minutes apart). A sublingual tablet may be used (0.3 or 0.6 mg for initial dose). Maximum dose of 1.8 mg.
Pancreatin	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.

Pancrelipase	Only if prescribed in a dosage form that provides more than 20,000 USP units of lipase activity per dosage unit or for the treatment of pancreatic exocrine insufficiency.
Pilocarpine and its salts	Must not be prescribed unless, 1. the drug is botanical pilocarpus, compounded from the leaves of pilocarpus microphyllus, 2. the member monitors his or her patient's drug levels during treatment with the drug and, 3. the drug is never prescribed to treat a patient with glaucoma.
Podophyllotoxin	Must not be prescribed unless, 1. the drug is botanical podophyllotoxin compounded from podophyllum peltatum and, 2. the drug is never prescribed to treat a patient with rheumatoid arthritis.
Progesterone (bioidentical form)	Only if prescribed in a topical or suppository form.
Progesterone (oral micronized)	No limitation, etc., specified.
Rauwolfia	No limitation, etc., specified.
Thyroid	No limitation, etc., specified.
Vitamin A	Only if prescribed in oral dosage form containing more than 10,000 International Units of Vitamin A per dosage or, where the largest daily dosage would, if consumed by a patient, result in the daily intake by that patient of more than 10,000 International Units of Vitamin A.
Vitamin D	Only if prescribed in oral dosage form containing more than 2,500 International Units of Vitamin D per dosage form or where the largest recommended daily dosage shown on the label would result in the daily intake by that patient of more than 2,500 International Units of Vitamin D.
Vitamin K1	Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Vitamin K2	Only if prescribed in oral dosage when the maximum daily dose is more than 0.120 mg.
Yohimbine and its salts	Must not be prescribed unless the drug is botanical yohimbine, compounded from the bark of pausinyntalia yohimbine.

O. Reg. 168/15, Table 3; O. Reg. 94/23, s. 2



Beyond the Monograph: Evidence, Safety, and Scope for Off-Label OMP Prescribing

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Session Objectives

Over the next 20 minutes or so we will:

- define off-label prescribing
- discuss why off-label prescribing matters
- review the label and off-label indications for oral micronized progesterone (OMP) and the evidence to support it
- Discuss the clinical implications for off-label use of OMP and how to minimize risk

Off-Label Prescribing: What It Is (and Is Not)

Definition of Off-Label Prescribing

Off-label prescribing uses authorized drugs beyond Health Canada/FDA-approved indications, doses, routes, or populations.

Regulatory and Ethical Considerations

Health Canada allows off-label use; prescribers are accountable and must ensure evidence-based, ethical practice.

Common Areas of Use

Off-label prescribing is common in pediatrics, oncology, geriatrics, and mental health and is guided by clinical evidence.

Importance of Professional Judgment

Legal off-label use depends on clinicians' judgment, documentation, and informed consent, not solely on monograph indications.



Why Prescribe Off-Label?

- To provide timely, evidence-informed care
- When clinical needs exceed narrow monograph indications
- When updated research or guidelines support newer uses

Why This Matters



Off-label Prescribing Context

Off-label prescribing addresses gaps between approved uses and real clinical needs, common in Canadian healthcare.



Safety and Regulation

Off-label use requires evidence-informed decisions, patient consent, and careful monitoring to ensure safety.



Clinical and Policy Importance

Balancing clinical benefits and patient safety is key to policy decisions on expanding prescribing authority.

Canadian Context

Regulatory Framework

Off-label prescribing in Canada is governed federally by Health Canada and provincially by the professional colleges that oversee prescribers.

Prevalence of Off-label Use

Studies show that off-label prescriptions range from 11% to 50%, varying across therapeutic areas in Canadian healthcare.

Ethical and Safety Considerations

Ethical duties include providing valid evidence, documenting the rationale, obtaining informed consent, and addressing challenges in monitoring off-label use.



Why Labels Don't Keep Pace with Practice

- Regulatory updates are slow and costly; companies must invest in trials and submission fees.
- Off-label uses often become standard of care based on emerging evidence, but manufacturers may not pursue label expansion if:
 - Market size is small
 - No commercial incentive
 - Trials would be expensive

From Off-Label to On-Label: The Case of Lamotrigine



Initial Approval and Off-Label Use

Lamotrigine was first approved for epilepsy but widely used off-label for bipolar disorder (acute depression and maintenance therapy.)



Clinical Trials and Regulatory Approval

Clinical trials showed efficacy in delaying mood episode recurrence, leading to regulatory approval for bipolar I maintenance.



Regulatory Lag and Off-Label Challenges

Despite evidence, lamotrigine is unapproved for acute bipolar depression, showing regulatory delays behind clinical practice.

Maximizing Safety

What makes off-label use clinically safe?

- A clear, evidence-informed rationale
- Patient selection
- Monitoring and follow-up
- Documentation of risk–benefit assessment
- Informed consent

OMP Basics



Approved Indication (Canada)

OMP is approved for the prevention of endometrial hyperplasia in post menopausal women taking estrogen.

Contraindications

Contraindications include undiagnosed vaginal bleeding, active liver disease, hormone-dependent cancers, active or past history of arterial thromboembolic disease or history of VTE or PE.

Off-label Use Awareness

Prescribing OMP outside approved uses, like for sleep or vasomotor symptoms, is off-label.

Common Off-Label Uses

Management of Vasomotor Symptoms

OMP is used off-label to manage perimenopausal hot flashes and night sweats, improving patient comfort.

Improvement of Sleep and Mood

Progesterone's neurosteroid effects may enhance sleep quality and mood stability in patients.

Cycle Regulation Benefits

OMP helps stabilize the endometrium, offering potential benefits for abnormal uterine bleeding and cycle regulation.

Assisted Reproductive Technology (ART): Luteal Phase Support

Used vaginally to support pregnancy; higher doses



VMS Evidence

Canadian Phase III Trial

- 189 perimenopausal women tested 300 mg OMP versus placebo for 12 weeks with no significant primary VMS score difference.
- Participants reported perceived reductions in night sweats and improved sleep quality without serious adverse effects during the trial.

German Multi-center Trial

- tested 200-400 mg OMP daily in postmenopausal women, showing dose-dependent symptom improvement trends but not statistically significant.

Guideline Recommendations (NAMS, NICE, BMS, SOCG, IMS)

- Estrogen plus OMP for VMS symptoms in perimenopause and menopause
- OMP alone noted as limited data, off label use.

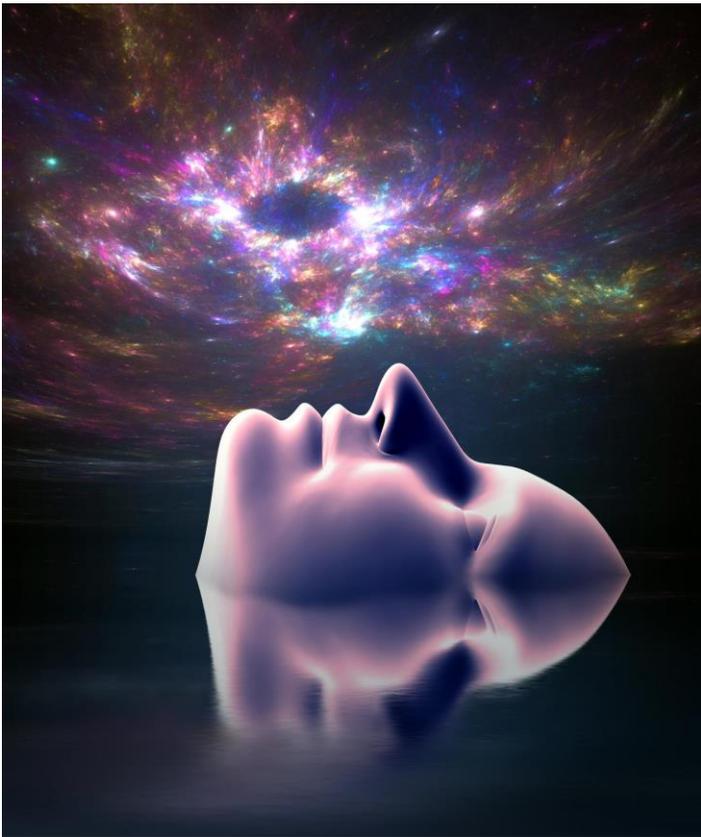
Materials for March 25, 2026

Part 1 of 3



Prior JC, et al. **Menopause**. 2023;30(1):45-54.
Seifert-Klauss V, et al. **Maturitas**. 2000;37(3):243-169.

Sleep Evidence



Sleep Onset Improvement

OMP reduces sleep onset latency by about 7 minutes compared to placebo in clinical studies.

Subjective Sleep Quality

Total sleep time improvements are varied, subjective sleep quality often shows positive changes with OMP.

Mechanism of Action

Progesterone metabolites modulate GABA-A receptors producing anxiolytic and sedative effects aiding sleep.

Study Population Considerations

Most studies involved postmenopausal women, some with estrogen therapy, limiting monotherapy conclusions.

Assisted Reproductive Technology (ART): Luteal Phase Support

- Progesterone replacement or supplementation as part of ART for infertile patients with progesterone deficiency is supported by evidence
- Multiple dosing regimens are available
 - Multiple studies have shown that vaginal administration of OMP capsules achieves luteal support comparable to dedicated vaginal progesterone products.
 - Pregnancy rates and endometrial support outcomes are similar between vaginal OMP and other vaginal progesterone formulations.
- Usual dosing: Vaginal administration of OMP 200 mg three times daily, starting on the day of oocyte retrieval and continuing for up to 12 weeks of gestation
- Guidelines endorse off-label use of OMP vaginally for this indication

Safety Profile

- Overall safety profile of OMP is favourable for most individuals
- Many studies have found OMP to be safer than synthetic progestins (i.e. medroxyprogesterone acetate (MPA))
 - Less thromboembolic events (VTE)
- When used with estrogen, it seems to have a more favourable effect on invasive breast cancer compared to estrogen plus MPA or estrogen alone.



Why Off Label Use Matters for OMP: Clinical Realities

- The approved monograph may not adequately reflect modern evidence
- OMP is used globally for multiple indications, beyond the Canadian label indication
- MDs, NPs, and midwives routinely prescribe it off-label
- Major menopause guidelines support the use of OMP plus estrogen for the treatment of perimenopausal and menopausal symptoms
- Reproductive/fertility guidelines support the use of OMP intravaginally for ART, luteal phase support.

Who Prescribes OMP Off-Label?



Primary Prescribers of OMP

Family physicians, gynecologists, and nurse practitioners prescribe OMP off-label for symptoms like VMS and sleep problems.

Role of Pharmacists

Pharmacists can prescribe OMP with various levels of independence in Canada.

Dispense OMP - providing a therapeutic review/assessment of the patient before dispensing.

Safety Checklist for Off-Label Prescribing

Document Indication, Rationale, and Consent

Ensure clear documentation of the indication, supporting evidence for off-label OMP use, and informed consent.

Screen Contraindications

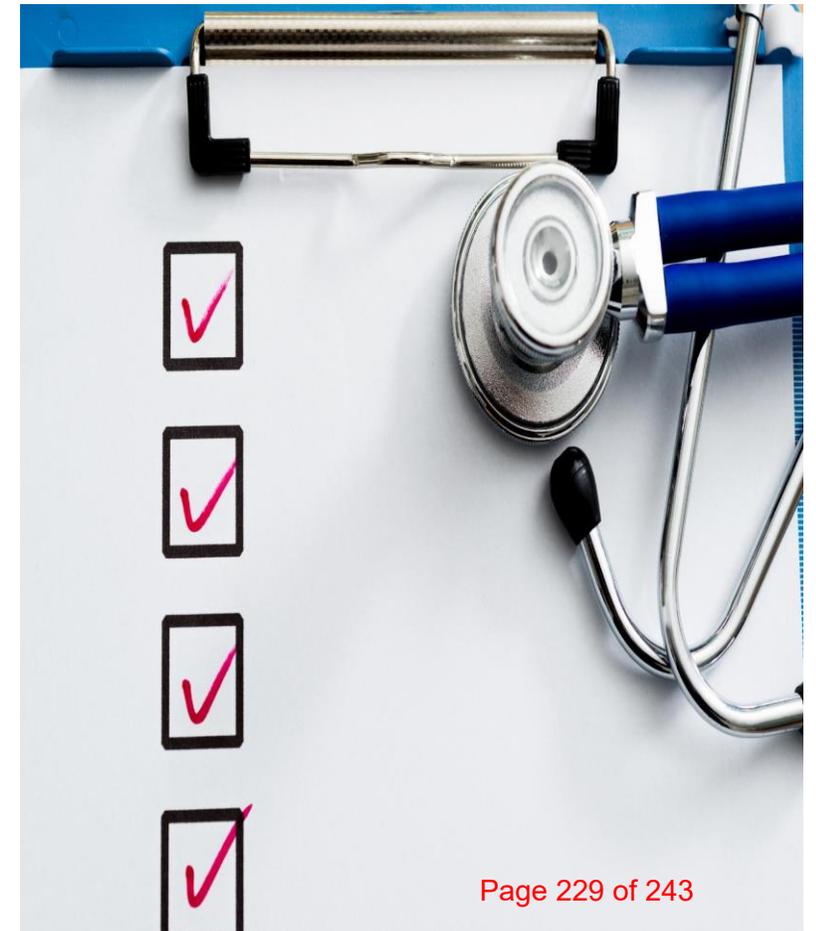
Screen patients for contraindications like breast cancer, thromboembolic risk, and liver disease before prescribing.

Evidence-Based Dosing

Use evidence-based dosing protocols

Monitor and Reassess

Monitor symptoms and adverse effects at baseline and follow-ups; periodically reassess risk versus benefit.



Bottom Line

Promising but Limited Evidence

Current research shows potential benefits of off-label OMP use for perimenopausal symptoms but lacks large-scale validation.

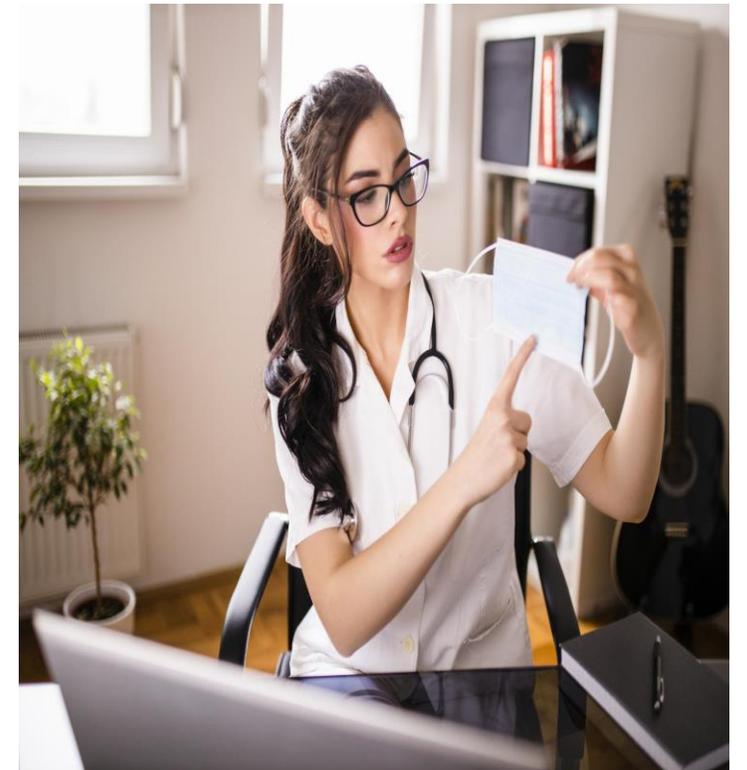
Need for Caution

Prescribers must use off-label OMPs cautiously due to limited definitive studies and ensure informed consent is obtained.

Monitoring is Key

Prescribers must monitor for effectiveness and safety. If it is not working - stop it. Reassess need to continue at each follow-up.

Refer When Necessary



Key Takeaways

Legal and Monitoring Requirements

- Off-label prescribing in Canada requires strong evidence, informed consent, and careful patient monitoring and documentation to ensure safety.

Collaboration and Best Practices

- Interprofessional collaboration and adherence to best practices protect patients and maintain public trust.
- When in doubt, refer



Questions?





The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Inspections

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 maintain 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 or to become registered or a complaint that has been filed against a Registrant.

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

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,

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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 Inspection Program and processes of the College.

General Regulation

Part IV of the *General Regulation* made under the *Naturopathy Act, 2007* came into effect on March 1, 2017, and requires the College to conduct inspections in premises where Intravenous Infusion Therapy (IVIT) procedures are performed.

Inspection Program Requirements

The Inspection Program applies to all locations where one or more Registrants perform IVIT procedures. IVIT procedures include:

- The compounding of drugs to make a customised therapeutic product for the purpose of administering by intravenous injection to a patient, or
- The administration of a therapeutic product by IVIT.

The Inspection Program establishes the requirements for a premise and reviews the following areas during inspections:

- Physical environment,
- Emergency preparedness,
- Infection Control,
- Sterile Compounding,
- Administering IVIT,
- Record Keeping and charting,
- Reporting of Type 1 and Type 2 occurrences,
- Delegation, and
- Quality management.

Every premises that is registered and performing IVIT procedures will undergo a scheduled inspection once every five years. Each inspection outcome is posted on the IVIT Premises Register. The outcome can be a “pass”, a “pass with conditions” or a “fail”.

Registering an IVIT Premises

A new premises where IVIT procedures are intended to be performed must be registered with the College, undergo Part I of an inspection, and receive a “pass” or “pass with conditions” that will then allow it to begin performing IVIT. The second part, Part II of the new premise’s inspection, occurs within approximately six months after the Part I inspection is completed.

Subsequent Inspections

After the Part I and Part II inspections are completed, subsequent inspections must occur within five years of the date of the last inspection and every five years thereafter.

Designated Registrant

Every premises must have an ND who is the Designated Registrant. The Designated Registrant is responsible for:

- All Inspection Program related communications with the College,
- Submitting all Inspection Program forms,
- Ensuring the Inspection Program Requirements are met, and
- Paying all Inspection Program fees on behalf of the premises.

Inspection Process

The following outlines the typical inspection process:

- Notification of an upcoming inspection is sent to the Designated Registrant,
- The Designated Registrant submits the Pre-Inspection Information and Declaration of a Conflict of Interest form, and the premises Policies and Procedures Manual within 14 days (this is required for Part I and five-year premises inspections),
- Upon receipt, an inspection is scheduled within approximately 30 days of the Designated Registrant being notified of the assigned inspector,
- At the end of the inspection, the inspector provides feedback to the Designated Registrant who may provide additional comments and/or information to the College, and
- The Inspection Committee reviews the Inspector's Report and any additional information provided by the Designated Registrant and delivers an outcome.

Inspection Outcomes

The Committee will determine an outcome that falls into one of three categories:

- "Pass" – all Inspection Program Requirements are fully met or partially met with minor deficiencies,
- "Pass with conditions" – One or more Inspection Program Requirements are not met that could impact patient safety, and
- "Fail" – few of the Inspection Program Requirements have been met or there are significant deficiencies that pose a risk of harm to patients, and the premises must cease providing services.

Inspectors

Inspectors within the Inspection Program are NDs who have met the standard of practice for IVIT and therapeutic prescribing, who are performing IVIT procedures at a premises, and who are specifically trained in the program requirements set out by the Council of the College. All individuals within a premises are required to cooperate with an inspector who has been appointed by the College to inspect the premises where IVIT services are provided.

Inspection Committee

The Inspection Program is overseen by the Inspection Committee, which is a Committee of the Council of the College. The Committee is made up of individuals who are:

- Registrants of the College who have met the standard of practice for IVIT (and therapeutic prescribing),
- Members of the Council, and
- Public Representatives appointed by the Council.

Type 1 and Type 2 Occurrences

Type 1 occurrences are incidents that may or did result in serious harm to a patient in relation to an Intravenous Infusion Therapy treatment. Type 1 Occurrences include:

- The death of a patient following IVIT,
- The death of a patient within five days following IVIT,
- Referral of a patient to emergency services within five days following IVIT,
- A procedure performed on the wrong patient.
- Administration of an emergency drug to a patient,
- A patient who is diagnosed with shock or convulsions within five days of IVIT, and
- A patient who is diagnosed with a disease of any disease causing agent as a result of the IVIT.

Type 1 occurrences must be reported to the College within 24 hours of the Registrant becoming aware of the occurrence. These reports are reviewed by the Inspection Committee who review the information and may require a follow up review and inspection if warranted by the Inspection Committee.

Type 2 occurrences are incidents that may or did result in harm to a patient in relation to the performance of compounding for or administering by IVIT. These include:

- An infection in a patient after the provision of IVIT,
- An unscheduled treatment of a patient within five days of IVIT, and
- Any adverse drug reaction.

Type 2 occurrences must be tracked and documented and are reported to the College annually.

Importance of this Program

The College's Inspection Program ensures continuous quality improvement for all premises where IVIT procedures are performed through the development and maintenance of standards. This helps enhance the safety and quality of care for the Ontarians who choose to access these services.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO, Regulation



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing – Registration 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.

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

Registration Program

There are two sides of the Registration Program: Entry-to-Practise and Registration. Entry-to-Practise is the primary vehicle through which the College registers competent, ethical, and qualified individuals to practise naturopathy in Ontario. Through the Entry-to-Practise side, the College also administers its Prior Learning Assessment and Recognition (PLAR) program which assesses individuals who did not graduate from a program in naturopathy accredited by the Council on Naturopathic Medical Education (CNME), but who have a combination of education and experience which may be 'substantially equivalent' to that of a CNME-accredited program graduate.

On the Registration side, the College ensures registrants maintain their certificate of registration in accordance with applicable sections of the College's by-laws, the Registration Regulation and registration policies. This includes administering the annual collection of information and fee (registration renewal), auditing reported practise hours as part of ensuring ongoing currency of knowledge and skills and conducting audits of professional liability insurance and CPR certification information to ensure continued coverage for the protection of the public.

Registration is also the program which handles the processing of class changes, name changes and initial and renewal applications for professional corporations.

PLAR

Section 5 of the College's Registration Regulation sets out that individuals who have undergone an assessment method approved by Council which evidences that the applicant has the knowledge, skills, and judgment equivalent to those of a person who has successfully completed a CNME accredited program, are deemed to have met a portion of the eligibility criteria for issuance of a certificate of registration. This assessment method is the PLAR program.

To be eligible for assessment through the PLAR program, individuals must possess sufficient language proficiency in either English or French, have completed the equivalent of a Canadian Bachelor's degree in a healthcare discipline reasonably related to naturopathy, and must be able to provide proof of identity in accordance with College requirements.

PLAR assessments are conducted by trained PLAR assessors who are registered Ontario naturopaths and who have met the assessor criteria noted in the PLAR Program Policy. Decisions on a PLAR applicant's eligibility to move forward in the PLAR program and/or the final determination on whether the PLAR applicant may go on to complete entry-to-practise examinations and seek registration, rests with the PLAR Committee, comprised of professional members and public representatives.

The PLAR program uses a staged approach to appropriately assess whether a PLAR applicant possesses the requisite competencies for practising the profession in Ontario. These stages are:

- Stage 1: Paper-based assessment:
Requires the PLAR applicant to match their education and experience against four mandatory naturopathic content categories and their supporting 25 content areas, and 20 general medical subject matter areas.
- Stage 2: PLAR Examination 1 (Biomedical Exam):
Requires the PLAR applicant to demonstrate essential medical knowledge of body systems and their interactions, body functions, dysfunctions, and disease states.

- **Stage 3: PLAR Examination 2 (Clinical Sciences Exam):**
Requires the PLAR applicant to demonstrate essential naturopathic competencies for the treatment of patients.
- **Stage 4: Demonstration-based assessment –Structured Interview:**
Requires the PLAR applicant to demonstrate their understanding of fundamental research concepts and methodologies, with the review of a case study, and their ability to interpret and apply that information to a panel of PLAR assessors.
- **Stage 5: Demonstration-based assessment –Interaction with a Standardized Patient:**
Requires the PLAR applicant to demonstrate their ability to apply naturopathic clinical competencies to real-life patient scenarios. These include communications skills, physical exam techniques, clinical practical skills, and professionalism.

Registration Eligibility Requirements

To be eligible for registration in the General class with the College, applicants must have either graduated from a CNME accredited program in naturopathy or have been deemed “substantially equivalent” through the College’s PLAR program and have successfully completed requisite entry-to-practise examinations, both knowledge and practical-based. Applicants have two years to complete examinations and apply for registration; those who exceed this two year window are required to be assessed by a panel of the Registration Committee for any atrophy of skills or knowledge that may have occurred in the time since graduation or successful completion of the PLAR program, which must be remediated before a certificate of registration can be issued.

Section 3 of the Registration Regulation (Ontario Reg. 84/14) sets out the primary requirements which all applicants for registration are benchmarked against. These include provisions around language proficiency, good character (including criminal offences), prior conduct (including any refusals of licensure/registration), and capacity to practise (related to mental or physical health concerns).

Labour Mobility

Labour mobility, as defined by the Canadian Free Trade Agreement (CFTA) refers to the ability of certified workers to practise their regulated occupation, throughout Canada, wherever opportunities to work in that occupation exist.

Under the CFTA, practising naturopaths working in a regulated Canadian jurisdiction may apply for a certificate of registration in another regulated Canadian jurisdiction based on their existing registration.

Labour mobility provisions recognize an applicant’s registration and practice time in another regulated jurisdiction as having satisfied basic, entry-to-practise requirements (e.g., entry-to-practise examinations with the exception of the Jurisprudence exam); however, it is not a transfer of registration, nor does it allow the applicant to bypass the entry-to-practise process.

Emergency Class

As of August 2023, the College’s Registration Regulation includes an Emergency certificate class, which allows individuals who have graduated from an accredited program or have successfully completed the PLAR program, and who have successfully completed the Ontario Jurisprudence examination, no more than two years prior to their date of application for an Emergency class certificate of registration, to practise naturopathy with restrictions (as set out under subsection 6.1 of the Registration Regulation), including but not limited to supervised practise. As evidenced by the name, this class is intended to address emergency circumstances which impact the ability of individuals to become registered to practise the profession and as such this class is only opened under the following two circumstances: the Minister of Health requests that the College initiate registrations under this class based on their opinion

that emergency circumstances call for it, or the Council has determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it's in the public interest that the College issue Emergency certificates. This class of registration remains open as long as the emergency circumstances (as set out above) exist, otherwise the certificate expires on March 31st following the date of issuance.

Registrants in the Emergency class who hold this certificate for more than two years may seek to change to the General class of registration, provided a panel of the Registration Committee is satisfied that the registrant has the knowledge, skill and judgement as would be expected of a registrant in the General class or who has successfully completed such additional education, training or examination requirements determined to be necessary by a panel of the Registration Committee. Those who hold an Emergency class certificate of registration for less than two years are required to complete requisite entry-to-practise examinations to be eligible for registration in the General class.

Currently, this class of registration is closed, i.e., no Emergency class certificates of registration are being issued.

Entry-to-Practise Process

The College's entry-to-practise process is broken into three separate steps to allow for the collection and review of information, documentation, and fees at appropriate points in an individual's progression from applicant to registrant.

- **Step 1 – Pre-Registration**
Step 1 is an applicant's initial point of contact with the College. Data is collected on the Application for Pre-Registration form around identity, language proficiency, and information specific to the individual's intended stream of registration, whether as a CNME-accredited program graduate, PLAR applicant, or Labour Mobility applicant. It is at this stage that individuals complete the PLAR program or requisite examinations.
- **Step 2 – Application for Registration**
At Step 2, applicants have completed their entry-to-practise requirements and make their formal application for registration to the College, signaling their intent to register with the College to practise the profession in Ontario. At this stage, applicants answer questions, make declarations, and submit documentation related to their education, additional languages spoken, prior conduct, criminal offences and record check, academic offences, good character, other professional registrations, CPR certification, and pay an application fee. It is at this stage where the applicant is either approved for Step 3 or referred to the Registration Committee for review.
- **Step 3 – Issuance of a Certificate of Registration**
Having been deemed eligible for registration, the applicant is invited to complete the entry-to-practise process with the submission of proof of professional liability insurance, a photo for the public register (with guarantor form), and payment of the registration fee for that registration year. Upon receipt of the Step 3 documents and fee, the applicant is issued their registration number and can download their certificate of registration for display at their practice location.

During Steps 2 and 3 of this process, a minimum of three individuals (Coordinator, Manager and Director) review the data and documentation provided by the applicant against the Regulation and policy requirements for registration. In cases where an application is required to be referred to the Registration Committee for further review, a minimum of four individuals, with the addition of the Chief Executive Officer (CEO), review the documentation and information before it reaches the Registration

Committee.

Referrals to the Registration Committee

In accordance with section 15 of the Health Profession's Procedural Code (the Code), Schedule 2 of the *Regulated Health Professions Act, 1991*, the CEO has two options when reviewing an application for registration. They may register the individual or refer the individual to the Registration Committee.

Referrals are made when the CEO:

- has doubts, on reasonable grounds, about whether the applicant fulfils the registration requirements.
- is of the opinion that terms, conditions, or limitations should be imposed on a certificate of registration; or
- proposes to refuse the application.

Applicants whose applications are being referred to the Registration Committee are provided with a formal notice of referral and given 30 days to make any submissions they wish to have considered as part of the Committee's review.

Decisions by the Registration Committee

Section 18(2) of the Code sets out the orders (or actions) available to a panel of the Registration Committee. These are:

- Directing the CEO to issue a certificate of registration.
- Directing the CEO to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel.
- Directing the CEO to issue a certificate of registration if the applicant successfully completes additional training specified by the panel.
- Directing the CEO to impose specified terms, conditions and limitations on a certificate of registration.
- Directing the CEO to refuse to issue a certificate of registration.

For any decision other than directing the CEO to issue a certificate of registration, Decisions and Reasons are provided to the applicant to allow them to understand the Committee's guiding rationale. It's important to note that the decision to refuse issuance of a certificate of registration is not taken lightly by the Registration Committee. As of the date of this briefing, only four instances have occurred. In each of these cases, the conduct of the applicant was egregious and could not be remediated through additional training, education, or exams or sufficiently addressed through the imposing of terms, conditions, or limitations on a certificate of registration.

Reviews by HPARB

If the applicant disagrees with the decision of the Committee, they may request that this be reviewed by the Health Professions Appeal and Review Board (HPARB). The Board is an independent body established by the provincial government and is made up of non-health care professionals. Following a review, HPARB may:

- confirm the Committee's decision.
- refer the matter back to the Committee for further review.
- require the Committee to take a specific action.
- make recommendations to the Committee.

Terms and Conditions of Every Certificate

Section 4 of the Registration Regulation sets out the terms and conditions of every certificate of registration. These terms include, but are not limited to, the need for registrants to report, within 30 days of the occurrence, findings of professional misconduct, incompetence, or incapacity (or similar) related to any other professional registrations, findings of profession negligence or malpractice in any jurisdiction, and any findings of guilt. Section 4 provisions also set out the permitted titles and abbreviations for each class of registration which registrants must abide by, and the need for all registrants to maintain professional liability insurance in accordance with the College by-laws.

Class Changes - Inactive to General (Over Two Years Inactive)

Registrants registered in the Inactive class for more than two years and who are seeking to return to the General class to resume practising the profession, are required to first undergo a review by the Registration Committee for any atrophy of skills or knowledge which must be remediated before the class change can be approved. This review process is similar in format and intent to those conducted for applicants who have exceeded their two-year window for making their application for registration. A similar review process is carried out for registrants registered in the General class who have a non-clinical Term, Condition or Limitation on their certificate of registration and are seeking to have this expired in order to resume direct patient care.

Professional Liability Insurance

Section 19 of the College by-laws sets out the requirements for professional liability insurance for all three classes of registration. Professional liability information is actively monitored and audited by registration staff on a monthly basis. Registrants are provided with an initial notice and one reminder to update policy information prior to the expiry of their professional liability insurance certificate. Failure to update professional liability insurance results in the immediate suspension of a registrant's certificate of registration.

CPR Certification

CPR certification is required of all registrants in both the General and Emergency class, as set out in the Registration Regulation and the Registration Policy, to ensure appropriate lifesaving techniques can be performed in instances of patient emergencies. As with professional liability insurance, CPR certification expiry dates are audited monthly, and registrants are sent an initial notice and one reminder to update this information. While not an immediate suspension, failure to maintain CPR information will result in issuance of a Notice with 2 days being provided to the registrant to update their CPR information before additional actions occur.

Currency

Specific requirements in the Regulation related to currency are set out in the Regulation (section 6, which apply to registrants in the General class and section 6.1, which apply to registrants in the Emergency class) and the Registration Policy. These provisions establish that registrants in either class must practise for a minimum number of hours over a defined period as a term, condition and limitation of maintaining their certificate of registration. Registrants who are deemed not to have met currency requirements are provided with options, as set out in the Regulation, for addressing currency deficiency. These include but are not limited to completing a refresher program approved by the Registration Committee.

Suspensions and Revocations

In accordance with section 16 of the Registration Regulation, on the second anniversary following a registrant's suspension, their certificate of registration is revoked. Registrants are provided with a Notice of Intent to Revoke a minimum of 30 days prior to the revocation date, to allow a final opportunity for

the registrant to correct the default that resulted in the suspension and reinstate their registration. Registrants who are revoked who later wish to resume practising the profession in Ontario are required to re-apply as a new applicant, which includes the completion of entry-to-practise examinations.

Importance of this Program

The College's Registration Program is a critical component of safeguarding the public interest by ensuring those issued a certificate of registration to practise the profession have the requisite knowledge, skills, and judgement to practise safely, competently, and ethically.

Respectfully submitted,

Erica Laugalys
Deputy CEO, Registrant & Corporate Services

March 2026