



Council of the College of Naturopaths of Ontario

Meeting #53

Draft Agenda

May 27, 2026 (2026/27-01)

9:00 a.m. to 11:50 a.m.

Location: Toronto Marriott Markham

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 #53
 May 27, 2026
 9:00 a.m. to 12:00 p.m.
DRAFT AGENDA

Time ¹	Item	Action	Item	Page	Responsible
	0. Pre-Meeting Networking (8:30 am to 9:00 am – 30 minutes)				
	0.1	Networking	Breakfast Networking for Council members	--	All
	1. Call to Order and Welcome				
5	1.1	Procedure	Call to Order	--	B Lessard-Rhead
	1.2	Process	Land Acknowledgement	4	
	1.3	Procedure	Meeting Norms	5	
	1.4	Discussion	“High Five” – Process for identifying consensus	6	
	2. Election of Officers				
7	2.1	Election	Council Chair	--	A Parr
	2.2	Election	Council Vice Chair	--	
	2.3	Election	Officer-at-Large Public member	--	
	2.4	Election	Officers-at-Large Professional Members (2)	--	
	3. Consent Agenda				
5	3.1	Approval	i. Draft Meeting Minutes of March 25, 2026	7	B Lessard-Rhead
			ii. Draft In Camera Minutes of March 25, 2026	14	
			iii. Disclosures	17	
			iv. Committee Reports	19	
			v. Information Items	31	
	4. Approval of Agenda and Conflicts of Interest				
3	4.1	Adopt	Review of Main Agenda	3	B Lessard-Rhead
	4.2	Discussion	Declarations of Conflict of Interest	82	
-	5. Monitoring Reports				
5	5.1	Acceptance	Report of the Council Chair	84	B Lessard-Rhead
10	5.2	Acceptance	Report on Regulatory Operations Apr 1, 2025 to Mar 31, 2026	85	A Parr
5	5.3	Acceptance	Report on Regulatory Operations at April 30, 2026	99	A Parr
10	5.4	Acceptance	Variance Report & Unaudited Financial Statements at Q4	111	E. Laugalys
-	6. Council Governance Policy Confirmation (35 minutes)				
5	6.1	Discussion	Policy Issues Arising from Monitoring Reports ²	--	D. Marier
20	6.2	Review	In-depth Review Governance Process Policies (Terms of Ref.)	118	
-	7. Regular Business				
5	7.1	Acceptance	Committee Appointments	132	A Parr
10	7.2	Information	Council member Assessment Process	--	B Lessard-Rhead
15	*** Break ***				
-	8. Council Education				
10	8.1	Education	Program Briefing – Complaints Program	138	J. Quesnelle
10	8.2	Education	Program Briefing – Discipline Program	143	E. Laugalys
30	8.3	Education	Governance Refresher	--	A Parr
-	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 (Via Zoom) - July 29, 2026	--	
-	11. Adjournment (1 minute)				
1	11.01	Decision	Motion to Adjourn	--	B Lessard-Rhead

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

² 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, CGO Council Package, 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 réglemente 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.

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

Using “High Five” to Seek Consensus



Image provided courtesy of Facilitations First Inc.

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

When asked you would show:

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

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



The College of Naturopaths of Ontario

**Council Meeting
March 25, 2026**

**Video Conference
DRAFT MINUTES**

Council	
Present	Regrets
Dr. Amy Armstrong, ND (5:6)	Ms. Sarah Griffiths-Savolaine (0:6)
Dr. Felicia Assenza, ND (6:6)	
Ms. Naomi Bussin (3:3)	
Mr. Dean Catherwood (6:6)	
Ms. Lisa Fenton (6:6)	
Dr. Brenda Lessard-Rhead, ND (Inactive) (6:6)	
Dr. Denis Marier, ND (6:6)	
Ms. Marjia Pajdakovska (4:6)	
Mr. Paul Phillion (6:6)	
Dr. Erin Walsh, ND (6:6)	
Dr. Jacob Scheer, ND (5:6)	
Staff Support	
Ms. Agnes Kupny, Director, Operations	
Mr. Andrew Parr, CAE, CEO	
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services	
Mr. Jeremy Quesnelle, Deputy CEO, Regulation	
Ms. Monika Zingaro, Human Resources Coordinator	
Guests	
Ms. Rebecca Durcan, Legal Counsel	
Mr. Barry Sullivan, Governance Committee, Vice-Chair	

1. Call to Order and Welcome

1.01 Call to Order

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.

1.02 Land Acknowledgement

The Chair reviewed the College's Land Acknowledgement, developed by the Governance Committee, and encouraged Council members to review it as an affirmation of the College Council's commitment to peace, friendship, and respect for Indigenous peoples.

1.03 Meeting Norms

The Chair directed Council's attention to the video meeting norms included in their meeting package and invited questions or concerns. There were none.

1.04 "High-Five" – process for consensus

The Chair reviewed the "High Five" process adopted by Council to indicate consensus on a proposed direction, whereby a show of five fingers indicates strong support, and one finger indicates strong opposition.

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 from the consent agenda 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:	Dean Catherwood
SECOND:	Amy Armstrong
CARRIED.	

3.02 Declarations of Conflicts of Interest

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

4. Monitoring Reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Lisa Fenton
SECOND:	Denis Marier
CARRIED.	

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

The Report on Regulatory Operations at February 28, 2026, 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 February 28, 2026, from the CEO.
MOVED:	Erin Walsh
SECOND:	Jacob Scheer
CARRIED.	

4.03 Variance Report and Unaudited Financial Statements for Q3

The Variance Report and the Unaudited Financial statements ending December 31, 2025 (Q3) were included in the materials circulated in advance of the meeting. Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services, provided a review of the Variance Report and the Unaudited Statements and highlighted the changes in the report from the previous quarter. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the third quarter ending at December 31, 2025, as presented.
MOVED:	Paul Philion
SECOND:	Dean Catherwood
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Executive Limitation Policies

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

5.01(ii) 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 2 – GP19-GP36)

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 proposed amendments.

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

MOTION:	To adopt the recommended policy changes.
MOVED:	Denis Marier
SECOND:	Dean Catherwood
CARRIED.	

6. Business

6.01 Annual Operational Plan

A comprehensive Briefing Note and the updated Operational Plan for fiscal year 2026-2027 were circulated to Council members before the meeting. Mr. Parr provided a review of the operational plan and highlighted some projects and activities continuing into the coming fiscal year 2026-2027. He also responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the updated Annual Operational Plan 2026-2027 as presented.
MOVED:	Paul Phillion
SECOND:	Amy Armstrong
CARRIED.	

6.02 Annual Capital and Operating Budgets 2026-2027 Fiscal Year

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

MOTION:	To accept the Capital and Operating budgets for fiscal year 2026-2027 as presented.			
MOVED:	Dean Catherwood			
SECOND:	Erin Walsh			
CARRIED.				

6.03 Proposed Amendment to Table 3 – OMP

Mr. Jeremy Quesnelle, Deputy CEO, Regulation, provided Council with an overview of the two consultations undertaken and highlighted the feedback received at the close of the consultation periods. He also referenced the presentation delivered to Council at its December 2025 meeting by Dr. Jamie Kellar, Associate Dean, Academic, Leslie Dan Faculty of Pharmacy, University of Toronto.

Mr. Quesnelle further outlined the steps that would be undertaken by College staff should Council approve the proposed amendment to Table 3 of the General Regulation, including the submission of required information and documentation to the Ministry of Health for review and consideration.

He responded to questions and addressed concerns raised by Council during the ensuing discussion.

MOTION:	To approve the proposed amendment to Table 3 of the General Regulation by adding Oral Micronized Progesterone with no limitations identified.			
MOVED:	Paul Phillion			
SECOND:	Amy Armstrong			
IN FAVOUR	Public Members	5 (out of 5)	Professional Members	6 (out of 6)
OPPOSED	Public Members	0 (out of 6)	Professional Members	0 (out of 5)
CARRIED.				

7. Council Education

7.01 Program Briefing – Inspection Program

The Council received an educational program briefing and presentation by Mr. Quesnelle about the Inspection Program. He highlighted the information provided in the briefing, for instance, the difference between an inspector's preliminary decision and the final decision given to a premise that underwent an inspection. He responded to questions asked by Council.

7.02 Program Briefing – Registration Program

The Council received an educational program briefing and presentation by Ms. Laugalys about the Registration Program. She highlighted the information provided in the briefing and responded to questions asked by Council.

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 11:35 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:	Dean Catherwood
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 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 time management. 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 meeting.

10.02 Next Meeting

The Chair noted for Council that the next regularly scheduled meeting is being held in-person over a two-day period. The first day on May 26, 2026, will be a full-day training session and the second day on May 27, 2026, will be a half-day business meeting.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:22 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Phillion
SECOND:	Naomi Bussin

Recorded by: Monika Zingaro
Human Resources Coordinator
March 25, 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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The College of Naturopaths of Ontario

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The College of Naturopaths of Ontario

MANAGEMENT DISCLOSURES
Period March 1, 2026 to April 30, 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
April 28, 2026	Financial	GST/HST Return	HST Filing for the period March 1-31, 2026.
April 27, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from April 4-17, 2026, with a pay date of April 23, 2026.
April 23, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
April 13, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from March 21 – April 3, 2026, with a pay date of April 12, 2026.
April 10, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
April 2, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from March 7-20, 2026, with a pay date of April 2, 2026.
April 1, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario).
March 31, 2026	Financial	GST/HST Return	HST Filing for the period February 1-28, 2026.
March 31, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario).
March 25, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
March 20, 2026	Financial	ADP – Payroll taxes	This payroll tax covered the period from February 21-March 6, 2026, with a pay date of March 19, 2026.
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.
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Copies of the physical documentation is available on the new [Council Disclosures Smartsheet](#).



The College of Naturopaths of Ontario

MEMORANDUM

DATE: May 14, 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 March 1, 2026 to April 30, 2026.

This report serves as the Chair's update for the Finance, Audit & Risk Committee for the period of March 01 to April 30, 2026.

The committee did not meet during this reporting period, and there are no items to report.

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

Respectfully submitted,
Dr. Shelley Burns, ND
Chair
April 20, 2026

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The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

Period of March 1, 2026 to April 30, 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 March 1, 2026 to April 30, 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 April 30, 2026, there were no ongoing discipline matters before the committee.

Discipline Hearings

Discipline matter DC25-02 involving Corey Lapp

A Pre-Hearing Conference was held on April 24, 2026, to discuss the 2 matters referred to the DC by the ICRC. The Parties proposed available dates for a one-day hearing on an uncontested basis. The Discipline Committee will be canvassed for their availability in September 2026 so that a hearing date may be set.

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

April 30, 2026



The College of Naturopaths of Ontario

**EXAM APPEALS COMMITTEE REPORT
Period of March 1, 2026 to April 30, 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
May 4, 2026



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of March 1, 2026 to April 30, 2026

This serves as the Executive Committee Chair's Report for the period of March 1 to April 30, 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
May 1, 2026



The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT
Period of Period of March 1, 2026 to April 30, 2026

During this last reporting period the Governance Committee (GC) met once, on March 13, 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 GP19-GP36.
3. Reviewed the processes in place in preparation for the March Council Survey/Presentation.
4. Spoke to the annual In Conversation With (ICW) – Volunteer Program and it was determined to bring this agenda item back to their next meeting, and committee members were encouraged to reflect on potential ideas and come prepared to share suggestions and recommendations.
5. The committee reviewed the importance of completing the Committee Meeting Evaluations which provide valuable feedback that is reviewed and used to identify opportunities for continuous improvement in meeting effectiveness and committee processes.
6. Determined agenda items for the next meeting which included any new volunteer applications for the committee to review, further discussions about the ICW session, and the detailed review - Part 3 of the Governance Process – Committee Terms of Reference.

The GC is scheduled to meet next on May 11, 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
May 2026



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of March 1, 2026 to April 30, 2026

Between March 1, 2026 to April 30, 2026, the Inquiries, Complaints and Reports Committee held two regular online meetings – March 5 and April 2, 2026.

March 5, 2026: 11 matters were reviewed, ICRC members drafted 3 reports and approved 3 Decisions and Reasons.

April 2, 2026: 11 matters were reviewed, ICRC members drafted 3 reports and updated 2 reports for ongoing matters, and approved 2 Decisions and Reasons.

Respectfully submitted,

Dr. Erin Psota, ND
Chair
May 4th, 2026



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT

For the period March 1, 2026 to April 30, 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 March 24th and April 22nd, respectively. There were no concerns regarding quorum.

Activities

At these meetings, the Committee reviewed and made decisions with respect to a total of five Inspection Reports, one Outcome Submission, three Type 1 Occurrence Reports, one Type I Occurrence Report follow-up submission and one Inspection Deferral request.

Inspection Report Review Outcomes

Part I Inspections

Pass- 2

Pass with recommendations- 1

Part II Inspections

Pass with recommendations- 1

Existing/5-year Inspections

Pass with conditions/ recommendations- 1

Outcomes in Response to Submissions Received

Part II- 1 Pass

Type 1 Occurrence Reports/ Follow -Up Submissions/ Inspection Deferral Requests

Three Type 1 Occurrence Reports were reviewed, each with 'no further action required'.

One Type 1 Occurrence Report Follow-Up submission was reviewed, with 'no further action required'.

One Inspection Deferral request was reviewed and denied.

Next Meeting Date

May 26, 2026.

Respectfully submitted by,

Barry Sullivan, Chair

May 5, 2026.



The College of Naturopaths of Ontario

**Patient Relations COMMITTEE REPORT
Period of March 1 – April 30, 2026**

During the reporting period the Committee did not meet.

The next scheduled meeting is an email update May 13, where Committee members will be provided with a funding update, along with updated versions of the Patient and Registrant Guides for review.

Respectfully submitted,
Dr. Gudrun Welder, ND
Chair
April 11, 2026



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period March 1, 2026 to April 30, 2026

Meetings and Attendance

Since the date of our last report to Council in March, the Quality Assurance Committee has met on two occasions, via videoconference on March 24th and April 22nd, 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 **March** meeting, the Committee also reviewed Group II CE Reporting summary information provided by staff and after considering the matter of one registrant who failed to submit their CE documentation per the requirements of the Quality Assurance Program, ordered that the Registrant undergo a Peer and Practice Assessment.

Next Meeting Date

May 26, 2026.

Respectfully submitted by,

Barry Sullivan, Chair
May 5, 2026.

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The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
Period of March 1, 2026 to April 30, 2026

At the time of this report, the Registration Committee met once, on March 17, 2026.

Applications for Registration

The Committee reviewed one application for registration under section 15(2)(a) of the Health Profession's Procedural Code (the Code); one application under subsection 5(2) and 5(4)(a) of the Registration Regulation, and two in relation to subsection 3(2). In addition, one application under 7(3) and 3(2) of the Registration Regulation were reviewed to determine eligibility for registration with the College.

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

The Committee reviewed one class change application 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 – Examinations and Accommodations Policy

The Committee reviewed and approved amendments to the Examination Accommodations Policy.

Respectfully submitted,

Danielle O'Connor ND
Chair
May 1, 2026



The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of March 1, 2026 to April 30, 2026.

During the reporting period the Committee did not have any meetings scheduled. The Committee is next scheduled to meet on May 6, 2026 where it will continue to edit and re-draft standards.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
April 2026

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The College of Naturopaths of Ontario

MEMORANDUM

DATE: March 14, 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. 313 & 314)	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 (March & April 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.	Policy Changes	The Registration Committee has approved changes to the Accommodations Policy. Copy is provided for Council's information.

No.	Name	Description
4.	Council Effectiveness Survey	An outline of the questions being posed on the upcoming Council Effectiveness Survey is provided for the information of Council.
5.	Ontario Government Announcements	A series of announcements made by the Ontario Government relating to the regulated health professions: <ul style="list-style-type: none">• Over the Counter Hearing Aids• Wait times for Police Record Checks• Expanding Scope of Practice



GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

The Evolution of the Public Interest in Self-Regulation in Canada

Emily Graham

April 2026 - No. 313

Articulating the public interest served by regulators of professions has always been a challenge. An article by a sociology professor explains that part of the reason for this difficulty is that the concept has evolved over time and, to some extent, place. See: Adams, T. L. (2016). *Professional Self-Regulation and the Public Interest in Canada*. Professions and Professionalism, 6(3).

Dr. Adams begins with some sociological theories about professional self-regulation, and concludes:

Although scholars differ in the motivations they ascribe to professionals, many hold that professional self-regulation was historically the product of a regulative bargain between professions and the state....

The article “explores legislators’ and policymakers’ views on professional self-regulation and the public interest, with a focus on Canada where professional self-regulation persists.” Dr. Adams conducted

extensive research “relying predominantly on legislative records and policy reports.” She analyzes how the “state” defined the public interest for self-regulating professions over three periods of time.

For the first period, Dr. Adams observes:

By and large, from the 1860s through the 1950s, most legislation establishing self-regulating professions was viewed as being in the public interest, because it raised the quality of services provided. Here, the public interest was defined primarily in terms of practitioner qualifications, so the public’s interest and professionals’ interests were seen to go hand-in-hand. The emphasis on qualifications was accompanied by occasional concerns over access to services and consumer choice. These attitudes persisted into the late twentieth century, but by the 1960s social attitudes and legislative approaches to professional regulation began to change.

From the 1960s through the 1990s Dr. Adams summarizes the change in thinking as follows:

... while professional self-regulation has many advantages, professionals cannot be trusted to put the public interest above their own; as a result, there needs to be more government oversight to restrict professionals' excesses.... Also in this era, shifts in the definition of the public interest became apparent. While a concern for service quality and practitioner competence persisted, the discourse shifted to include a consideration of efficiency and cost effectiveness.

Other public interest values sometimes articulated included public freedom of choice “within a range of safe options” and fostering the evolution of the scope of practice of professions.

Legislative change during this period included:

- more public members on boards and committees,
- reporting, appeal and other oversight mechanisms to make regulators more accountable,
- reducing the scope of practice monopolies that had previously existed, and
- limitations on the ability of regulators to set their own admission standards.

Also, the separation between professional regulators, acting in the public interest, and professional associations, representing the interests of the profession became more pronounced.

In the twenty-first century, Dr. Adams noted a shift as “governments increasingly applied private sector business models to the public

sector.” This was especially true in Ontario, where the “open for business” catch-phase became prominent. Reducing unnecessary barriers (e.g., for registration and inter-provincial mobility) was emphasized as much as (or, perhaps, even more than) public safety and practitioner competence. This resulted in governments’ “increasingly exploring regulatory alternatives” to professional self-regulation.

Dr. Adams noted a divergence in approach between Ontario, British Columbia and Quebec in this development, with Ontario using the business model more than BC and Quebec using it least of all.

Since this article was published, there has been discussion of whether diversity, equity, and inclusion, cultural competency, reconciliation with Indigenous peoples, and registrant wellness should form part of the evolving, current public interest mandate of regulators. Regulatory forays into these areas have resulted in extensive and [vigorous debate](#) and [legal challenges](#). In Ontario, the [College Performance Measurement Framework](#) for health professions, which was released in December 2020, has encouraged regulators to add these components of the public interest to their mandates without enacting legislative amendments.

Indeed, the [Health Professions and Occupations Act](#) of BC and the [Regulated Professions Neutrality Act](#) of Alberta take diametrically opposing views on these mandate issues. The Alberta approach, largely limiting the mandate of regulators to competence and ethics, harkens back to the approach Dr. Adams describes for the nineteenth century.

Nevertheless, Dr. Adams’s historical analysis of the evolution of professional self-regulation provides valuable context to these debates, and can assist regulators in developing a nuanced approach to the continuing evolution of their mandates.

FOR MORE INFORMATION

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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Insights, Misconceptions or Both?

Ahmad Mozaffari

May 2026 - No. 314

Imposing disciplinary sanctions may be one of the more challenging activities for regulators. Discipline panels and the courts have developed a nuanced approach that has three main components:

1. Identifying the types of orders that will achieve the goals of discipline, including protecting the public, maintaining confidence in the profession and the regulator, and, where appropriate, facilitating the rehabilitation of the registrant.
2. Considering the factors that apply in the individual matter, such as the nature of the misconduct, the registrant's level of insight, and the registrant's past conduct history. These have often been called aggravating and mitigating factors.
3. Ensuring that the overall sanction is proportional to the circumstances and to orders made in other matters.

Given the challenges, it is sometimes useful to receive the considered views of those not involved in the discipline process on a day-to-day basis. A recent report by Dr. Danielle

Buell et. al., entitled: [Assessing severity of physician misconduct and subsequent disciplinary actions: a cross-sectional survey and analysis of discipline summaries](#) may be of interest. It reports on a two-phased research project. The first phase was a survey of 17 physicians and 11 patients and family members to obtain their input on how severe the sanctions should be for various categories of misconduct. The second phase involved an analysis of over 200 discipline decision summaries from the College of Physicians and Surgeons of Ontario. The goal of the research was "to identify variables that may influence disciplinary action severity to determine if there was physician misconduct adjudication bias in Ontario, Canada."

The survey first ranked the seriousness of nine types of misconduct as follows (from most serious to least serious):

- Sexual misconduct
- Unlicensed activity / breach of a condition of registration
- Conviction of a crime
- Fraudulent behaviour / prevarication

- Self-use of drugs and alcohol
- Unprofessional behaviour
- Inappropriate prescribing
- Standard of care
- Mental illness interfering with practice.

The authors noted that the patients / family members rated standard of care issues and inappropriate prescribing as materially more serious than did the physicians who were surveyed.

The survey also ranked types of disciplinary sanctions according to severity. The ranking from most severe to least severe is as follows:

- Revocation
- Surrender of licence
- Suspension of licence
- Formal reprimand
- Restriction of licence
- Retraining / course / assessment
- Cost / fine
- Psychotherapy / counselling / professional support.

The authors noted that physicians rated surrender of license and restriction of licence as materially more severe than did the patients / family members.

The case summaries were assessed according to type of misconduct, severity of sanction, and the following characteristics of physicians:

- Gender identity (only male or female as there was insufficient data for non-binary physicians))
- Years of practice
- Place of training (Canada or outside of Canada)
- Specialty
- Previous discipline history.

The authors observed that sexual misconduct was much more common among

male physicians than female physicians, and inappropriate prescribing was more common among female physicians.

In terms of physician characteristics, male physicians received more severe sanctions than female physicians (this may be largely attributable to their higher rate of finding for sexual misconduct and other more serious forms of misconduct). There were fewer material differences in the severity of the sanction based on the other variables (i.e., general practice vs. specialists, training in Canada, years of practice, and repeated misconduct).

The severity rating of the sanctions in the actual decisions was materially lower than that identified as appropriate by those surveyed for types of misconduct.

The authors concluded that more public members should serve on disciplinary adjudication panels based, in part, on the survey results finding that patients / family members characterized some types of misconduct (e.g. standard of care) as more serious than physician respondents did. However, as noted above, the sample size of the survey was quite small. It is also interesting, as noted by the authors, that the period covered by the research (ending in 2019) occurred two years before the creation of the Discipline Tribunal at the College of Physicians and Surgeons of Ontario, which now almost always results in a majority of non-physicians on hearing panels.

While subject to several qualifications, the observation that physicians trained outside of Canada do not receive more severe sanctions provides some assurance of fair treatment in the discipline sphere.

The authors also suggest that it might be beneficial “to establish a hierarchy of severity based on feedback from diverse individuals who have a stake in the healthcare system, including patients and families. This approach is critical in evaluating disciplinary

procedures and promoting equity in the self-regulatory process.”

In addition to the small survey sample size, there are additional significant limitations to the research. The authors noted that the categories of misconduct are quite broad. For example, sexual misconduct could include criminal sexual assault, sexual relationships that are inherently abusive, and crossing of boundaries through comments or gestures of a sexual nature. Thus, assigning a severity score to a broad category of misconduct may not always be meaningful. Also, two of the types of the misconduct considered (i.e., mental illness interfering with practice and self-use of drugs and alcohol) are almost always handled through a different process (i.e., fitness to practise) and are generally only referred to discipline where there is other concerning conduct.

It is also noteworthy that the researchers relied only on the discipline summaries rather than the full text of disciplinary decisions available on [CanLII](#). The complete decisions would provide a more detailed rationale for why a particular sanction was imposed in an individual matter.

Perhaps most significantly, the research focused on the severity of disciplinary sanctions. As noted above, the severity of misconduct is only one consideration that goes into formulating a disciplinary sanction. Furthermore, deterrence (which is often the principle relied upon to justify severe sanctions) alone is an inadequate rationale for achieving the goals of disciplinary sanction including protecting the public and maintaining public confidence in the regulator and the profession. A severe sanction may also be counter-productive to the rehabilitation of a physician when they are not permanently removed from the profession. It is, therefore, not a surprise that when, as legally required, one considers factors other than the seriousness of the misconduct, the severity of the sanction is often reduced.

Having said that, this research could point the way to additional studies that might contribute to more effective disciplinary sanctions.

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From Julie Maciura

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Ontario Bills

(www.ola.org)

There were no relevant Bills this month.

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)

Enhancing Digital Security and Trust Act, 2024. Certain public institutions, including many public hospitals and educational institutions, must develop a cyber security program involving designating a primary and alternative contact person, an assessment of risks and the reporting of critical cyber security incidents to their Ministry. ([O. Reg. 51/26](#))

Professional Engineers Act. The definition of professional misconduct is amended to include a failure to cooperate with an investigation including failing to provide requested documents. ([O. Reg. 79/26](#))

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/)

Court Reinstates Provision Protecting Regulatory Information from Use in Civil Proceedings

Many regulators have provisions that prevent at least some of their information, documents, or decisions from being used in civil proceedings. The purpose of these provisions is to facilitate cooperation with the regulator and to enable the regulator to take regulatory action without concern about collateral civil consequences. Courts have generally supported the intent of such provisions.

However, an unusual implication of those provisions arose in British Columbia. A patient alleged that the regulator's quality assurance program limited his access to opiate pain medication by encouraging physicians to minimize their use of drugs. Apparently, the patient's physicians were supportive of this patient continuing to receive high doses of opioids but stopped prescribing them to avoid difficulties with their regulator. The patient sued the regulator and sought discovery of the quality assurance program's communications with his physicians to support his claim. The regulator claimed privilege over that information based on a statutory provision making the communications inadmissible in civil proceedings.

A lower court found that the provision was invalid as it effectively prevented the courts from adjudicating the dispute. The regulator appealed and BC's highest court reversed the lower court decision. It concluded that the provision did not prevent the court from receiving a detailed description of the communications to enable it to assess whether the privilege applied in the circumstances. The Court also said that in exceptional circumstances it could actually review the documents at issue to evaluate whether they should be disclosed to the patient. See: [*College of Physicians and Surgeons of British Columbia v. Madryga*](#), 2026 BCCA 100 (CanLII).

Because of the preliminary nature of the decision, it is not yet clear how much scope will be given to the statutory provision. In particular, will the regulator be able to rely on the provision to prevent a patient from challenging components of its quality assurance program? Also, yet to be determined is whether a patient can sue a regulator for encouraging best practices that may impact the patient's access to drugs. Despite these unanswered questions, the validity of the provision is no longer in dispute.

Scope of a Restraining Order

Many regulators can ask a court to direct an unregistered person to stop performing controlled acts, using a protected title, or holding themselves out as practising the profession. When

granted, the court order often simply tells the unregistered person to comply with the law. However, where the issue is the unregistered person’s interpretation of what the law means, such an order may be insufficient.

That was the case in [College of Physicians and Surgeons of Ontario v Ghalamghash](#), 2025 ONSC 6507. The unregistered person provided cosmetic services, such as Botox injections and thread lifts. Some, but not all, of these procedures were done under the delegation of a physician. The unregistered person was also referring to himself as a “doctor”, “surgeon” and “dermatologist”, including on websites and social media. The regulator sent in undercover patients, on whom the unregistered person offered to perform controlled acts. When the delegating physician became concerned about the unregistered person exceeding the terms of the delegation and referring to himself as a “doctor”, the physician terminated the delegation. After the regulator notified the unregistered person of its concerns, he continued to use protected titles.

The regulator sought a restraining order. The unregistered person was agreeable to an order compelling him to comply with the law. The regulator was not satisfied with this concession. The regulator was concerned that he would establish another “delegation” system that would purportedly authorize him to continue performing unauthorized procedures. The Court agreed with the regulator. The pattern of non-compliance with the terms of the previous delegation, of holding himself out as being able to perform a broad range of controlled acts, and of continuing to use protected titles after being warned by the regulator to cease doing so, warranted a broader order. The Court ordered the unregistered person not to perform any controlled acts, even under delegation, unless the Court first approved the delegation arrangement.

The scope of restraining orders can be extended to ensure protection of the public.

[NB: While this decision was rendered some months ago, it has just now been posted on CanLII.]

Let Me Count the Defences

There are many types of claims (called “causes of action”) that can be made against regulators. There are also several defences that regulators can raise against such claims and absent exceptional circumstances, the defences usually succeed. This principle was illustrated in [Hanif v. College of Veterinarians of Ontario et al.](#), 2026 ONSC 1377 (CanLII).

A veterinarian was disciplined for his treatment of two pets. The proceedings were extensive and complex but, after two appearances before the Discipline Committee, and two appeals, ultimately the regulator was largely successful (although there were strong dissenting reasons by one panel member and the sanction was reduced).

The veterinarian then sued the regulator, and the government, for \$1,600,000 asserting the following causes of action:

- Abuse of process
- Abuse of power and misfeasance of public office
- Malicious prosecution
- Conspiracy to harm
- Negligent investigation
- Breach of public or statutory duty
- Violation of the *Canadian Charter of Rights and Freedoms*
- Defamation (including for a post describing the proceedings on the regulator’s website)

Other purported causes of action raised by the veterinarian were held not to exist in law, including the following:

- Abuse of discretion / constructive fraud
- Negligent disclosure

The regulator raised the following general defences:

- The regulator was protected from lawsuit by statutory immunity unless it acted in bad faith.
- Assertions of bad faith must contain detailed supporting facts of improper conduct, not just general assertions about motivations for the regulatory actions taken. The veterinarian could not defer providing those particulars until after having discovery of the regulator’s representatives and documents.
- The dissenting panel member cannot be compelled to testify because the panel is protected by deliberative secrecy.
- Regulatory representatives cannot be compelled to testify or produce evidence because of a statutory provision that insulates them from involvement in civil proceedings.
- The action was, in effect, a collateral attack on the previous court decisions dismissing his appeals.
- The action was commenced outside of the two-year limitation.

The regulator also argued that many of the specific elements of the causes of action asserted by the veterinarian were not properly set out. For example, for the tort of conspiracy to harm, the veterinarian had to specify who was part of the conspiracy and the content of their agreement.

The government raised the following different defences:

- The veterinarian failed to provide 60-days' notice of the claim as required by the *Crown Liability and Proceedings Act*.
- There is no cause of action for an assertion that the government failed to supervise or control a regulator.
- The government is not vicariously liable for the actions of a statutory regulator.

The Court struck out the veterinarian's claim and declined to permit him to amend it as there was no chance of success.

Suing and defending regulators is a complex business.

If it Quacks Like a Duck

No one engaging in the unauthorized practice of medicine can rely "on 'weasel words' to avoid accountability and gloss over the substance of what [they are] actually doing." So says an Alberta Court in: [College of Physicians and Surgeons of Alberta v Makis](#), 2026 ABKB 159 (CanLII).

Mr. Makis, a former licensed physician, advocates for the use of ivermectin to treat cancer. The regulator obtained an interim injunction prohibiting Mr. Makis from assessing or treating individuals or from using several protected titles. The regulator subsequently obtained information, mostly from social media sites and electronic communications, that Mr. Makis was breaching the order. The Court found that Mr. Makis was in contempt of the order. The Court made the order permanent and offered Mr. Makis an opportunity to purge his contempt. If Mr. Makis failed to do so, the regulator was authorized to obtain a warrant to have Mr. Makis arrested and be brought to the Court for a sanction hearing.

In reaching this conclusion, the Court made the following points:

- The substance of Mr. Makis's communication with "clients" involved reviewing their medical history, test results, and records and an individualized discussion about using ivermectin (or other drugs). Mr. Makis characterized the communications as "health coaching" and providing information and research. The Court had no difficulty in concluding that this amounted to the assessment and treatment of patients.
- A finding that he used protected titles can include evidence of the failure to correct others who use such titles when referring to him. Mr. Makis reposted items that contained such titles for him without any clarification or correction. The Court said that the regulator "has proven beyond a reasonable doubt that Mr. Makis continues to make use of or apply prohibited titles and terms to himself, whether directly, by implication or by omission, and has done so deliberately."

- The authentication requirements for social media materials, even where the burden of proof was beyond a reasonable doubt, is fairly low. In the circumstances, it was sufficient for the witness to identify descriptions or copies of what they saw without “metadata, hash values, timestamps from the platform, or expert forensic analysis to confirm authenticity”.
- Even though the regulator no longer has jurisdiction over Mr. Makis as a registrant, it still has standing (i.e., jurisdiction), as a protector of the public interest, to seek an injunction against his breach of the law.
- So long as Mr. Makis was a resident of Alberta, an injunction could prohibit his communications with others outside of Alberta.
- The freedom of expression guaranteed by the *Canadian Charter of Rights and Freedoms* does not facilitate the unauthorized practice of a profession or the unauthorized use of protected titles.

When it comes to unauthorized practice, “One must look at the substantive nature of the impugned activity, not the labels used by the actor.”

Updated Oversight Criteria for Regulators

The Professional Standards Authority (PSA) of the United Kingdom is the oversight body for UK’s health and social work professions regulators. The PSA has just updated its [Standards for Regulators](#) which sets out the criteria for how it assesses and reports on their performance.

Some highlights that may be of interest to Canadian regulators include:

- The number of standards has been reduced to 16 (from 18).
- Despite the trend in some jurisdictions, the PSA has maintained its Equality, Diversity and Inclusion standard.
- As part of the good governance standard, a regulator must deliver evidence that it provides a route for staff members to raise concerns, such as a whistleblower policy or a “freedom to speak up guardian”. The latter, a UK phenomenon, provides independent support to a worker who wishes to raise concerns about safety, bullying, or unethical practices within their organization.
- Another aspect of meeting the good governance standard is that the regulator must assess its internal “culture” and implement recommendations flowing from that assessment.
- Regulators are expected to develop working relationships with other relevant organizations such as patient groups, professional associations, unions, employers, and other regulators. This includes, when feasible, alignment of guidance documents for registrants with those published by other regulators.

- Professional standards and guidelines need to consider “current and future needs of the healthcare landscape (such as technology, partnership working between patients / service users and registrants, the need for flexibility, move to more community-based care, preventative healthcare).” Interestingly, artificial intelligence is not specifically mentioned.
- The PSA expects to see “[d]ata on the number of illegal practice cases reviewed by the regulator per year, and examples of how these were managed.”
- Each regulator is expected to develop, monitor, and update its quality assurance activities.
- Each regulator is expected to engage with others (e.g., employers) to ensure that they understand what sorts of conduct concerns it does and does not deal with.
- Regulators are also expected to provide information about their “[a]pproach to reaching underrepresented groups who may wish to raise a complaint.”
- Several components of compassionate regulation are monitored, including providing a clear explanation to participants about the complaints and discipline process, regular updates in an agreed upon format for participants, timely disposition of concerns, and trained staff who can identify and support / refer vulnerable participants.
- Decision makers must be trained and evaluated to ensure consistent regulatory decisions in accordance with published guidelines.
- Concerns need to be risk-assessed in a timely manner so that appropriate action (e.g., interim orders, fast tracking) is pursued.

Canadian regulators should not be surprised if these criteria are applied to the evaluation of their performance where that is not already the case.

Some Research that Supports Good Character Registration Requirements

New research shows that applicants’ past conduct can be a good predictor of future misconduct. A press release on an [article published in the Journal of Applied Psychology](#) said:

Officers who had a prior record of professional misconduct (written reprimands, suspensions or terminations) were more than six times more likely to be fired at their new jobs than hires with no prior disciplinary record. Frequent job changes, bad credit, domestic violence and temper problems were also strongly linked to higher misconduct risk.

Understanding Why Board Oversight Might Overreach

The Harvard Business Review has posted on an important, recurring governance issue: helping board members focus on strategy and oversight without interfering with operations. One excerpt:

Board overreach is rarely intentional but usually a response to pressure, uncertainty, or missing information. In other words, when boards trust the system, they're more likely to stop stepping into the operational work. Leaders who diagnose what's driving overreaching behavior, rebuild clarity with their teams, and put simple communication structures in place can stop drift before it becomes dysfunction.

See: <https://hbr.org/2026/03/what-to-do-when-your-board-is-meddling-in-operational-work>

Detailed Dashboards

Many regulators provide “static” charts, graphs, and other dashboards in their reports to oversight bodies, annual reports, and as part of their board meeting packages. The UK regulator for midwives has just posted an “interactive” dashboard on its website that assists the public in searching for the complaints and discipline data. The regulator says:

The insight sheds new light on the midwifery landscape – by highlighting trends in the concerns that are raised with the regulator about midwives’ practice.

Users can see the most common allegation types within FtP [complaints and discipline] cases involving midwives – which can be expanded to sub-categories which give a more specific description of the concerns.

The data can then be filtered to show the allegations raised most frequently by employers or the public – across the UK and in each of the four countries.

See: <https://www.nmc.org.uk/news/news-and-updates/nmc-launches-new-data-dashboard-to-highlight-recurring-themes-when-midwifery-care-goes-wrong/>



From Julie Maciura

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Ontario Bills

(www.ola.org)

Bill 109, Protecting Ontario’s Food Independence Act, 2026 – (Government Bill, at second reading) Bill 109 makes several amendments to the not-yet-proclaimed *Veterinary Professionals Act, 2024*. Most of the amendments are clarifying in nature including to the scope of practice provisions, inspection powers, non-disciplinary cancellation of licences where false or misleading information was provided by an applicant, the making of interim orders, the role of complainants at discipline hearings, disclosure of confidential information, and regulation-making powers.

Bill 105, Protecting Ontario’s Workers and Economic Resilience Act, 2026 – (Government Bill, at second reading) Bill 105 amends various statutes including: “the *Ministry of Health and Long-Term Care Act* to add the authority to make regulations governing the admission of graduates of a medical school outside of Canada to an Ontario medical residency program”, and the *Retirement Homes Act, 2010*, to require additional categories of persons to make mandatory reports of abuse or neglect.

Bill 101, Putting Student Achievement First Act, 2026 – (Government Bill, before the Standing Committee on Social Policy) Bill 101 gives the Ontario College of Teachers enhanced powers to specify the requirements of professional teacher training programs that take priority over the authority of the schools.

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 made this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Regulated Health Professions Act, 1991. It is proposed that hearing aids for adults with mild or moderate hearing loss can be sold over the counter without a prescription from a physician or audiologist. [Comments are due by May 28, 2026.](#)

Ministry of Health and Long-Term Care Act. It is proposed to permit medical residency positions to be awarded to international medical graduates with a connection to Ontario. [Comments are due by May 22, 2026.](#)

Veterinary Professionals Act, 2024. Consultation on the clarification amendments to this Act outlined in the description of Bill 109 above. [Comments are due by May 22, 2026.](#)

Laboratory and Specimen Collection Centre Licensing Act. It is proposed that pharmacists be able to order certain laboratory tests or administer certain point-of-care tests to support their ability to prescribe drugs for minor ailments. [Comments are due by May 22, 2026.](#)

Ontario Career Colleges Act, 2005. It is proposed that students and prospective students have greater access and transparency rights vis-à-vis career colleges and that the Superintendent be given enhanced enforcement orders (e.g., imposing conditions or Administrative Monetary Penalties) applicable to career colleges. [Comments are due by May 24, 2026.](#) It is [also proposed](#) to simplify the fee and refund provisions.

Bonus Features

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

UK Report on Private Equity Investments in Professional Practices

A [report](#) by the UK's Competition and Markets Authority (CMA) has broad implications for UK regulated professions with private equity investment (although the focus of this report relates to veterinary practices).

Over the last dozen years, six large veterinary groups in the UK have increased their representation within the veterinary world from 10% to 60%, mostly through the acquisition of existing practices. Some also operate related businesses such as online pharmacies, specialist

centres, crematoria, and out-of-hours providers. “These large groups are ultimately owned or significantly controlled by corporate and financial entities.”

The report summary identifies several concerns arising from private equity’s increasing dominance of the market:

- Average prices charged by larger private equity groups are 18% higher than those charged by independent practices.
- Their average net satisfaction score for the cost of services is about half of that for independent practices. Their satisfaction score for quality of services is also lower.
- Internal documents obtained by the CMA indicate that price increases are not linked to quality improvement initiatives but rather the expectation that pet owners will simply bear the cost. Larger groups tend to commercialize the operation of their practices.
- Cost savings achieved by larger groups (e.g., using their purchasing power to reduce medicine costs) are not passed onto consumers.
- The profitability of large groups has increased significantly. “In a well-functioning market, we would expect more of these profits to be competed away through lower prices or greater investment in quality.”
- Pet owners have more limited choices than before (e.g., choosing a practice, choosing treatments and referrals, purchasing medicines, out-of-hours services).

The CMA observed:

At the heart of our concerns is a regulatory system that is out of date and out of step with the current structure of the veterinary industry, and so no longer fit for purpose. For example, there is no mandatory oversight of the businesses which own or control the majority of vet practices in the UK. Veterinary businesses make critical decisions on matters such as staffing levels, working practices, availability of medicines, investment in equipment and consultation length. In the past, when most veterinary businesses were owned by vets who were individually regulated, the lack of regulation of businesses was of less significance. Now that most veterinary businesses are controlled by non-vets, the lack of regulation of businesses that supply such important services is a serious regulatory failure. In addition, the regulatory framework could do more to help pet owners judge the clinical standards and general quality of veterinary businesses. The complaints system appears to us to be ineffective, denying pet owners effective means of redress when things go wrong, and there is no mandatory third-party consumer redress scheme.

The CMA proposes the following strategies for addressing these concerns:

- Larger groups will be required to provide enhanced disclosure. This will include information about all entities that form part of a group, out-of-office care arrangements, and detailed prices for a standard list of services.
- The regulator for veterinarians has agreed with the CMA to collate this information on its website (associated with its public register), which “will make it easy for a new pet owner, a pet owner moving into a new area or someone unhappy with their current practice to make comparisons between practices in their locality.” The CMA says: “We expect there to be considerable interest in this data and that pricing outliers, including those businesses which cannot justify higher prices (by demonstrating better quality, for example), will be highlighted, for example by the media or by consumer groups.”
- Large practices will be expected to provide written estimates for recommended veterinary services costing more than £500. Once treatment has been provided, itemized bills are to be provided.
- The CMA also says: “we have decided that veterinary businesses must have written policies and processes in place to ensure that vets and veterinary nurses are able to act in accordance with relevant provisions of the [veterinary regulator] codes of professional conduct and supporting guidance, including giving pet owners independent and impartial advice about costs and, where appropriate, a range of treatment options and prices.”
- Pet owners will also need to be told that they can obtain written prescriptions, at a reasonable fee, for any recommended medications and that pharmacies may dispense medications at a lower cost than that charged by the practice.
- Large practices must develop an in-house complaints process.
- The veterinary regulator will monitor compliance with and raise public awareness of these requirements.
- The CMA will advocate for updated legislation so that the veterinary regulator has direct authority over veterinary businesses. Its statutory mandate should include promoting competition between veterinary practices. In addition, the regulator should be given additional authority to regulate “veterinary nurses”, including defining their scope of practice. The regulator should also explore supporting innovative business models such as offering single services, such as vaccinations, and telemedicine service models.

It appears that this initiative by the CMA may soon be applied to other sectors such as the private dentistry sector and care homes. In addition, the same source (Proskauer Rose LLP) suggests that

another regulator, the UK Financial Conduct Authority, is also considering a review of consumer credit activities by these entities.

The commercialization of professional practices is also occurring in Canada, often through practice management structures. Some of the CMA suggested strategies are already in place for some professions. The CMA report provides further food for thought for Canadian regulators.

If We Can't Have a National Regulator, Can We Have a National Register?

While the Supreme Court of Canada has said in [Reference re Pan-Canadian Securities Regulation](#), 2018 SCC 48 (CanLII), [2018] 3 SCR 189, that a national regulator of an industry or profession is constitutionally possible, so far, politically, it has been too high a hurdle to leap. Perhaps a more achievable first step is to have a shared national register of registrants. The physician and nursing regulators of Canada are already on the way to having that, although initially the national registers will mostly be for internal regulatory use. One advantage of a national register is to facilitate mobility of registrants while enabling regulators to identify applicants who have “issues” in their original jurisdiction. It would also enable the easier identification of illegal practitioners.

Recently published research has identified another significant benefit to a national register: facilitating evidence-based decisions for serious misconduct: *Physician respondents in sexual misconduct concerns in Canada: a comparative case analysis using publicly available information*, Kirstie C. Lithgow, Sarah Taylor, Debby Oladimeji and Shannon M. Ruzycski, CMAJ April 20, 2026 198 (15) E581-E591; DOI: <https://doi.org/10.1503/cmaj.251179>. The authors searched for publicly available information (from media, tribunal decisions, and regulatory websites) for all instances of sex- or gender-based abuse, assault, discrimination, harassment, or violence by physicians in Canada over a five-year period.

The identified practitioners (called respondents) represented about 0.2% of all physicians. However, this is likely an underestimate, as the vast majority of complaints or concerns (of all types) are dismissed or addressed internally by the regulator without creating a public record. In addition, only a small portion of patients who experience sexual misconduct report it (the researchers cited studies suggesting one in five).

The researchers noted that almost 93% of identified physicians were men and just under 85% of victims (the term used by the researchers) were women or girls. About 85% of the reported cases resulted in either a suspension or revocation. Almost 30% of respondents had previous complaints, although many were of a different nature. (The 30% figure is likely an understatement as the data on the topic was incomplete.)

The researchers found evidence that public disclosure of concerns not only helped protect the public (e.g., by enabling patients to make informed choices about their provider) but often led to additional victims coming forward.

On the issue of recidivism, the authors said the following:

The effect of education, practice restrictions, and practice suspensions on physician behaviours, in particular those related to sex- or gender-based harassment and discrimination, is not monitored or transparently reported in Canada. Emerging evidence shows that remedial continuing medical education may reduce recurrent complaints for all disciplinary types, though there is little evidence to support the wide range of educational programs or workshops used to deter, prevent, or remediate sex- or gender-based harassment or discrimination. Though recidivism does not prove that remediation methods are ineffective, it does suggest that additional monitoring of physicians with previous complaints could be justified. [*citations omitted*]

The main thesis of the research is that greater access to data could assist in better understanding the nature of the conduct and the effectiveness of regulatory initiatives to address it:

The data limitations restrict analysis of how policy and legislative changes across provinces and over time have influenced physician behaviour. Though Quebec, Ontario, Alberta, and Prince Edward Island have introduced laws that mandate periods of licence suspension for physicians who commit select sexual boundary violations, it is not possible to assess whether these laws have deterred these behaviours. Comparison between provinces is further limited by varying definitions, procedures, disciplinary actions, and public reporting of concerns across colleges....

A national repository describing the incidence of physician complaints by category type, the outcomes with explanation (including dismissal without an investigation), and the types of disciplinary actions would facilitate high-quality research to understand types of disciplinary actions that may prevent future offences. Such a registry would address inherent limitations of the databases used in this project, including changes in available records over time and use of nonreproducible search algorithms. A registry would be an opportunity to create formal procedures between law enforcement and medical regulators to ensure that physicians charged with or under investigation for specific crimes are known to the college as a backstop for current self-reporting mechanisms. [*citations omitted*]

The authors conclude as follows:

This work demonstrates the need for standardized, transparent data collection and reporting of physicians involved in concerns related to sex- and gender-based harassment and discrimination. Improved reporting would facilitate research to better understand prevention and remediation of harassment and discrimination, in particular as provinces implement new legislation addressing this issue. Further, transparent reporting may better protect the general public through clearer messaging on practice restrictions and self-identification of victims, and by promoting accountability for regulators.

This type of research can encourage (and inform the content of) national registers.

Reinstatement: Reweigh or Reasonableness

Where a tribunal or court has the power to review a decision on a “reasonableness” standard, it must not reweigh the evidence. Some guidance on this nuanced task is given in [The Professional Conduct Committee of the CPAO v Siddiqi](#), 2026 ONSC 2190 (CanLII).

The applicant’s licence as a chartered professional accountant was revoked after he was convicted of knowingly making a false statement resulting in a loss of \$740,000 in bank loans approved by a government agency. Seven years later, a panel of the Discipline Committee refused his reinstatement application after a two-day hearing. A majority of the panel found that he had not demonstrated current good character. While it accepted that the applicant had paid the court fine, was a respected and contributing member of his community, and expressed remorse about his bad choices, it remained concerned about his degree of insight and the extent of his remorse. His focus was primarily about the impact of the consequences of the conduct on himself and his family rather than its impact on others, including the banks and the government agency. For example, he had not made full restitution for their losses.

An internal Appeal Panel allowed the applicant’s appeal and directed that he be reinstated. The Appeal Panel held that the Discipline Panel’s decision was unreasonable in several respects, including because it failed to properly consider the applicant’s otherwise exemplary record, his acceptance of responsibility for his conduct, his expressions of remorse, his subsequent community contributions, his good character evidence, and his continuing professional development activities. The regulator sought judicial review.

The Court described the reasonableness standard of review by an appeal body as follows:

First, reasonableness review requires considering both the outcome of the decision and the reasoning process engaged in arriving at the decision. The reasoning process must demonstrate transparency, intelligibility, and justifiability and the outcome must be tenable in light of the relevant factual and legal constraints: *Vavilov*, at paras. 99-101.

Reasonableness review focuses on the decision below with a view to determining if those standards are met. It does not focus on the conclusion that the Appeal Panel would have reached if it had been in the place of the decision maker below: *Vavilov*, at paras. 83-86. Fundamentally, reasonableness review also recognizes that reasonable people can disagree about what should happen in a particular case. Thus, disagreeing with a decision is not enough to find that the decision is unreasonable....

It is the role of the decision maker below to assess and evaluate the evidence before it. Thus, absent exceptional circumstances, reasonableness review requires refraining from “reweighing and reassessing the evidence considered by the decision maker”: *Vavilov*, at para. 125. However, “the reasonableness of a decision may be jeopardized where the decision maker has fundamentally misapprehended or failed to account for the evidence before it”: *Vavilov*, at para. 126. Other circumstances where the rationality of a decision is undermined include where the decision maker has relied on irrelevant stereotypes, failed to consider relevant evidence, or based their conclusion on evidence that was not before them: *Vavilov*, at para. 126.

The Court determined that the Discipline Panel had considered the factors identified by the Appeal Panel but had reached a different conclusion as to their significance. For example:

Thus, rather than fundamentally misapprehending or ignoring the evidence before them, the [Discipline] Panel weighed all of the evidence they heard and came to the conclusion that that evidence did not demonstrate the insight they were looking for to be satisfied that there had been a material change in the applicant’s acceptance of responsibility for his actions since the revocation decision in 2018.

The Court also said:

It is not surprising that reasonable people could disagree on this issue, particularly in the case of someone like Mr. Siddiqi whose misconduct involved financial fraud (a profound betrayal of the values and ethics of the accounting profession), but who, at the same time, has done much good in the world since the misconduct occurred. At play is the tension between recognizing that rehabilitation is an important value of the readmission process and the need to maintain the reputation of the profession by assuring the public that its members will not betray the fundamental values of that profession by engaging in fraudulent conduct. In the end the legislature made a choice about who should make that decision and what powers a panel on appeal should have to set aside the first decision. The decision is to be made by the panel who hears the witnesses and considers the matter at first instance. That decision can only be set aside on appeal if it is unreasonable, not if the Appeal Panel merely thinks that it is wrong.


The Court set aside the appeal decision and restored the decision of the Discipline Panel because the Appeal Panel impermissibly had done its own weighing of the evidence and decided to accept it, rather than deferring to the Discipline Panel’s assessment of the weight to be attributed to that evidence.

The Court also cited the recent decision of [Law Society of Ontario v AA](#), 2026 ONCA 47 (CanLII), which held that panels dealing with good character concerns need to address the “public trust and confidence” aspect of the issue.

The Court provides regulators with guidance on how to assess the reasonableness of a decision.


Investigation After Referral

The Federal Court of Appeal has upheld the power of a regulator to use its investigative powers even after regulatory proceedings have been initiated. In this case witnesses were compelled to answer questions to further an investigation into alleged deceptive marketing (i.e., misleading representations) even though compliance proceedings before the Competition Bureau had begun. The Court found that the wording of the provisions authorizing investigative powers did not limit those activities to the pre-referral stage. Continuing investigative powers is consistent with the purposes of the legislation including protecting the public and facilitating efficient enforcement proceedings. The Court said that regulators should not have to make a choice as to whether proceedings should be commenced expeditiously or whether to permit the concerning conduct to continue while all possible evidence is obtained. Hearing procedures that enabled discovery during the hearing process did not exclude use of the investigative tools post-referral. See: [Atkinson v. Canada \(Commissioner of Competition\)](#), 2026 FCA 72 (CanLII).

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Intent/Purpose	To provide a policy governing the handling of exam accommodation requests for examinations administered or authorized by the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the <i>Naturopathy Act, 2007</i> .
	Applicant	Means an individual who has made a formal application to the College for a certificate of registration.
	Biomedical Examination	Means a Council approved registration examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	<u>By-laws</u>	<u>Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.</u>
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in the General class, emergency class or Inactive class, which demonstrates to the public that the holder is a registrant of the College, registered in the class set out on the certificate and identifies whether there are any terms, conditions or limitations (TCLs) placed on the certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical (Practical) Examinations	Means Council approved clinical practical examinations in Physical Examination/Instrumentation, Acupuncture and Manipulation, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Clinical Sciences Examination	Means a Council approved examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Code	Means the Health Professions Procedural Code, which is schedule 2 to the RHPA.
	Council	Means the Council of the College as established pursuant to


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section 6 of the Act.


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

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Registration Regulation	Means Ontario Regulation 84/14.
Regulated Health Professional	Means a member of a Canadian self-governing health profession as established pursuant to Schedule I of the RHPA or equivalent provincial legislation outside of Ontario.
RHPA	Means the <i>Regulated Health Professions Act, 1991</i> , S.O. 1991, c. 18.
Supporting Documentation	Means official records provided by a court, tribunal, educational institution, licensing or regulating body, other government sanctioned organization, religious leader, or Regulated Health Professional qualified to make an assessment, which provides details surrounding the outcome of an event or the need for accommodation.
Undue Hardship	Means the point at which granting an accommodation would impose an unreasonable cost to the College or create a health and safety concern.

General	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the OHRC, and the College's Examinations Policy.
	Fundamental Principles	<p>The College manages the receipt and review of requests for exam accommodation(s) in accordance with the following fundamental principles:</p> <ol style="list-style-type: none"> 1. Accommodation requests received from any candidate, in accordance with this policy, will be considered within the framework of the OHRC to ensure the candidate is provided with a fair and equal opportunity to sit examinations. 2. Accommodation requests will be considered on an individual basis and provided in a manner that reflects the nature and extent of the identified need, while respecting the dignity and independence of the candidate. 3. The College's duty to accommodate a substantiated need for accommodation is limited only by undue hardship.
	Confidentiality	Health information disclosed to the College for the purposes of seeking exam accommodation(s) is kept confidential in accordance with s. 36 of the Code.
	Use of Information	<p>Use of disclosed accommodation information by the College is limited to the following:</p> <ul style="list-style-type: none"> • Assessment of requests for exam accommodation by the CEO or their designate. • Consideration of applications for initial registration with the College under subsection 3(4) of the Registration
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Regulation by the CEO and a panel of the Registration Committee.

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

Accommodations	Requests	To ensure candidates are provided fair and equal opportunity to sit a College examination, accommodation requests received from any candidate will be considered within the framework set out by the OHRC.
	Decision-maker	Through this policy, the CEO delegates all decision-making relating to examination accommodation requests to the Deputy CEO, RCS.
	Request Fees	Each request for accommodation requires payment of the Accommodation Request Fee, as set out in Schedule 3 to the by-laws. This fee must be received by the accommodation request deadline for the examination session for which accommodation is being sought. Failure to receive payment by this deadline will render the request incomplete and will require the submission of a new request. C While accommodation requests made to the College do not incur a fee, candidates are responsible for any fees associated with obtaining documentation to support their request.
	Timeframe for Request to the College	Requests for accommodation must be received no later than 30 calendar days prior to the registration deadline for the exam session where accommodation is being sought. Requests received after this period cannot be considered; however, candidates may apply for a deferral of the entire examination under the College’s Examinations Policy.
	Accommodation Requests for Multiple Examinations	To streamline the accommodations request and review process for candidates requiring accommodation(s) for multiple College examinations, candidates may submit one request, with supporting documentation, prior to their first sitting of a College examination, setting out all required accommodations for each of the examinations where accommodation is being sought. In instances where a candidate’s ongoing need for accommodation exceeds their supporting documentation’s window of validity, or where new accommodation needs have arisen, candidates will be required to submit a new accommodation request with fee and supporting documentation, in accordance with this policy.
	Form of Accommodation Request	Requests for accommodation must be submitted on the College’s Exam Accommodation Request form, which requires the following information from the candidate. • The reason for the request, i.e., the type of accommodation


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- Specific details about the required accommodation(s)
- The candidate’s written authorization for the College to contact the provider of any supporting documentation.

Supporting Documentation	General Requirements	At point of submission, supporting documentation must provide the anticipated length of time that the candidate will require accommodation(s) based on the supporting documentation provider’s assessment.
	Window of Validity	The window of validity for supporting documentation will be informed by information provided within supporting documentation specific to the anticipated length of time that accommodation is needed. Candidates will be advised of their supporting documentation’s window of validity as part of the decision on their accommodation request.
	Disability Accommodation – Additional Documentation Requirements	<p>In addition to the general requirements, documentation supporting a candidate’s accommodation request due to a disability must:</p> <ul style="list-style-type: none"> • Be provided by a Regulated Health Professional who: <ul style="list-style-type: none"> • has or has had a practitioner/patient relationship with the candidate, • has performed an assessment of the disability, and • Is qualified and authorized, within their regulated scope of practise, to assess and/or diagnose such disabilities. • Be provided on the Health Professional Recommendation form which provides the title, professional credentials and relevant qualifications of the Regulated Health Professional who has made the assessment. • Provides information regarding: <ul style="list-style-type: none"> • the candidate’s functional limitations as they relate to the candidate’s accommodation needs. • the accommodation(s) being recommended; and • how the recommended accommodation(s) assist(s) in mitigating the candidate’s functional limitations. • Candidates seeking additional writing time to complete an examination due to a cognitive disability must also provide a recent (i.e., completed or updated no more than 5 years from the date of the accommodation request) psychological or psycho-educational assessment report.
	Religious Accommodation – Additional Documentation Requirements	<p>In addition to the general requirements, documentation supporting a candidate’s accommodation request due to religious requirements must:</p> <ul style="list-style-type: none"> • be provided by the candidate’s religious leader • provide information regarding how the requested accommodation relates to the candidate’s religious requirements, and • provide information regarding the religious holiday if the request is for an alternate examination date due to religious

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observance.

Pregnancy Related Accommodation – Additional Documentation Requirements

In addition to the general requirements, documentation supporting a candidate's accommodation request due to a pregnancy-related condition or issue must:

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

Breastfeeding Accommodations – Documentation Requirements

While supporting documentation from a Regulated Health Professional is not required, requests for scheduling accommodations to permit a candidate to breastfeed or express breast milk in between examination components will be considered in the context of the overall exam day schedule, feasibility of the request in comparison to the time constraints of each exam component and any health and safety measures in place at the time of exam registration which may restrict the number of individuals permitted onsite during the examination.

Requests must:

- be in writing,
- provide information which addresses the frequency and duration of feedings or expressions, and
- acknowledge and understand that any individual named by the candidate to provide onsite childcare at the exam will be restricted to a designated area, for a specific period and must undergo all screening requirements mandated by the exam facility and/or the College for entry on exam day.


Review of Accommodation Requests

General

The Deputy CEO. RCS will review requests for accommodation on an individual basis and will make a final determination.

In their review, consideration will be given to: whether supporting documentation substantiates the requested accommodation, and whether the granted accommodation(s) will appropriately address

DATE APPROVED	DATE LAST REVISED
March 26, 2025	May 8, 2025

 <p>The College of Naturopaths of Ontario</p>	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Examination Accommodations	Policy No. EX08.0203
		Page No. 7

the needs of the candidate without causing undue hardship. As deemed necessary, further information or documentation may be requested by the Deputy CEO, RCS to make a determination on the accommodation request.

Where a substantiated need for accommodation, arising from a permanent physical disability, prevents a candidate from completing part or all of the physical demonstration components of either the Manipulation or Acupuncture Clinical (Practical) Examinations, and where the candidate signs an Acknowledgement and Undertaking with the CEO agreeing to restrict their practice should they be issued a certificate of registration, the Deputy CEO, RCS may adjust the scoring rubric to exclude those components from the overall examination total for the purposes of determining a pass/fail of the examination.

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

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

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

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

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

DATE APPROVED	DATE LAST REVISED
March 26, 2025	May 8, 2025

To: College of Naturopaths of Ontario Council Members

From: Sandi Verrecchia, CEO Satori Consulting Inc.

Date: May 7, 2026

Subject: Council Effectiveness Survey

Background

The College of Naturopaths of Ontario (CONO) will once again administer a Council performance survey, facilitated by Satori Consulting. This initiative supports continuous improvement in governance and aligns with expectations under the Ministry of Health's College Performance Measurement Framework (CPMF).

This year's survey is a reflection on Council's collective effectiveness and focused on identifying opportunities to strengthen governance practices.

Timeline

- May Council orientation
- June 8: Survey launch
- June 22: Survey closes
- Post-survey: Aggregated results shared with Council (TBD)

Survey Focuses

This year's survey is 15 questions focused on Council effectiveness, including:

- Governance oversight and decision-making
- Strategic focus
- CEO accountability
- Risk oversight
- Council structure and processes
- Skills, composition, and development
- Council culture, independence, and public trust

Guidance for Completion

The survey is a developmental tool to support continuous improvement in Council effectiveness, not an evaluation of individual members. When completing this survey Council members should:

- Assess Council as a whole
- Reflect on governance practices over time
- Provide candid, constructive feedback
- Consider areas that the Council could benefit from additional training

Responses should be rooted in the College's public interest mandate, including how effectively Council:

- Protects and serves the public on Ontario
- Exercises sound judgment and independence
- Supports transparent, accountable decision-making

Next Steps

Survey distribution will follow on June 8.

Contact

Sandi Verrecchia, Satori Consulting Inc.

Sandiv@satoriconsultinginc.ca

289-208-4804

From: [Ontario News](#)
To: [Beth Ann Kenny](#)
Subject: Ontario Supporting Access to Over-the-Counter Hearing Aids
Date: April 28, 2026 9:02:42 AM



NEWS RELEASE

Ontario Supporting Access to Over-the-Counter Hearing Aids

Province launching consultation to support sale and use of over-the-counter hearing aids

April 28, 2026

[Ministry of Health](#)

TORONTO — The Ontario government is launching a consultation to support the potential sale and use of over-the-counter hearing aids, as the province continues to lead the country in advancing innovative solutions that improve patient care. This change would expand access to convenient, accessible hearing support for Ontarians with mild hearing loss and is part of the province's [Health Innovation Pathway](#), a streamlined system focused on accelerating the adoption of new health technologies that help ensure more patients receive world-class care. This new measure would not in any way replace or impact Ontario's existing model of prescription and coverage but would provide an additional option to support Ontario patients with more choice and convenience.

“Connecting Ontarians to more accessible health-care solutions is one more way our government is protecting the province’s health-care system,” said Sylvia Jones, Deputy Premier and Minister of Health. “Expanding access to over-the-counter hearing aids without a prescription would reduce barriers to treatment for hearing loss, enabling more people to return to the activities they enjoy most.”

Currently, all hearing aids in Ontario require a prescription from a regulated

health professional. Under current regulations, companies that manufacture in-ear headphones and earbuds with built-in hearing aid capabilities (otherwise referred to as over-the-counter hearing aids) are not permitted to activate those capabilities in Ontario. If amended following a period of consultation, proposed regulations would permit those capabilities to be activated, providing more choice and convenience for Ontarians. These changes would have no impact on the province's current model of care and Ontario patients would continue to be able to receive prescribed hearing aids covered under the Assistive Devices Program.

Beginning today, the government will launch a 30-day consultation. Individuals, industry partners, health organizations and others will be invited to provide feedback on the proposed changes through Ontario's Regulatory Registry. Following the consultation period, the government will consider feedback received through the consultation before making any future policy and regulatory decisions.

Through [Your Health: A Plan for Connected and Convenient Care](#), the government is strengthening Ontario's health-care system, supporting the adoption of innovative solutions to provide people with faster access to high-quality care, when and where they need it.

Quick Facts

- The [Assistive Devices Program](#) provides funding assistance for prescribed hearing aids for eligible Ontario residents who have long-term hearing loss, covering up to 75 per cent of the cost up to a maximum of \$500 for each aid. The program would not apply to over-the-counter, non-prescribed hearing aids. Instead, allowing the sale and use of over-the-counter hearing aids would complement the government's program and provide people with more choice in obtaining hearing support.
- The Health Innovation Pathway provides a streamlined process for reviewing and adopting technologies like medical devices and procedures, digital tools, medical imaging and screening, lab and genetic testing and models of health-care delivery to prioritize made-in-Ontario health solutions and ensure more patients receive world-

class care close to home.

- The Health Innovation Pathway is part of the government's [Life Sciences Strategy](#). Ontario Health leads the end-to-end delivery of the Health Innovation Pathway, in partnership with the Ministry of Health, Supply Ontario, the Ministry of Economic Development, Job Creation and Trade and the Ministry of Public and Business Service Delivery and Procurement.
- [Supply Ontario](#) is a provincial agency established to strengthen supply chain management and procurement across the public sector. Supply Ontario will support the review and procurement of promising health technologies through the Health Innovation Pathway.

Quotes

"Through the Health Innovation Pathway, our government is accelerating the path between discovery and deployment, ensuring more innovative health technologies reach those who need them most. Expanding access to over-the-counter hearing aids highlights the importance of delivering barrier-free care and serves as a strong example of the future opportunities a streamlined system can provide for the people of Ontario."

- Vic Fedeli

Minister of Economic Development, Job Creation and Trade

"As a hearing aid user myself, I know how vital accessible support is for remaining independent, staying engaged and connected. By exploring over-the-counter options, we are expanding personal choice while ensuring people continue to have access to professional care and coverage whenever necessary."

- Raymond Cho

Minister for Seniors and Accessibility

"Modernizing how health technologies are introduced helps foster a more competitive and affordable marketplace. By using procurement to support innovations such as over-the-counter hearing aids, Ontario is increasing choice, delivering better value and helping to sustain our health-care system over the long term."

- Stephen Crawford

Minister of Public and Business Service Delivery and Procurement

Additional Resources

- [Ontario Bringing Innovative New Technologies to the Health-Care System Faster](#)
- [Your Health: A Plan for Connected and Convenient Care](#)
- [Read more about Phase 2 of Ontario's Life Sciences Strategy](#)

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NEWS RELEASE

Ontario Reducing Wait Times for Police Record Checks

Proposed changes would support people seeking employment and volunteer roles

May 07, 2026

[Solicitor General](#)

BARRIE — As part of an upcoming legislative package, the Ontario government is proposing to amend the [Police Record Checks Reform Act, 2015](#) to reduce wait times for police record checks for people working or volunteering with vulnerable populations such as children, seniors and people with disabilities. The proposed changes would support efficient screening of potential employees and volunteers while maintaining robust standards that will protect those in the vulnerable sector.

“Delays in getting a vulnerable sector check should never stand in the way of someone getting a job or giving back to their community,” said Solicitor General Michael Kerzner. “That’s why we are taking action to reduce wait times and improve how checks are being processed while ensuring the strongest safeguards remain in place.”

Vulnerable sector checks require more detailed screening than other police record checks, which can lead to longer processing times. The proposed amendments would allow designated police services to support periods of high demand by processing vulnerable sector checks for applicants who live outside their jurisdiction. This added flexibility is expected to reduce delays for applicants and improve overall efficiency.

Implementation of these changes would involve coordination with federal partners, including the Royal Canadian Mounted Police and Public Safety Canada, to give designated police services access to federal databases.

Modernizing police record checks is part of the government’s ongoing work to keep streets and communities safe, strengthen enforcement, crack down on crime and protect victims and vulnerable people across Ontario.

- A police record check is a tool that helps organizations assess an individual's suitability for employment, volunteer work, or licensing.
 - Police services in Ontario process over one million police record checks annually, with more than 70 per cent being vulnerable sector checks.
-

Quotes

"In 2025, the Barrie Police Service provided just under 14,000 criminal record checks, of which 11,354 were vulnerable sector checks (VSC). These numbers have been increasing year after year. Our Records and Information Management Services Unit strives to complete all record checks, including vulnerable sector checks as soon as possible, however the proposed changes would make it even easier for applicants to apply for and receive their VSC in a convenient and timely manner. We look forward to being able to help more applicants give back and support their communities."

- Rich Johnston
Chief of Barrie Police Service

"As one of the region's largest employers and a hospital that relies heavily on vulnerable sector checks, modernizing police record checks will have a meaningful impact on our ability to hire and onboard staff quickly and safely. Shorter wait times and more predictable processing will help hospitals like ours avoid staffing delays, reduce stress for new hires, and ensure the safeguards that protect patients remain strong. These changes support both public safety and timely access to care, which is essential for the communities we serve."

- Gail Hunt
President and CEO, Royal Victoria Regional Health Centre

Additional Resources

- [Police record checks](#)
 - [Police Record Checks Reform Act, 2015](#)
-

Related Topics

Ontario's laws and related information about our legal system, emergency services, the Ontario Provincial Police and victim services. [Learn more](#)

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NEWS RELEASE

Ontario Expanding Scope of Practice for Pharmacists and Other Health Professionals

Province allowing pharmacists to administer additional vaccines for six diseases and prescribe for nine more common ailments

May 11, 2026

[Health](#)

TORONTO — To protect Ontario's health-care system and provide more connected and convenient care to people around the province, the government is allowing pharmacists to administer additional publicly funded vaccines that protect against six diseases and assess and prescribe for a further nine common ailments. This historic expansion of their scope of practice will improve access to care and reduce pressure on the health-care system by empowering health professionals to provide care to the full extent of their training and making pharmacies a one-stop location for convenient, everyday care.

"Our government is delivering on our plan to make it more convenient for people to access the care they need, closer to home," said Sylvia Jones, Deputy Premier and Minister of Health. "Ontarians have experienced firsthand the convenience of pharmacist prescribing and today's announcement continues our progress to reduce wait times and let more of our province's health-care professionals work to the full extent of their expertise".

Beginning July 2026, pharmacists across the province will be able to administer six additional publicly funded vaccines for eligible Ontarians, including

- Tetanus
- Pertussis
- Diphtheria
- Pneumococcal
- RSV
- Shingles vaccines

Under the current model, these publicly funded vaccines are only available to patients through a visit to a doctor's office, walk-in clinic or other clinical settings.

Under the new expanded scope of practice, families will now be able to receive

critical vaccines more easily at thousands of additional locations across the province, with pharmacy technicians and qualified staff able to administer all eligible vaccines. Item 3.1 (v)

The province is also allowing pharmacists to assess and prescribe for nine additional common ailments, with plans to add up to five more in early 2027, bringing the total expanded number up to 33. Starting July 2026, pharmacists and qualified health-care practitioners will be able to treat the following ailments:

- Calluses and corns
- Dandruff
- Dry eye
- Head lice
- Jock itch
- Mild headache
- Nasal congestion
- Ringworm
- Warts

This expansion builds on the province's previous actions to increase scope of practice which has seen Ontario pharmacies provide care in over 2.4 million assessments for the first [19 common ailments](#). Today, over 99 per cent of all Ontario's pharmacies now participate in the program, connecting people to care in every corner of the province.

In addition to these changes, the government has now officially directed Ontario's regulatory colleges for optometrists, physiotherapists, chiropractors, dental hygienists, denturists, and audiologists and speech-language pathologists to begin developing the regulatory framework that would further [expand scopes of practice](#) in their fields.

These future expansions will unlock additional capacity across the system by enabling professionals to deliver treatments and perform more procedures, helping people get faster access to care. Once implemented, these changes will improve access for those in rural, northern, Indigenous and underserved communities, while reducing wait times and easing pressure on primary care and emergency departments.

As part of [Your Health: A Plan for Connected and Convenient Care](#), the Ontario government is strengthening all aspects of the health-care system, including making it easier for highly skilled, regulated health-care professionals, like

pharmacists, to work to the full extent of their training and expertise to provide.1 (v) people more connected and convenient care.

Quick Facts

- Pharmacist assessment of common ailments began in January 2023, with an initial 13 ailments, and was expanded in October 2023 to include six additional ailments.
 - Ontario is not proceeding with scope expansions related to psychologists at this time, given the ongoing governance review involving the College of Psychologists and Behaviour Analysts of Ontario.
 - The province also allows pharmacists to administer certain injection and inhalation treatments so they can better care for people who need help taking certain medications, such as insulin, vitamin B12 or osteoporosis treatment.
 - On July 1, 2022, regulatory amendments came into force under the Laboratory and Specimen Collection Centre Licensing Act, allowing pharmacy professionals to collect specimens and perform the following point-of-care tests for the purpose of medication management to treat chronic disease: Glucose, HbA1c, Lipids, and PT/INR.
-

Quotes

"Pharmacists play a critical role in improving access to timely, high-quality health care across Ontario, and expanded scope enables them to meet patients where and when care is needed most. At the Leslie Dan Faculty of Pharmacy, we are training practice ready pharmacists—through innovation, hands on learning and an accelerated, three-year Doctor of Pharmacy program—to fully deliver on this expanded role. Today's announcement strengthens our health system by ensuring Ontarians benefit from a workforce prepared to provide care now and into the future."

- Dr. Lisa Dolovich

Dean, Leslie Dan Faculty of Pharmacy, University of Toronto

"The Ontario Pharmacists Association welcomes the Ontario government's ongoing efforts to expand the scope of practice for pharmacy professionals. Building on the strong foundation of community pharmacy, these changes will enable pharmacists to treat more minor ailments and deliver a broader range of routine vaccines—making it easier for patients to access care close to home. Pharmacy professionals remain one of the most accessible points of care, and this expansion is a practical step forward. We look forward to continuing to work with the province to improve access to care for Ontarians."

- Justin Bates
Chief Executive Officer, Ontario Pharmacists Association

"We applaud the Ontario government's continued leadership in improving access to care for patients across the province. Ontarians have consistently told us they value the accessible and trusted care they receive from their community pharmacies and want pharmacy teams to play a greater role in delivering health care closer to home. Expanding access to minor ailments assessments and publicly funded vaccines through pharmacies will help improve timely access to care in communities across Ontario. These important enhancements will help strengthen the health-care system and help Ontarians access the care they need, when and where they need it most."

- Sandra Hanna
Chief Executive Officer, Neighbourhood Pharmacy Association of Canada

"The Ontario Association of Optometrists is encouraged by the government's commitment to advancing scope of practice. These changes recognize the training and expertise of optometrists and represent a meaningful step toward modernizing eye care in Ontario. By enabling optometrists to provide a broader range of services, patients will benefit from faster access to care, improved outcomes and reduced pressure on emergency departments, supporting a more efficient health system. We look forward to continuing to work with government to build on this progress."

- Dr. Shaina Nensi
President, Board of Directors, Ontario Association of Optometrists

"The OPA celebrates this announcement by Minister Jones and its recognition of the role of physiotherapists in expanding timely access to care for patients. Enabling physiotherapists to order diagnostic imaging supports efficient, effective and accessible care for patients across Ontario. With increasing integration and optimization of our professional scope of practice, we are better positioned to work with interprofessional primary care teams and in combination with the promise of expanding digital access, physiotherapists are not only ready— but now empowered— to play a greater role in Ontario's health system. We look forward to our continued collaboration with the Ministry of Health and the College of Physiotherapists of Ontario as we work together to bring this change to life for patients."

- Sarah Hutchison and Charlotte Anderson
Chief Executive Officer and President, Ontario Physiotherapy Association

"The Ontario Chiropractic Association has long advocated to expand scope of practice for chiropractors to match their training and expertise in musculoskeletal care to support patients in Ontario. We are pleased to see the Ontario government taking steps to authorize chiropractors to directly order diagnostic ultrasounds for their patients. On behalf of our 4,000 members, we want to thank the government for moving forward with this change to provide patients in Ontario with more connected, timely, and convenient care closer to home."

- Caroline Brereton
Chief Executive Officer, Ontario Chiropractic Association

"The Ontario Dental Hygienists' Association applauds the government's ^{Item 3.1 (v)} decision to move forward scope enhancement for Registered Dental Hygienists (RDHs). Authorizing RDHs to prescribe X-rays, be designated as Radiation Protection Officers, and administer local anesthetic by injection will significantly improve access to comprehensive oral care for all Ontarians. We thank Minister Jones for her leadership on this initiative and look forward to continuing to work collaboratively with the government and the College of Dental Hygienists of Ontario to enable RDHs to practise more fully within their scope of practice and provide important preventive oral care services to more Ontarians."

- Marg Harrington
Chief Executive Officer, Ontario Dental Hygienists Association

"We welcome the Minister of Health's announcement and the directive to the regulatory college as a significant step toward modernizing the Denturist's scope of practice. This initiative reflects a thoughtful and evidence-informed approach to strengthening the health-care system and improving timely access to care. As the DAO, we are committed to collaborative, team-based leadership that advances shared priorities. We recognize and appreciate the government's continued engagement and leadership in supporting regulatory advancement to scope of practice that benefits both providers and patients. We look forward to working alongside health care and regulatory partners throughout this process to help ensure implementation is practical, sustainable and centred on delivering high-quality, accessible care for Ontarians."

- Anas Al Halabi
President, Denturists Association of Ontario

"SAC welcomes the Ontario Ministry of Health's direction to expand scopes of practice to enable speech-language pathologists to order videofluoroscopic swallow studies as well as order and apply diagnostic ultrasound. When implemented, these changes will recognize our profession's training and knowledge and will improve access to timely, evidence-based assessment and treatment across the lifespan. SAC looks forward to working collaboratively with government and regulatory partners to support implementation in the best interest of Ontarians."

Item 3-1 (v)

- Luciana Nechita

Chief Executive Officer, Speech-Language & Audiology Canada

Additional Resources

- [Expanding Scope of Practice for Regulated Health Professionals](#)
- [Your Health: A Plan for Connected and Convenient Care](#)
- More information about the types of health care services you can get through your local pharmacy can be found [here](#)

Related Topics

Government

Learn about the government services available to you and how government works.

[Learn more](#)

Health and wellness

Get help navigating Ontario's health care system and connecting with the programs or services you're looking for. [Learn more](#)

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The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2026-2027**

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, 2026, to March 31, 2027.

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 online 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
Dr. Denis Marier, ND	CoNO Representative on the Board of Canadian Alliance of Naturopathic Regulatory Authorities (CANRA).	I was elected in November 2025 to be the CoNO Council member representative on the Board.

Council Members

The following is a list of Council members for the 2026-27 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 27, 2026	April 30, 2026	None
Dr. Amy Armstrong, ND	May 27, 2026	April 30, 2026	Yes
Naomi Bussin	May 27, 2026	April 30, 2026	None
Dean Catherwood	May 27, 2026	May 1, 2026	None
Lisa Fenton	May 27, 2026	April 30, 2026	None
Sarah Griffiths-Savolaine	May 27, 2026		
Dr. Brenda Lessard-Rhead, ND (Inactive)	May 27, 2026	May 5, 2026	Yes
Dr. Denis Marier	May 27, 2026	May 11, 2026	None
Marija Pajdakovska	May 27, 2026	April 30, 2026	None
Paul Phillion	May 27, 2026	April 30, 2026	None
Dr. Jacob Scheer, ND	May 27, 2026	May 11, 2026	None
Dr. Kathy Van Zeyl, ND	May 27, 2026	April 30, 2026	None
Dr. Erin Walsh, ND	May 27, 2026	May 7, 2026	None

A copy of each Council members' Annual Declaration Form is available here on the [College's website](#).

Updated: May 12, 2026

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 March 1, 2026 to April 30, 2026

This is the sixth and final Chair's Report for the current Council cycle, covering the period from March 1, 2025 to April 30, 2026.

Although no meetings took place with the senior leadership of the OAND during this period, March proved to be a particularly active month. In addition to our regular monthly meetings, the CEO and I were engaged in reviewing and selecting candidates for the College's public relations support team, and in securing a training presenter for Council's May meeting.

The Vice-Chair and I continue to meet on a regular basis, with our next meeting scheduled for May 18, 2026. These conversations remain a valuable resource in supporting effective Council leadership.

Finally, I want to express my sincere gratitude to Council for your support throughout my first year as Chair. I would also like to extend my heartfelt thanks to our CEO, whose guidance, expertise, and steady support have been instrumental in helping me navigate this role with confidence. It has been a genuine honour to learn from and work alongside each of you, and I believe this experience has made me a stronger and more thoughtful leader.

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)

Council Chair

May 1, 2026



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT April 1, 2025 to March 31, 2026 HIGHLIGHTS

This is the first of two Regulatory Operations Report. This reports represents a summary of the full program year from April 1, 2025 to March 31, 2026. This data will be included in the Annual Report for 2025-26.

1.1 Registration

The following are the highlights from the data from the registration program of the College:

- The total number of registrants holding a General Class certificate of registration was at the end of the year was 1731 (1715 in good standing and 16 suspended). This compares to 1699 at the start of the year and represents a change of plus 32, a low rate of growth but one that is consistent with prior years.
- There were 192 inactive class certificates and 32 life members at the end of the year and the emergency class was not opened for registrations.
- A total of 137 changes in registration were handed by the registration team this year which included 26 suspensions, 13 reinstatements, 37 resignations and 8 revocations.
- There were 148 valid certificates of authorization for naturopathic professional corporations at year-end, compared to 137 at the start, 15 new certificates were issued, one was dissolved and three were revoked.

1.2 Entry-to-Practice

The following are the highlights from the data from the entry-to-practise program of the College:

- A total of 100 new applications for registration were received this year (L47).
- A total of 95 (L48) new certificates were issued against that 104 applications in process (4 carried over from the prior year).
- Nine applications remain in process.
- No applications were declined; however, 14 applications were referred to the Registration Committee for review. The committee directed the CEO to issue certificates in all cases; however, 1 after successful completion of an exam (L55) and five after additional education was completed (L56).

1.3 Examinations

The Examinations Program successfully completed its program year based on the following:

- **Clinical Sciences Examination** – 134 candidates (L65) sat the exam over two sittings (L64).
- **Biomedical Examination** – 148 candidates sat the exam over two sittings.
- **Ontario Clinical Practical Examination** – 133 candidates (L75) over two sittings (L74).
- **Therapeutic Prescribing Examination** – 100 candidates (L80) over two sittings (L79).
- **IVIT Examination** – 34 candidates (L85) over two sittings (L84).
- No examination appeals were filed by candidates this program year (L92-L104)
- A total of 168 examination questions were developed through volunteers (L107+L108).

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

Outcomes this year from this program area include:

- No new applications for funding were received.
- One file remained active throughout this year and a total of \$1,120 was provided (L112).

1.5 Quality Assurance

Highlights of the program activities for this year include the following:

- A total of 130 registrants (L115) were randomly selected for a Peer & Practice Assessment (PPA) this year; however, 11 individuals (L116) were removed from the pool due to a deferral, retirement/resignation or change in class). A total of nine assessments (L117) were ordered by the Quality Assurance Committee (QAC) resulting in a total of 128 assessments to be completed.
- A total of 127 PPA were completed this year, leaving one assessment outstanding to be carried forward in the coming program year.
- A total of five out of the 127 assessment outcomes required a review by the QAC and each of these were deemed to have had a satisfactory outcome (L120).
- A total of 526 registrants (L123) were required to submit their continuing education logs to the College this year with a total of 520 or 98.9% (L124) having made their submission. Of these, 130 or 25% (L125) were deemed to have deficiencies and required follow up by the QA program team and the registrants.

1.6 Inspection Program

Inspection program highlights include:

- At the end of the year, 172 premises (L127a) compared to 160 (L127b) at the start of the year, a growth rate of 7.5%; however, during the year, 24 new premises became registered (L128) and 12 were de-registered (L129)
- A total of 57 inspections were completed this year; 25 New Premises Part I, 19 New Premises Part II and 13 fifth-year anniversary inspections.
- We note that there were 20 five-year anniversary inspections required this year (L136) and only 13 inspected (L137) leaving a discrepancy of seven; however, eight premises scheduled for inspection became de-registered and one of the 13 that was completed was done early as it was scheduled for early in the coming program year.
- Of the 57 inspections completed, no premises outright failed the inspection.; however, 14 passed with conditions identified by the Inspection Committee but either required no additional action or were resolved by the designated registrant in the premises.
- A total of 17 Type 1 Occurrence Reports (L145) were filed with the College and reviewed by the Committee. Of these, 14 were the result of a patient having been referred to emergency services within 5 days of the IVIT procedure.
- All Type 2 Occurrence reports required were received and, as noted at Line 152, the reports for the next program year have begun to be submitted to the College.

1.7 Complaints and Reports

Along with the Discipline program, Complaints and Reports is perhaps one of the more high profile programs of the College. Highlights from this program include:

- At the start of the year, there were 26 files (16 complaints and 10 reports) in progress that were carried forward into 2025-26. At the end of the year, there are also 26 files being carried forward into the next program year (20 complaints (L154) and 6 reports (L155)).
- In this year, 27 new complaints were received (L156) and four new reports were initiated (L157); however, the Inquiries, Complaints and Reports Committee (ICRC) closed 23 complaints (L158) and eight reports (L159).
- A total of three files (L162) were referred to the Alternate Dispute Resolution process with the agreement of the complainant and the registrant. Two of these files (L163) resulted in a resolution approved by the ICRC. The third file would have continued in the regular complaint process.
- In total, 31 files were closed (L158+L159). From these 31, the following would have had a single outcome as follows:
 - three of these resulted in an outcome of take no further action (L166),
 - two were deemed frivolous and vexatious (L174),
 - two were resolved via ADR (L176).
- The remaining 24 files would have had one or more of the remaining outcomes noted in the report. The most common outcomes included were:
 - Letter of Counsel, included in 12 files (L167),
 - An oral caution and Specified Continuing Education and Remediation Program, included in 5 files (L171),
 - A referral to discipline occurred in three cases; however, this is not mutually exclusive from other outcomes as some aspects of a file may not be referred for a variety of reasons.
- The report (L184-L203) notes the various concerns raised in the complaints and reports. Typically, any file will have more than one concern at issue. Most common concerns include:
 - Competence/patient care (L187),
 - Communication (L186),
 - Advertising/Social Media (L184),
 - Unauthorized practice/scope of practice (L183).

1.9 Hearings

The Hearings program includes both Fitness to Practice Hearings and Discipline Hearings. Highlights for the year include:

- There were zero (none) Fitness to Practice Hearings required as no referrals were made by the ICRC. To-date, the College has not had to hold such a hearing.
- Although the year saw a total of three referrals from ICRC to Discipline, only one matter has been concluded (CoNO and Dr. Sestan, ND) which did result in findings of professional misconduct and a revocation of the certificate of registration.
- Two matters which were referred in November 2025 remain active; however, the Pre-hearing Conference was scheduled (L221) in March for a date in April.

1.10 Regulatory Guidance and Education

Regulatory Guidance and Education fall within the College's Regulatory Programs area of the College. Highlights for 2025-26 include:

- A total of 441 inquiries (L237) from registrants and the public to the College via email and telephone. This does represent a decline of 26.5% in the number of inquiries from the 600 received last year.
- Lines 240 to 259 set out the most common topics of inquiry, the most frequent among these being:
 - Record keeping (L241),
 - Prescribing/selling drugs (L249),
 - Scope of practice (L242), and
 - Fees and Billing (L250).
- Once again, the program delivered six (L260) Regulatory Education Programs live sessions with 859 in attendance (L262) and 691 registrations (L263) for the recorded sessions.

1.11 HPARB Appeals

The Health Professions Appeal and Review Board adjudicates appeals from registration decisions and decisions of the Inquiries, Complaints and Reports Committees of the health regulatory colleges in Ontario. Highlights of the College's work with HPARB include:

- At the start of 2025-26, four decisions of the ICRC were under appeal with HPARB and two additional appeals were filed this year. Decisions were rendered on a total of four appeals all of which resulted in the ICRC decision being upheld.
- At the start of the year, no decisions of the Registration Committee were with HPARB, however, during the course of the year, two appeals have been filed. Both files remain outstanding.

1.12 HRTO Matters

The Human Rights Tribunal of Ontario resolves claims of discrimination and harassment under the Human Rights Code. A registrant of the College had filed a claim against the College several years ago relating to a matter with the ICRC. In May of this year, the matter was settled and the file withdrawn.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
May 2026



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	Openin	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
1.1 Regulatory Activity: Registration															
Registrants (Total)														1955	1
General Class (Total)														1731	2
<i>In Good Standing</i>	1686	2	8	2	5	-4	-5	6	11	10	6	5	-17	1715	3
<i>Suspended</i>	13	2	0	2	1	0	0	-1	1	-1	0	0	-1	16	4
Inactive Class (Total)														192	5
<i>In Good Standing</i>	170	1	-2	1	-1	5	5	1	3	2	7	0	-11	181	6
<i>Suspended</i>	10	0	1	0	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	0	0	9
<i>Suspended</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Life Registrants														32	11
<i>In Good Standing</i>	31	0	0	0	0	0	0	0	0	0	-1	0	2	32	12
<i>Suspended</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Regulatory Activity	Openin	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Changes in Registration Status Processed (Total)															
Suspensions		6	8	1	5	0	0	0	1	2	1	0	2	26	15
Resignations		0	2	1	0	0	1	0	0	2	1	2	28	37	16
Revocations		1	2	1	0	0	0	1	0	1	0	0	2	8	17
Reinstatements		3	5	0	0	0	0	0	0	3	1	0	1	13	18
Class Changes (Total)														53	19
General Class to Inactive Class		1	1	2	0	5	5	3	3	2	5	2	12	41	21
Inactive Class to General Class (<2yrs)		0	1	1	2	0	0	0	0	0	0	0	3	7	22
Inactive Class to General Class (>2 yrs)		0	0	0	1	0	0	0	0	0	0	0	2	3	23
Any Class to Life Registrant Status		0	0	0	0	0	0	0	0	0	0	0	2	2	24
Emergency Class to General Class		0	0	0	0	0	0	0	0	0	0	0	0	0	25

Regulatory Activity	Openin	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Life Registrant Applications (Total)														2	26
Applications from prior period	0													0	27
New applications received		0	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	2	2	29
CEO Decisions														2	**
Application approved by CEO		0	0	0	0	0	0	0	0	0	0	0	2	2	30
Application referred by CEO to RC		0	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	0	32
Application denied by RC		0	0	0	0	0	0	0	0	0	0	0	0	0	33

Regulatory Activity	Openin	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb2	Mar26.	YTD	
Professional Corporations (Total)														148	**
Certificates of Authorization in place	137													137	35
Suspended Certificates of Authorization	0	0	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	4	15	37
Certificates of Authorization Reinstated		0	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	0	1	39
Certificates Revoked		0	0	0	0	0	0	0	2	0	0	1	0	3	40
PC Renewals in 2025-26															**
Not Yet Renewed in this program year	137													0	41
Renewed		9	9	13	9	9	7	8	17	13	16	12	11	133	42
Revoked		0	0	0	0	0	0	0	2	0	0	1	0	3	43
Resigned/Dissolved		0	0	0	1	0	0	0	0	0	0	0	0	1	44

Regulatory Activity	Openin	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25	Nov25.	Dec25	Jan26.	Feb2	Mar26.	YTD	
Total ETP Applications On-Going														9	46
On-going applications from prior period(s)	4														**
New applications received		13	7	7	4	5	2	14	19	15	10	3	1	100	47
Certificates issued		7	12	6	6	1	2	7	15	14	14	7	4	95	48
Certificates declined		0	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														0	50
New referrals		0	0	0	0	1	1	2	2	0	4	0	4	14	51	
Decisions Issued		0	0	0	0	1	1	2	2	0	4	0	4	14	52	

Regulatory Activity	Openin	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line
Registration Committee Outcomes														14	**

Approved		0	0	0	0	0	1	0	0	0	4	0	3	8	53
Approved – TCLs		0	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	0	1	55
Approved – Education required		0	0	0	0	1	0	2	1	0	0	0	1	5	56
Denied		0	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														0	59
New applications received		0	0	0	0	0	0	0	0	0	0	1	0	0	1	60
Decisions rendered on applications		0	0	0	0	0	0	0	0	0	0	0	0	0	0	61

Regulatory Activity	Openin	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	2	69
Number of candidates sitting exam		0	0	0	0	0	104	0	0	0	0	0	44	148	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	Openin	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	0	78	89
BME questions developed		0	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	0	109
Funding application declined		0	0	0	0	0	0	0	0	0	0	0	0	0	0	110
Number of Active Files															1	
Funding Provided		\$280	\$280	\$280	\$0	\$0	\$0	\$0	\$0	\$0	\$280	\$0	\$0	\$0	\$1,120	112

1.5 Regulatory Activity: Quality Assurance																													
Peer & Practice Assessments (Remaining for Year)															1	114													
Pool selected by QAC															130	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	1	9	117														
Total Number of Assessment for the Year.															128	**													
Completed (Y-T-D)		0	0	0	3	26	30	34	17	4	9	4	0	127	118														
Regulatory Activity															Openin	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	0	2	0	0	3	0	0	5	120
Ordered Outcome (SCERP, TCL, etc.)		0	0	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	0	0	122
CE Reporting																
Number in group		0	0	0	0	0	526	0	0	0	0	0	0	0	526	123
Number received		0	0	0	0	43	477	0	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	0	130	125

Regulatory Activity	Openin	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line	
1.6 Regulatory Activity: Inspection Program																
Registered Premises (Total Current)														172	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	2	24	128	
De-registered		2	2	0	0	2	0	2	1	1	0	1	1	12	129	

Inspections of Premises																
New Premises																
Part I Completed		6	0	1	2	3	3	0	1	0	3	3	3	25	134	
Part II Completed		1	2	1	2	1	1	5	2	1	2	0	1	19	135	
5-year Anniversary Inspections																
Premises requiring 5-year inspection (5 yr anniversary)		0	2	6	0	0	1	2	6	0	0	0	3	20	136	
Completed		0	0	2	3	1	0	2	1	3	0	0	1	13	137	

Inspection Outcomes																
New premises-outcomes (Parts I & II)																
Passed		7	5	4	0	3	7	3	4	0	0	9	3	45	138	
Pass with conditions		2	0	0	0	2	1	0	1	0	2	1	0	9	139	
Failed		0	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	0	11	141	
Pass with conditions		0	0	1	0	2	0	0	0	0	1	1	0	5	142	
Failed		0	0	0	0	0	0	0	0	0	0	0	0	0	143	

Regulatory Activity	Openin	April25.	May25.	Jun25.	Jul25.	Aug25.	Sep25.	Oct25.	Nov25.	Dec25.	Jan26.	Feb26	Mar26.	YTD	Line	
Type 1 Occurrence Reports (Total Reported)															17	145
Patient referred to emergency		0	0	2	2	0	3	1	1	2	2	0	1	14	146	
Patient died		0	0	0	0	0	0	0	0	0	0	1	0	1	147	
Procedure performed on wrong patient		0	0	0	0	0	0	0	0	0	0	1	0	1	148	
Emergency drug administered		0	1	0	0	0	0	0	0	0	0	0	0	1	149	
Type 2 Occurrence Reports (Outstanding)															-61	150
Total Reports Required to be filed.														173	151	
Reports Received		149	24	0	0	0	0	0	0	0	0	0	61	234	152	
1.7 Regulatory Activity: Complaints and Reports																
Complaints and Reports (Total On-going)															26	153
Open Complaints incl. carried forward from prior yrs	16													20	154	
Open Reports incl. carried forward from prior yrs	10													6	155	
New Complaints		1	6	2	1	2	2	1	3	1	4	1	3	27	156	
New Reports		0	0	1	0	0	2	1	0	0	0	0	0	4	157	
Complaints completed		1	5	3	1	0	2	3	4	0	1	1	2	23	158	
Reports completed		1	0	1	0	0	0	0	2	0	1	2	1	8	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	0	3	162	
Files resolved by ADR		0	0	0	0	0	0	0	0	0	1	1	0	2	163	
Files not resolved by ADR		0	0	1	0	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	0	3	166	
Letter of Counsel		0	2	0	1	0	1	1	1	0	1	3	2	12	167	
Oral Caution		0	2	0	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	1	3	169	
Letter of Counsel & SCERP		0	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	0	5	171	
Acknowledgement & Undertaking		0	0	0	0	0	0	0	2	0	0	0	0	2	172	
Referral to Fitness to Practise Committee		0	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	0	3	174	
Frivolous & Vexatious		0	0	0	0	0	1	1	0	0	0	0	0	2	175	
Resolved through ADR		0	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	0	177	

Regulatory Activity	Openin	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	0	1	180	
New Interim Orders - Suspended		0	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	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	0	10	184	
Billing and Fees		0	1	1	0	0	0	1	1	0	0	0	1	5	185	
Communication		0	0	1	0	2	1	1	2	0	3	1	2	13	186	
Competence/Patient Care		1	4	1	0	2	1	1	2	0	1	0	2	15	187	
Fraud		0	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	0	6	189	
Record Keeping		0	0	1	0	1	0	1	1	0	0	0	0	4	190	
Sexual Abuse/Harassment/Professional Boundaries		0	0	0	0	0	0	0	0	0	0	0	1	1	191	
Delegation		0	0	0	0	0	0	1	0	0	0	0	0	1	192	
Unauthorized Practice/Scope of Practice		0	1	1	0	2	2	1	0	0	0	0	0	7	193	
Failure to comply with an Order		0	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	1	5	195	
Conflict of Interest		0	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	0	2	197	
QA Program Compliance		0	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	0	199	
Failure to Cooperate		0	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	0	1	201	
Unprofessional/Unbecoming Conduct		0	1	0	0	1	2	0	0	0	0	0	1	5	202	
Breach of Privacy		0	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	2	7	206	
Letters signed back by practitioner		0	0	0	0	0	0	0	0	0	0	1	1	2	207	
Letters unsigned or outstanding		1	0	1	0	1	1	1	0	1	0	0	1	7	208	

Regulatory Activity		Openin	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	0	212
Applications approved by the Court		0	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	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	0	2	0	0	0	0	3	217
Matters concluded		0	1	1	0	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	0	233
Matters concluded		0	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		1	0	0	0	1	0	0	0	0	0	0	0	1	3	221
Completed		0	0	0	0	1	0	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	0	223
Discipline hearings Held																
Contested hearing completed		0	1	1	0	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	0	1	226
Outcomes of Contested Matters																
Findings made		0	0	0	0	0	0	0	0	1	0	0	0	0	1	228
No findings made		0	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	0	235
No finding made		0	0	0	0	0	0	0	0	0	0	0	0	0	0	236

Regulatory Activity		Openin	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)															441	237
E-mail			27	31	21	29	27	18	16	33	16	17	18	12	265	238
Telephone			17	24	10	25	8	11	17	19	12	22	6	5	176	239
Most Common Topics of Inquiries																
Telepractice			2	2	2	6	2	0	2	3	4	5	2	1	31	240
Record Keeping			4	3	4	4	7	3	1	5	3	3	2	1	40	241
Scope of Practice			2	4	4	4	5	0	4	4	3	1	2	0	33	242
Injections			2	0	0	2	1	1	2	2	0	0	0	0	10	243
Patient Visits			3	4	1	2	0	1	0	1	2	2	0	1	17	244
Delegations and Referrals			0	1	2	2	4	1	4	3	1	2	2	3	25	245
Laboratory Testing			2	2	1	4	3	1	1	1	2	2	1	1	21	246
Consent and Privacy			3	3	5	2	2	5	0	1	1	1	1	1	25	247
Conflict of Interest			2	1	1	0	2	0	2	0	0	0	0	0	8	248
Prescribing/Selling Drugs			3	2	3	4	3	5	3	2	1	4	3	1	34	249
Fees and Billing			2	4	1	6	0	2	2	7	3	2	0	1	30	250
Inspection Program			0	3	0	2	1	1	1	2	0	1	2	1	14	251
Endorsements			1	0	0	4	0	0	0	0	0	0	0	0	5	252
Graduates working for NDs			2	1	0	2	0	0	1	5	1	3	0	0	15	253
Continuing Education			0	3	1	0	2	3	1	0	0	1	2	1	14	254
Advertising			1	1	3	2	0	1	0	1	1	0	1	0	11	255
Notifying Patients when Moving			3	1	0	3	1	0	0	1	1	1	0	0	11	256
Completing Forms and Letters for Patients			0	0	0	1	0	1	0	1	0	0	0	1	4	257
Registration and CPR			0	1	0	3	4	1	1	1	0	4	2	2	19	258
Complaints			0	0	0	1	0	0	1	1	0	1	0	0	4	259
Regulatory Education Program																
Live Sessions																
Session Delivered			0	1	0	1	0	1	0	1	0	1	0	1	6	260
Registrations			0	221	0	82	0	208	0	252	0	228	0	211	1202	261
Attendees			0	144	0	58	0	135	0	182	0	161	0	179	859	262
Recorded Sessions																
Registrations			14	29	48	103	73	245	46	21	0	37	38	37	691	263

Regulatory Activity	Openin	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	0	2	266	
Files where HPARB rendered decision		0	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	0	268	
Returned		0	0	0	0	0	0	0	0	0	0	0	0	0	269	
Overtured		0	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	0	2	273	
Files where HPARB rendered decision		0	0	0	0	2	0	0	0	0	2	0	0	4	274	
HPARB Decisions on ICRC Matters																
Upheld		0	0	0	0	2	0	0	0	0	2	0	0	4	275	
Returned		0	0	0	0	0	0	0	0	0	0	0	0	0	276	
Overtured		0	0	0	0	0	0	0	0	0	0	0	0	0	277	

Regulatory Activity	Openin	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													1	280
New matters	0	0	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	0	282
HRT0 Decisions on Matters															
In favour of applicant		0	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	0	284
Matter settled/resolved		0	1	0	0	0	0	0	0	0	0	0	0	0	285



The College of Naturopaths of Ontario

REGULATORY OPERATIONS REPORT
April 1, 2026 to April 20, 2026
HIGHLIGHTS

This is the second of two Regulatory Operations Reports presented to the Council at its May 2026 meeting. This report presents a summary of the period from April 1, 2026 to April 30, 2026 and is the first report for the new fiscal and program year.

1.1 Registration

New this year, we are providing only the number of registrants in each class rather than breaking out the change by month. The broader breakdown does not provide any meaningful data for consideration. At the end of April, the class breakdown is as follows:

- General Class 1736 (1720 in good standing, 16 suspended) (L2-4),
- Inactive Class 181 (171 in good standing, 10 suspended) (L5-7),
- Emergency Class 0 (L8-10),
- Life Registrants 32, all in good standing (L12).

In April, there were 13 suspensions (L15), and 13 reinstatements (L18), one resignation (L16) and one revocation (L17). Council is reminded that the deadline for annual renewals was March 31, 2026, hence April and May are the timeframes when most of the suspensions and reinstatements occur. A total of four class changes were processed.

There was a total of 148 certificates of authorization for professional corporations issued in prior years. Two new certificates were issued in April (L38), and nine certificates were renewed from among the 148 (L44).

1.2 Entry-to-Practice

There was a total of nine applications for certificates of registration in process as of April 1, 2026. In April, 10 new applications were received (L49) and six certificates were issued (L50) resulting in 13 on-going applications at the end of the month (L47).

There were no referrals to the Registration Committee in April and there was one on-going application to the Prior Learning Assessment and Recognition (PLAR) Program.

1.3 Examinations

One examination sitting was held in April, the Ontario Therapeutic Prescribing Examination with 47 candidates having sat the examination (L82).

1.4 Patient Relations

Although one file remains active (eligible) for funding for counselling under this program, no funds were paid out during April (L109).

1.5 Quality Assurance

No program activities were undertaken in April 2026.

1.6 Inspection Program

At the start of the year there were 172 registered premises (L128) and one new premises registered in April (L129). Two Part 1 new premises inspections were conducted in April (L132) and six Part 2 new premises inspections were also conducted (L133). No five-year anniversary inspections were conducted; however, one inspection conducted in the prior year was reviewed and a determination made by the Inspection Committee (L143).

Three new Type 1 Occurrence Reports were received in April (L145) all involving a patient referred to emergency services within five days of the performance of a procedure.

1.7 Complaints and Reports

At the start of the year, there were 26 files (L32) of which 20 were complaints and 6 were reports). Six new complaints were filed during April (L157) and one complaint file was closed (L160). That complaint resulted in a Letter of Counsel (L169).

1.8 Unauthorized Practitioners

Two cease and desist letters were issued in April (L209) one of which was signed and returned to the College thus far (L210).

1.9 Hearings

In April, there were no new ICRC referrals to either the Discipline Committee or Fitness to Practice Committee. One pre-hearing conference on an earlier referral was held in April. Work is underway to schedule a hearing from later this year.

1.10 Regulatory Guidance and Education

Regulatory Guidance and Education fall within the College's Regulatory Programs area of the College. There were 47 regulatory guidance inquiries in April (L47) with record keeping and scope of practice being the top two inquiries. No regulatory education program live events were held; however, there were 16 registrations for the recorded sessions.

1.11 HPARB Appeals

The Health Professions Appeal and Review Board adjudicates appeals from registration decisions and decisions of the Inquiries, Complaints and Reports Committees of the health regulatory colleges in Ontario. Five files remain with HPARB (two from registration (L279) and three from ICRC (L288). No decisions were made.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
May 2026



The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.1 Regulatory Activity: Registration															
Registrants (Total)														1949	1
General Class (Total)														1736	2
<i>In Good Standing</i>		⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	1720	3
<i>Suspended</i>		⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	16	4
Inactive Class (Total)														181	5
<i>In Good Standing</i>		⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	171	6
<i>Suspended</i>		⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	10	7
Emergency Class (Total)														0	8
<i>In Good Standing</i>		⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	0	9
<i>Suspended</i>		⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	0	10
Life Registrants														32	11
<i>In Good Standing</i>		⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	32	12
<i>Suspended</i>		⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	⇄	0	13
Changes in Registration Status Processed (Total)															
Suspensions		13												13	14
Resignations		1												1	15
Revocations		1												1	16
Reinstatements		13												13	17
Class Changes (Total)														4	18
General Class to Inactive Class		1												1	19
Inactive Class to General Class (<2yrs)		2												2	20
Inactive Class to General Class (>2 yrs)		1												1	21
Any Class to Life Registrant Status		0												0	22
Emergency Class to General Class		0												0	23

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Life Registrant Applications (Total)														0	25
Applications from prior period	0													0	26
New applications received		0												0	27
Applications decided		0												0	28
CEO Decisions														0	29
Application approved by CEO		0												0	30
Application referred by CEO to RC		0												0	31
Registration Committee Decisions														0	32
Application approved by RC		0												0	33
Application denied by RC		0												0	34

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Professional Corporations (Total)														150	35
Certificates of Authorization in place	148													148	36
Suspended Certificates of Authorization	0	0												0	37
New Certificates of Authorization Issued		2												2	38
Certificates of Authorization Reinstated		0												0	39
Certificates Resigned/Desolved		0												0	40
Certificates Revoked		0												0	41
PC Renewals in 2025-26															42
Not Yet Renewed in this program year	148													139	43
Renewed		9												9	44
Revoked		0												0	45
Resigned/Dissolved		0												0	46

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Total ETP Applications On-Going														13	47
On-going applications from prior period(s)	9														48
New applications received		10												10	49
Certificates issued		6												6	50
Certificates declined		0												0	51
Applications Currently before the Registration Committee														0	52
Referrals from prior period	0													0	53
New referrals		0												0	54
Decisions Issued		0												0	55

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Registration Committee Outcomes														0	56
Approved		0												0	57
Approved – TCLs		0												0	58
Approved – Exams required		0												0	59
Approved – Education required		0												0	60
Denied		0												0	61

Prior Learning and Recognition Program Activities in Process														1	62
Applications from prior period	1													1	63
New applications received		0												0	64
Decisions rendered on applications		0												0	65

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.3 Regulatory Activity: Examinations															
Examinations Conducted															66
Ontario Clinical Sciences Examination															67
Exam sittings scheduled		0												0	68
Exam sittings held		0												0	69
Number of candidates sitting exam		0												0	70
Ontario Biomedical Examination															71
Exam sittings scheduled		0												0	72
Exam sittings held		0												0	73
Number of candidates sitting exam		0												0	74
Ontario Clinical Practical Examination															75
Exam sittings scheduled		0												0	76
Exam sittings held		0												0	77
Number of candidates sitting exam		0												0	78
Ontario Therapeutic Prescribing Examination															79
Exam sittings scheduled		1												1	80
Exam sittings held		1												1	81
Number of candidates sitting exam		47												47	82
Ontario Intravenous Infusion Examination															83
Exam sittings scheduled		0												0	84
Exam sittings held		0												0	85
Number of candidates sitting exam		0												0	86

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line	
Examination Appeals															87	
Ontario Clinical Sciences Examination Appeals (Total)															0	88
Appeals Granted		0												0	89	
Appeals Denied		0												0	90	
Ontario Biomedical Examination Appeals (Total)															0	91
Appeals Granted		0												0	92	
Appeals Denied		0												0	93	
Ontario Clinical Practical Examination Appeals (Total)															0	94
Appeals Granted		0												0	95	
Appeals Denied		0												0	96	
Ontario Therapeutic Prescribing Examination															0	97
Appeals Granted		0												0	98	
Appeals Denied		0												0	99	
Ontario Intravenous Infusion Examination Appeals (Total)															0	100
Appeals Granted		0												0	101	
Appeals Denied		0												0	102	
Exam Questions Developed (Total)															0	103
CSE questions developed															0	104
BME questions developed															0	105
1.4 Regulatory Activity: Patient Relations																
Funding applications																106
New applications Received															0	107
Funding application approved		0												0	108	
Funding application declined		0												0	109	
Number of Active Files															1	110
Funding Provided															\$0	111
1.5 Regulatory Activity: Quality Assurance																
Peer & Practice Assessments (Remaining for Year)															1	112
Pool selected by QAC															130	113
Deferred, moved to inactive or retired (removed from															0	114
Assessments ordered by QAC, i.e. outside of random															0	115
Total Number of Assessment for the Year.															130	116
Completed (Y-T-D)															0	117

Regulatory Activity		Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Quality Assurance Committee Reviews																
Assessments reviewed by Committee															0	118
	Satisfactory Outcome		0												0	119
	Ordered Outcome (SCERP, TCL, etc.)		0												0	120
	Referred to ICRC		0												0	121
CE Reporting																
	Number in group		0												0	123
	Number received		0												0	124
	Number of CE Reports with deficiencies		0												0	125

Regulatory Activity		Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.6 Regulatory Activity: Inspection Program																
Registered Premises (Total Current)															173	127
	Total Registered from prior year (as of April 1)														172	128
	Newly registered		1												1	129
	De-registered		0												0	130

Inspections of Premises																
New Premises																131
	Part I Completed		2												2	132
	Part II Completed		6												6	133
5-year Anniversary Inspections																134
	Premises requiring 5-year inspection (5 yr anniversary)		0												0	135
	Completed		0												0	136

Inspection Outcomes																
New premises-outcomes (Parts I & II)																137
	Passed		2												2	138
	Pass with conditions		0												0	139
	Failed		0												0	140
5-year Anniversary Inspection Outcomes																141
	Passed		0												0	142
	Pass with conditions		1												1	143
	Failed		0												0	144

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Type 1 Occurrence Reports (Total Reported)														3	145
Patient referred to emergency		3												3	146
Patient died		0												0	147
Procedure performed on wrong patient		0												0	148
Emergency drug administered		0												0	149
Type 2 Occurrence Reports (Outstanding)														28	150
Total Reports Required to be filed.														172	151
Reports Received		83												144	152
1.7 Regulatory Activity: Complaints and Reports															153
Complaints and Reports (Total On-going)														36	154
Open Complaints incl. carried forward from prior yrs	20													25	155
Open Reports incl. carried forward from prior yrs	6													6	156
New Complaints		6												6	157
New Reports		0												0	158
Complaints completed		1												1	160
Reports completed		0												0	161
Files in Alternate Dispute Resolution (In process)														0	162
ADR Files from Prior Period														0	163
New files referred to ADR		0												0	164
Files resolved by ADR		0												0	165
Files not resolved by ADR		0												0	166
ICRC Outcomes (files may have multiple outcomes)															167
Take no further action		0												0	168
Letter of Counsel		1												1	169
Oral Caution		0												0	170
Specified Continuing Education and Remediation		0												0	171
Letter of Counsel & SCERP		0												0	172
Oral Caution & SCERP		0												0	173
Acknowledgement & Undertaking		0												0	174
Referral to Fitness to Practise Committee		0												0	175
Referral to Discipline Committee		0												0	176
Frivolous & Vexatious		0												0	177
Resolved through ADR		0												0	178
Withdrawn by Complainant		0												0	179

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line	
Interim Orders (Currently In Place)															1	180
Orders issued in prior period														1	181	
New Interim Orders - TCLs Applied		0												0	182	
New Interim Orders - Suspended		0												0	183	
Interim Orders Removed		0												0	184	
Summary of concerns (files may have multiple concerns)																185
Advertising/Social Media		5												5	186	
Billing and Fees		0												0	187	
Communication		0												0	188	
Competence/Patient Care		2												2	189	
Fraud		0												0	190	
Professional Conduct & behaviour		0												0	191	
Record Keeping		0												0	192	
Sexual Abuse/Harassment/Professional Boundaries		0												0	193	
Delegation		0												0	194	
Unauthorized Practice/Scope of Practice		0												0	195	
Failure to comply with an Order		0												0	196	
Inappropriate/ineffective treatment		2												2	197	
Conflict of Interest		0												0	198	
Lab Testing		0												0	199	
QA Program Compliance		0												0	200	
Cease & Desist Compliance		0												0	201	
Failure to Cooperate		0												0	202	
Practising while Suspended		0												0	203	
Unprofessional/Unbecoming Conduct		0												0	204	
Breach of Privacy		0												0	205	
1.8 Regulatory Activity: Unauthorized Practitioners																206
Cease and Desist Letters (Unsigned/Outstanding)																207
Letters Issued		2												2	209	
Letters signed back by practitioner		1												1	210	
Letters unsigned or outstanding		1												1	211	

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Injunctions from Court															212
Injunctions in place from prior year(s)														2	213
Applications Outstanding from prior year														0	214
New Applications Filed		0												0	215
Applications approved by the Court		0												0	216
Applications denied by the Court		0												0	217
1.9 Regulatory Activity: Hearings															218
Matters Referred by ICRC															219
Referrals to the Discipline Committee (Total)														1	220
Referrals from prior period														1	221
New referrals		0												0	222
Matters concluded		0												0	223
Referrals to the Fitness to Practise Committee (Total)														0	224
Referrals from prior period														0	225
New referrals		0												0	226
Matters concluded		0												0	227
Disciplinary Matters															228
Pre-hearing conferences															229
Outstanding from prior year														0	230
Scheduled		0												1	231
Completed		1												1	232
Not needed on consent		0												0	233
Discipline hearings Held															234
Contested hearing completed		0												0	236
Uncontested hearings completed		0												0	237
Outcomes of Contested Matters															238
Findings made		0												0	239
No findings made		0												0	240
FTP Hearings															241
Finding of incapacitated		0												0	242
No finding made		0												0	243

Regulatory Activity		Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.10 Regulatory Activity: Regulatory Guidance & Education																244
Regulatory Guidance																245
Inquiries Received (Total)															47	246
E-mail			28												28	247
Telephone			19												19	248
Most Common Topics of Inquiries																249
Telepractice			1												1	250
Record Keeping			6												6	251
Scope of Practice			5												5	252
Injections			1												1	253
Patient Visits			1												1	254
Delegations and Referrals			4												4	255
Laboratory Testing			4												4	256
Consent and Privacy			1												1	257
Conflict of Interest			0												0	258
Prescribing/Selling Drugs			2												2	259
Fees and Billing			5												5	260
Inspection Program			2												2	261
Endorsements			0												0	262
Graduates working for NDs			0												0	263
Continuing Education			3												3	264
Advertising			1												1	265
Notifying Patients when Moving			2												2	266
Completing Forms and Letters for Patients			2												2	267
Registration and CPR			0												0	268
Complaints			1												1	269
Regulatory Education Program																270
Live Sessions																271
Session Delivered			0												0	272
Registrations			0												0	273
Attendees			0												0	274
Recorded Sessions																275
Registrations			16												16	276

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.11 Regulatory Activity: HPARB Appeals															277
Registration Committee Decisions before HPARB															278
Appeals carried forward from prior period														2	279
New appeals filed with HPARB		0												0	280
Files where HPARB rendered decision		0												0	281
		0													282
HPARB Decisions on RC Matters															283
Upheld		0												0	284
Returned		0												0	285
Overtured		0												0	286
															287
ICRC Decisions before HPARB (Total current)														3	288
Appeals carried forward from prior period														3	289
New appeals filed with HPARB		0												0	290
Files where HPARB rendered decision		0												0	291
HPARB Decisions on ICRC Matters															292
Upheld		0												0	293
Returned		0												0	294
Overtured		0												0	295

Regulatory Activity	Openin	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.12 Regulatory Activity: HRT0 Matters															
Matters filed against the College															296
Matters in progress from prior period(s)		0												0	297
New matters		0	0											0	298
Matters where HRT0 rendered a decision		0												0	299
HRT0 Decisions on Matters															300
In favour of applicant		0												0	301
In favour of College		0												0	302
Matter settled/resolved		0												0	303



The College of Naturopaths of Ontario

Financial Report

For Q4 (January 1, 2026, to March 31, 2026)

Executive Summary

This financial report provides an overview of the College’s financial position at the end of the fiscal year, March 31, 2026. The financial performance of the College is 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. Summary of Year End Results
2. The Statement of Financial Position at March 31st, 2026, with notes.
3. Q4 Statement of Operations (January 1st, 2026, to March 31st, 2026).
4. Year End Statement of Operations (April 1st, 2025, to March 31st, 2026) with notes.
5. Comparative Statement of Operations to the previous year.

During Q4, revenue exceeded budget by \$23,525K (*Actual: \$150,241 vs. Budget: \$126,716*), while expenses were \$129,264 above budget (*Actual: \$1,116,932 vs. Budget: \$987,668*). The variance in expenses is primarily due to timing differences in expenditures with expenses deferred from previous quarters being realized in Q4. (*Refer to page 4 for the Q4 Statement of Operations.*)

Year-to-date (YTD), the College’s revenue exceeded budget by \$86K, and expenses were below budget by \$91K, resulting in a favorable variance of \$177K compared to the approved YTD budget at March 31, 2026.

Summary of Year End Results (Q1-Q4)

	Fiscal 2025-2026 YTD Results (Q1 - Q4)				
	Approved Fiscal Budget 2025-2026	YTD Budget (Q1-Q4)	YTD Actuals (Q1-Q4)	Variance	Q1-Q4 Variance
	\$	\$	\$	\$	%
TOTAL REVENUES	3,942,392	3,942,392	4,028,819	86,427	2%
TOTAL EXPENSES	4,465,254	4,465,254	4,373,739	(91,515)	-2%
EXCESS OF REVENUES OVER EXPENSES	(522,862)	(522,862)	(344,920)	177,941	-34%

1. Statement of Financial Position

STATEMENT OF FINANCIAL POSITION					
<i>As of March 31, 2026 (Q4)</i>					
ASSETS	NOTE	Fiscal 2025-26 As at March 31, 2026	Fiscal 2024-25 March 31 2025	Change in Financial Position	Variance %
		\$	\$	\$	%
Chequing / Savings					
Bank - Operating Funds		2,100,381	1,804,444	295,937	16%
Bank - Savings (Interest Bearing)		261,051	32,199	228,851	711%
Petty Cash		360	500	-140	-28%
Total Chequing / Savings	1	2,361,791	1,837,143	524,648	29%
Accounts Receivable					
Accounts Receivable		1,894,473	1,656,880	237,593	14%
Allowance for Doubtful Accounts		-56,834	-126,989	70,155	-55%
Ordered DC Costs		0	77,283	-77,283	-100%
Loan Receivable-CANRA		161,871	0	161,871	
Total Accounts Receivable	2	1,999,510	1,607,174	392,336	24%
Other Current Assets					
Prepaid Expenses	3	130,198	148,037	-17,840	-12%
Investment in Mutual funds	4	1,772,291	1,734,998	37,292	2%
Accrued Interest	4	0	8,376	-8,376	-100%
Investment in GIC	4	0	562,117	-562,117	-100%
Total Other Current Assets		1,902,489	2,453,529	-551,040	-22%
Fixed Assets					
Computer Equipment		124,248	111,471	12,777	11%
Furniture and Fixtures		157,257	157,257	0	0%
Accumulated Amortn - Computers		-100,729	-85,697	-15,032	18%
Accumulated Amortn - Furniture		-146,701	-138,677	-8,023	6%
Total Fixed Assets	5	34,075	44,354	-10,280	-23%
TOTAL ASSETS		6,297,864	5,942,199	355,665	6%
LIABILITIES AND EQUITY					
Accounts Payable					
Accounts Payable	6	361,072	95,448	265,624	278%
Credit cards		0	-1,447	1,447	-100%
Total Account Payable		361,072	94,001	267,072	284%
Other Current Liabilities					
Accrued Liabilities	6	163,397	178,307	-14,910	-8%
Deferred Income-Registration	7	3,853,839	3,271,944	581,895	18%
Deferred Income-Exams	7	63,525	35,400	28,125	79%
Deferred Income-Inspection	7	2,300	5,500	-3,200	-58%
Deferred Income-QA	7	1,000			
HST Payable	8	211,879	371,676	-159,797	-43%
Total Current Liabilities		4,657,013	3,956,827	700,185	18%
Equity					
Retained Earnings		-81,859	-84,062	2,203	-3%
Patient Relations Fund	9	90,385	90,385	0	
Business Continuity Fund	9	1,114,684	1,114,684	0	
Investigations and Hearing Fund	9	810,452	810,452	0	
Succession Planning Fund	9	52,110	52,110	0	
Profit for the year		-344,920	1,803	-346,723	-19234%
Total Equity		1,640,852	1,985,372	-344,520	-17%
TOTAL LIABILITIES AND EQUITY		6,297,864	5,942,199	355,665	6%

Notes to the Statement of Financial Position

The Statement of Financial Position provides a snapshot of the financial standing of the College at March 31, 2026.

1. **Cash** – Total cash balance is \$2,361,791. The net difference are funds received less normal operating YTD expenses (April 1st, 2025 – March 31, 2026). Bank statements were reconciled and reviewed for completeness.
2. **Accounts Receivable** – Accounts Receivable has a balance of \$1,999,510, which includes registration fees of \$1,894,473, less an allowance for doubtful accounts in the amount of \$56,834 and a loan from CANRA in the amount of \$161,871. The doubtful accounts allocation is based on 3% of the College's total accounts receivable. The registration fees collected at March 31, 2026, will be deferred into Q1 of our new fiscal year.
3. **Prepays** – The prepaid balance of \$130,198. This includes a standing rent deposit of \$15K, pro-rated CANRA membership fees in the amount of \$70K, pro-rated CNAR membership fees of \$8.2K, \$10.5k for contract fees related to exam maintenance and external communications, and a \$3K deposit for the hotel to host Council's annual in-person training and meeting. The remaining \$23K is a combination insurance and various software applications.
4. **Investments** – The College's Manulife Money Market fund increased by \$12K to \$1.77M in Q4. The cashable GIC, at the end of its term in November was liquidated into operations.
5. **Fixed Assets** – Total net book value of fixed assets is at \$34K. There were no purchases made this quarter. The decrease in the amount of \$13k is due to a year end depreciation adjustment for furniture, fixtures, and computer equipment.
6. **Accounts Payable and Accrued Liabilities** – **Accounts Payable** is \$361K which includes the Q4 HST remittance in the amount of \$211,879 (see note for HST Payable, below). The remaining \$136,124 is normal operating expenses as budgeted. **Accrued liabilities** are \$163K which includes employee vacation accruals (\$53,812). There is also an accrual of \$18,100 for audit, and a payroll accrual of \$91,404. The payroll accrual includes a partial pay period in March that will be paid out in April 2026.
7. **Deferred income** – In the amount of \$3,920,664, has an allocation of \$3,853,839 for registration renewal fees, \$63,525 for exams, \$2,300 for Inspections and \$1,000 for QA related fees. Monies for these activities have all been collected in Q4 and will be executed and recognized as revenue in Q1 of the next fiscal year (April 1, 2026-March 31, 2027).
8. **HST Payable** – In the amount of \$211,879 will be remitted to CRA primarily for registration funds received through the pre-authorized monthly payment plan ending in January 2026 and registration renewals. This amount is typically higher in Q4 due to the registration renewal period which occurs in the last quarter of the fiscal year.

9. **Reserved funds** – The reserve funds are adjusted at the end of the fiscal year, as per the approved reserve fund policies. As a result of the College’s year end deficit, there will be no adjustment to the reserve funds.

2. **Statement of Operations for Q4**

Statement of Operations
As of January 01-March 31, 2026(Q4)

	Q4 Results			
	Budget Q4	Actual Q4	Variance	Variance %
	\$	\$	\$	%
REVENUES				
Registration and member renewal fees	\$15,755	\$27,368	\$11,613	74%
Examination fees	\$48,020	\$52,025	\$4,005	8%
Assessment fees	\$0	\$3,500	\$3,500	0%
Incorporation fees	\$14,191	\$22,795	\$8,604	61%
Ordered costs recovered	\$11,500	\$8,500	-\$3,000	-26%
Inspection fees	\$20,500	\$24,500	\$4,000	20%
Interest	\$3,750	\$3,798	\$48	1%
Investment Income	\$13,000	\$7,756	-\$5,244	-40%
Miscellaneous	\$0	\$0	\$0	0%
TOTAL REVENUES	\$126,716	\$150,241	\$23,525	19%
EXPENSES				
Salaries and benefits	\$640,475	\$729,997	\$89,522	14%
Rent and utilities	\$49,602	\$46,048	-\$3,554	-7%
Office and general	\$55,837	\$84,519	\$28,682	51%
Consulting fees				
Consultants - general	\$3,075	\$2,430	-\$645	-21%
Consultants - complaints and inquiries	\$30,000	\$45,587	\$15,587	52%
Consultants - assessors/inspectors	\$10,200	\$10,912	\$712	7%
Exam fees and expenses	\$42,579	\$19,298	-\$23,281	-55%
Legal fees				
Legal fees - general	\$8,600	\$12,102	\$3,502	41%
Legal fees - complaints	\$19,750	\$9,224	-\$10,526	-53%
Legal fees - discipline	\$37,000	\$30,649	-\$6,352	-17%
Council fees and expenses	\$26,345	\$33,299	\$6,955	26%
Hearings (Discipline, Fitness to Practise)	\$4,180	\$911	-\$3,269	-78%
Amortization/Depreciation	\$20,554	\$13,163	-\$7,391	-36%
Insurance	\$8,931	\$8,949	\$18	0%
Equipment maintenance	\$15,340	\$14,113	-\$1,227	-8%
Audit fees	\$4,500	\$4,525	\$25	1%
Public education	\$9,879	\$50,317	\$40,438	409%
Education and training	\$500	\$433	-\$67	-13%
Postage & Courier	\$322	\$456	\$134	42%
TOTAL EXPENSES	\$987,668	\$1,116,932	\$129,264	13%
EXCESS OF REVENUES OVER EXPENSES	-\$860,952	-\$966,691	-\$105,739	12%

The Statement of Operations provides a report of all operating revenues and expenses for the fiscal year. For Q4, overall, revenue exceeded budgeted amounts by \$23,525 (*Actual: \$150,241 vs. Budget: \$126,716*) while expenses for the fourth quarter were \$129,264 over budget (*Actual: \$1,116,932 vs. Budget: \$987,668*) resulting in a net impact of (\$105,739) shortfall of 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 - March 31, 2026 (Q1-Q4)

		Fiscal 2025-2026 YTD Results - (Q1 - Q4)				Fiscal 24-25
Notes	Approved Fiscal Budget 2025-2026	YTD Budget (Q1-Q4)	YTD Actuals (Q1-Q4)	Variance	Q1-Q4 Variance	24-25 Actuals (Q1-Q4)
	\$	\$	\$	\$	%	\$
REVENUES						
	Registration and member renewal fees	3,436,580	3,485,320	48,740	1%	3,357,270
	Examination fees	273,980	322,770	48,790	18%	288,120
	Assessment fees	10,000	3,500	(6,500)	-65%	6,000
	Incorporation fees	49,632	53,229	3,597	7%	43,339
	Ordered costs recovered	23,000	16,000	(7,000)	-30%	0
	Inspection fees	82,000	88,600	6,600	8%	60,200
	Interest	15,000	14,383	(617)	-4%	12,443
	Investment Income	52,000	45,017	(6,983)	-13%	65,948
	Miscellaneous	200	0	(200)	-100%	45
10	TOTAL REVENUES	3,942,392	4,028,819	86,427	2%	3,833,365
EXPENSES						
	Salaries and benefits	2,685,472	2,747,083	61,611	2%	2,353,444
	Rent and utilities	202,004	188,684	(13,320)	-7%	183,864
11	Office and general	284,992	197,555	(87,437)	-31%	188,499
	Consulting fees					
	Consultants - general	47,925	49,716	1,791	4%	16,913
	Consultants - complaints and inquiries	129,000	130,806	1,806	1%	86,912
12	Consultants - assessors/inspectors	66,800	50,560	(16,240)	-24%	59,518
	Exam fees and expenses	267,337	259,845	(7,492)	-3%	249,422
	Legal fees					
	Legal fees - general	55,260	31,230	(24,030)	-43%	37,493
14	Legal fees - complaints	114,700	72,648	(42,052)	-37%	50,155
15	Legal fees - discipline	82,000	145,938	63,938	78%	287,875
	Council fees and expenses	206,875	205,306	(1,569)	-1%	68,078
16	Hearings (Discipline, Fitness to Practise)	8,360	9,789	1,429	17%	35,919
17	Amortization/Depreciation	20,554	23,056	2,502	12%	13,961
	Insurance	35,208	34,961	(247)	-1%	32,924
18	Equipment maintenance	61,560	52,582	(8,978)	-15%	47,252
	Audit fees	18,000	18,100	100	1%	17,700
19	Public education	165,656	147,257	(18,399)	-11%	53,664
20	Education and training	12,250	7,484	(4,766)	-39%	2,408
21	Postage & Courier	1,301	1,139	(162)	-12%	704
	TOTAL EXPENSES	4,465,254	4,373,739	(91,515)	-2%	3,786,705
	EXCESS OF REVENUES OVER EXPENSES	(522,862)	(344,920)	177,942	-34%	46,660

Notes to the YTD Statement of Operations (Q1-Q4)

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

10. Total Revenues – At the end of Q4, total revenues exceeded budget by \$86,427K primarily due to the number of registrations and examination candidate enrollments.

- Examination revenue exceeded budget due to the increased enrollment of candidates for the Biomedical exam.
- Peer and practise assessments were below budget with seven of the budgeted 20 being completed for this fiscal year.
- Ordered Costs ended the year below budget by 30%. The budget was based on the assumption that there would be two uncontested hearings held with ordered costs, however there was only one uncontested held with receipt of ordered costs.
- Investment income interest was \$6,983 below budget; this is attributed to our GIC renewal. At the end of its investment turn, \$562K was liquidated to offset the deficit.
- Miscellaneous income, which is a small budgetary allocation for any special, one-time fees, did not generate any revenue.

At the end of the fiscal year, the College exceeded its budgeted revenue by 2% (Actual \$4.028M vs Budget \$3.942M) of its total budgeted revenue.

11. Office and general (31% over budget) – This line item is comprised of various office expenses including office supplies, janitorial costs, costs associated with staff recognition events, translation costs, credit card fees, and photocopying costs. The increase in expenditures this quarter is due to credit card processing fees for registration renewals. This year's credit card fees were subject to a small increase resulting from raised processing interest rates (approximately 0.3% averaged across the different card types), which affected the cost of each credit card transaction. In addition, there was a year end adjustment made to the Bad Debit account in the amount of \$10,506 to write off stale registration fees (e.g., registration fees not collected in over two years).

12. Consulting fees – assessors/inspectors (24% below budget) – This account covers costs associated with activities conducted by assessors and inspectors for the College. While there were no Peer and Practise assessments budgeted for Q4, seven were completed. For inspections, a total of nine were budgeted: five new premise inspections and four 5-year inspections. At the end of Q4, a total of three new premise inspections, six partial new premise inspections (Part 1 only), and one 5-year inspection were completed.

13. Legal fees – general (43% below budget) – This account covers costs associated with legal advice for all College activities, except for complaints and discipline. This quarter, operations and registration (entry to practise) incurred costs that were processed. No other departments utilized any legal services this quarter.

Notes to the YTD Statement of Operations (Q1-Q4) continued:

- 14. Legal fees – complaints** (37% under budget) – In total the number of complaints and reports on which legal advice was required was less than anticipated.
- 15. Legal fees – discipline** (78% above budget) – This account represents legal costs for discipline matters, including prosecution costs and the costs associated with independent legal counsel. In Q4, legal work continued on two active appeal files.
- 16. Hearings** (17% above budget) – There were no hearings held in Q4. The noted variance is the result of preparatory work; a pre-hearing conference and uncontested hearing held in Q3.
- 17. Amortization/Depreciation** – (12% over budget) This expense allocation is adjusted annually at the end of our fiscal year. This line item is slightly higher than budgeted as the College was required to purchase additional IT equipment resulting from the Windows 11 upgrade.
- 18. Equipment maintenance** (15% below budget) – A cost savings for equipment maintenance occurred at the end of the year due to the decreased amount of IT onboarding programing fees and the re-negotiation of a new leased photocopier.
- 19. Public education** (11% below budget) – This quarter the balance of the website redevelopment project was processed.
- 20. Education and training** (39% below budget) – Every year the College budgets for staff professional development, including mandatory training. However, the time when staff undertake approved professional development activities varies throughout the fiscal year. In Q4 one staff member completed professional development training. Costs were also incurred for regular cyber awareness training for all staff.
- 21. Postage and Courier** (12% below budget) – The College’s postage machine is replenished on an as needed basis, with the majority of college communications being sent electronically. In Q4, the postage machine balance was replenished.

At March 31, 2026, the College ended its fiscal year with a deficit of (\$344,920) vs a budgeted deficit of (\$522,862).

This financial report was presented to the Finance, Audit and Risk Committee on May 13, 2026. The recommendation of the Committee, following their review and discussion, is that Council accept the report.

End of report



The College of Naturopaths of Ontario

MEMORANDUM

DATE: May 14, 2026

TO: Council members

FROM: Mr. Barry Sullivan
Vice Chair, Governance Committee

RE: Proposed Amendments
Governance Process Policies – Part 3 (Committee Terms of Reference)

The Governance Committee (GC) last met on May 11, 2026, and completed its' review of the Governance Process Policies – Part 3 (Committee Terms of Reference), per its' regular Governance policies review schedule and Governance policy GP36. This included review of the feedback submitted by individual Council and Committee members. As a result, the Committee is recommending the following amendments for Council's consideration and approval.

1. Proposed Amendments

CC04 – Governance Committee

The Committee reviewed the Terms of Reference and agreed to remove the reference to the word 'district' in the first bullet point of the Appointment and Composition section.

Recommendation: For the bullet point to now read as:

'One or more Council members who are not seeking re-election to the Council in the year in which they sit on the Committee'

SC01 – Discipline Committee

The Committee read through the Terms of Reference for the Discipline Committee and agreed it would be beneficial to include a new Exclusions section, to follow the Appointment and Composition section.

Recommendation: For the Exclusions section to read as:

'Any person who is appointed to the Inquiries, Complaints and Reports Committee (ICRC) shall not be eligible for appointment to the Discipline Committee.'

SC04 – Inquiries, Complaints and Reports Committee

After reviewing the Terms of Reference for the ICRC, the Committee agreed it would be beneficial to include a new Exclusions section to follow the Appointment and Composition section.

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Recommendation: For the Exclusions section to read as:

‘Any person who is appointed to the Discipline Committee shall not be eligible for appointment to the Inquiries, Complaints and Reports Committee.’

2. Minor Grammatical Changes

During the committee’s review of the Terms of Reference, the need for various minor grammatical changes was also identified, as noted below.

- i. CC03 – Exam Appeals Committee
 - a. Minor formatting change.
- ii. CC04 – Governance Committee
 - a. In the Responsibilities section:
 - i. In the second bullet point change the word from 'Overseeing' to 'Oversee'.
 - ii. In the third bullet point, change the word from 'Overseeing' to 'Oversee'.
 - iii. In the fourth bullet point, change the word from 'Planning' to 'Plan'.
 - iv. In the fifth bullet point, change the words 'Managing' to 'Manage' and 'overseeing' to 'oversee', as well as 'Board' to be 'Council'.
 - v. In the sixth bullet point, change the word from 'Ensuring' to 'Ensure'.
 - vi. In the seventh bullet point, change the word from 'Ensuring' to 'Ensure'.
 - b. Various minor formatting changes.
- iii. SC02 – Executive Committee
 - a. Removal of 'and' to make the sentence complete within the Responsibilities section.

Respectfully submitted.

COMMITTEE TERMS OF REFERENCE

Section Governance Process	Committee Examination Appeals Committee (CC03.098)	Page 1
		Create Date November 5, 2013

Authority and Accountability	The Examination Appeals Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the bylaws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Examination Appeals Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	The Examination Appeals Committee shall: <ul style="list-style-type: none"> • Advise on and recommend to the Council policies and procedures governing the examination appeals process, such that all recommendations ensure the policies are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment to equity, diversity, inclusion and belonging; • Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments; • Receive, review and dispose of appeals filed by candidates of all examinations set and approved by the Council, including but not necessarily limited to the following examinations: <ul style="list-style-type: none"> ○ Clinical Sciences, ○ Biomedical, ○ Clinical (Practical), ○ Intravenous Infusion Therapy, and ○ Therapeutic Prescribing; and
Appointment and composition	The Examination Appeals Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: <ul style="list-style-type: none"> • Up to but no more than one Council member, • Any number of registrants, and • Any number of Public Representatives as defined in the by-laws. <p>A Committee Chair, and where deemed necessary by the Council a Committee Vice-Chair, shall also be appointed by the Council.</p>
Term of Office	The Examination Appeals Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.

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COMMITTEE TERMS OF REFERENCE

Section Governance Process	Committee Examination Appeals Committee (CC03.098)	Page 2
		Create Date November 5, 2013

Meetings	<p>The Examination Appeals Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Examination Appeals Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer, an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

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Section	Committee	Page
Governance Process	Governance Committee (CC04.0809)	1
		Create Date November 5, 2013

Authority and Accountability	The Governance Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and GP06 - Committee Principles of the Council governing policies. The Committee is accountable directly to the Council of the College.
Limitations	The Governance Committee shall only exercise the authority and fulfill the duties and responsibilities authorized in the by-laws and by these Terms of Reference.
Responsibilities	<p>The Governance Committee shall:</p> <ul style="list-style-type: none"> • Review the Council’s governance policies, principles and practices and make recommendations regarding the Council approach to governance matters, amendments to governance policies and the creation of new policies when warranted. • Overseeing the process for nominating individuals to the Council with a view to ensuring that the Council reflects the people of Ontario and draws upon the diversity and expertise of its members. This includes but is not necessarily limited to: <ul style="list-style-type: none"> ○ Upon a referral from the Council, hold an inquiry into the validity of the election of a Council member and make a report and recommendations to the Council, and ○ Review and make a final ruling on any disputes regarding a Registrant’s eligibility to vote in an election (s.10.07 of the bylaws). • Overseeing the College’s competency-based volunteer program for Council and Committees recruitment, review, training, evaluation, and recognition of volunteers. • Planning for succession of the chair of the Council (the “Council Chair”). • Managing and overseeing the process for evaluating the overall performance of the Council Board and its committees on an annual basis. • Ensuring that there is an effective process in place for the identification and management of real, potential or perceived conflicts of interest. • Ensuring that the College has an effective program relating to diversity, equality, inclusion and belonging.
Appointment and Composition	<p>The Governance Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include:</p> <ul style="list-style-type: none"> • One or more Council members who <u>are not seeking re-election to the</u>

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.0809)	2
		Create Date November 5, 2013

	<p>Council in the year in which they sit on the Committee, so district is not open for election in the year on which they sit on the Committee,</p> <ul style="list-style-type: none"> • One or more registrants who are not seeking election to the Council in the year on which they sit on the Committee. • Any number of Public Representatives as defined in the by-laws. <p>A Committee Chair and, where deemed necessary by the Council, a Committee Vice Chair <u>Vice Chair</u>, shall also be appointed by the Council.</p>
Panels	The Governance Committee may meet in panels. Any panel of the Committee shall be appointed by the Committee Chair and shall be comprised of three Committee members, at least one of whom shall be a Public member or Public Representative. The Committee Chair shall designate one panel member as the Chair of the Panel.
Term of Office	<p>The Governance Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.</p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.</p>
Meetings	<p>The Governance Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>If the Committee Chair is unable to preside at a duly called meeting, the Vice Chair <u>Vice Chair</u>, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Governance Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for Panels	Quorum for a panel of the Governance Committee shall be any two Committee members appointed to the panel.
Reports	The Committee Chair, on behalf of the Committee, shall provide to the Chief Executive Officer an Annual Report on the performance of its

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COMMITTEE TERMS OF REFERENCE

Section Governance Process	Committee Governance Committee (CC04.0809)	Page 3 Create Date November 5, 2013
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	<p>responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>
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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.098)	1
		Create Date
		July 30, 2013

Authority and Accountability	The Discipline Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Discipline Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference,
Responsibilities	The Discipline Committee shall: <ul style="list-style-type: none"> • Develop and maintain policies and procedures governing the process for adjudicating disciplinary matters referred to it by the Inquiries, Complaints and Reports Committee; • Bi-annually review the Discipline Rules of Procedure; • By way of panels appointed by the Committee Chair, conduct hearings into allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee. • Ensure that the policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging.
Appointment and Composition	The Discipline Committee shall be appointed by the Council and shall be comprised of no fewer than five but as many individuals as the Council may deem appropriate, such that the Committee members include: <ul style="list-style-type: none"> • At least one Council member who is a registrant and any number of additional registrants who are Council members, • Two or more Council members who are Public members, • Two or more registrants who are not Council members, and • Any number of Public Representatives as defined in the by-laws. <p>The Council shall appoint a Committee Chair, and where deemed necessary, a Committee Vice Chair.</p>
Exclusions	<u>Any person who is appointed to the Inquiries, Complaints and Reports Committee (ICRC) shall not be eligible for appointment to the Discipline Committee.</u>
Panels	The Discipline Committee may meet in panels. Any panel of the Discipline Committee shall be appointed by the Committee Chair and shall include a minimum of three but no more than five members of the Committee, at least two of whom shall be Public members and one of whom shall be a registrant who is a Council member. When appointing a panel, the

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Section Governance Process	Committee Discipline Committee (SC01.098)	Page 2
		Create Date July 30, 2013

	Committee Chair shall designate one panel member as the Chair of the Panel.
Term of Office	<p>The Discipline Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.</p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of.</p>
Meetings	<p>The Discipline Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice Chair, if one is appointed, shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Discipline Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for panels	Quorum for a panel of the Discipline Committee shall be three members on the panel, at least one of whom shall be a Public member (s38(5) of the Code).
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair may also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

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Section	Committee	Page
Governance Process	Executive Committee (SC02.065)	1
		Create Date July 30, 2013

Authority and Accountability	The Executive Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA"), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	Notwithstanding section 12(1) of the Code which authorizes the Executive Committee, between meetings of the Council, to have all of the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law, it is the explicit desire of the Council that the Executive Committee only exercise its authority on matters that are deemed urgent matters by the Council Chair.
Responsibilities	The Executive Committee shall exercise the authority of the Council on urgent matters as determined by the Chair of the Committee, subject to the limitations set out in the Code and in these terms of reference, and
Appointment and composition	Pursuant to sections 13.01 and 13.08 of the By-laws of the College of Naturopaths, the Executive Committee shall be comprised of the Council Chair, Council Vice-Chair, and three Officers-at-Large as elected by Council from among the Council members. Of the five elected Committee members, three shall be registrants and two members shall be Public Members. The Council Chair shall serve as the Chair of the Executive Committee.
Term of Office	The Executive Committee shall be elected annually from among the Council members.
Meetings	The Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period. In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice-Chair shall preside. Otherwise, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from among the Committee members present.
Quorum	Pursuant to section 12.06 of the by-laws, quorum for meetings of the Executive Committee shall be three members of the Committee, at least one of which shall be a Public member of the Council.

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Section	Committee	Page
Governance Process	Executive Committee (SC02.065)	2
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Notice of Meeting	When the Council Chair determines that a matter is urgent and calls a meeting of the Executive Committee, the Council Chair shall serve notice to the Council members of the date and time of the meeting.
Disclosure	<p>The Council Chair shall ensure that the notice, along with any materials to be considered by the Executive Committee are posted to the College’s website in advance of the meeting and as soon as it is practicable to do so, subject to materials being withheld pursuant to section 7(2) of the Code.</p> <p>Minutes of Executive Committee meetings, except any portion of the meeting minutes where matters set out in section 7(2) of the Code are addressed, shall also be posted to the College’s website as soon as practicable after they are approved by the Executive Committee. Where the Executive Committee cites section 7(2), an explanation of the rationale shall be provided within the minutes of that meeting.</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>

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Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.098)	1
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Authority and Accountability	The Inquiries, Complaints and Reports Committee is a statutory committee of the Council of the College of Naturopaths of Ontario. It is established pursuant to section 10(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 of the <i>Regulated Health Professions Act, 1991</i> (the "RHPA), section 12.01 of the by-laws and GP06 - Committee Principles of the Council governing policies.
Limitations	The Inquiries, Complaints and Reports Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the <i>Regulated Health Professions Act, 1991</i> or under these Terms of Reference.
Responsibilities	The Inquiries, Complaints and Reports Committee shall: <ul style="list-style-type: none"> • Administer the Complaints and Reports Program and, as such, develop and maintain policies and procedures governing the program. • Establish panels, as necessary from time to time to investigate complaints, consider reports into the conduct and/or capacity of Registrants in accordance with the Health Professions Procedural Code. • Ensure that the program policies and procedures are transparent, objective, impartial, and fair, free of discrimination and bias and support the Council's overall commitment with respect to equity, diversity, inclusion and belonging.
Appointment and composition	The Inquiries, Complaints and Reports Committee shall be appointed by the Council and shall be comprised of no fewer than three but as many individuals as the Council may deem appropriate, such that the Committee members include: <ul style="list-style-type: none"> • At least one Council member who is a Public member and any number of additional Council members, • One or more registrants who are not Council members, and • Any number of Public Representatives as defined in the by-laws. <p>The Council shall appoint a Committee Chair, and where deemed necessary a Vice Chair.</p>
<u>Exclusions</u>	<u>Any person who is appointed to the Discipline Committee shall not be eligible for appointment to the Inquiries, Complaints and Reports Committee.</u>
Panels	The Inquiries, Complaints and Reports Committee may meet in panels. Any panel of the Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three

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Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.098)	2
		Create Date July 30, 2013

	<p>members of the Committee, one of whom shall be a Public member of the Council.</p> <p>When appointing a panel, the Committee Chair shall designate one panel member as the Chair of the Panel.</p>
Term of Office	<p>The Inquiries, Complaints and Reports Committee members shall be appointed for approximately one year and may be re-appointed annually by the Council, at its sole discretion.</p> <p>The term of office of any panel appointed by the Committee Chair shall be until the matter referred to it has been disposed of. A Panel member may not continue with a matter after that Panel member's term has ended. If a Panel has not concluded a matter before a Panel member's term ends, the remaining Panel members may continue to deal with the matter if quorum exists or the Chair of the Committee may appoint a new Panel.</p>
Meetings	<p>The Inquiries, Complaints and Reports Committee shall meet on a date and at a time set by the Committee Chair at least ten days in advance of the meeting date unless a majority of Committee members agree to a shorter period.</p> <p>In the event that the Committee Chair is unable to preside at a duly called meeting, the Vice Chair shall preside at the meeting. If neither the Chair nor the Vice-Chair can preside, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected by and from the Committee members present.</p>
Quorum	<p>Pursuant to section 12.06 of the by-laws, quorum for meetings of the Inquiries, Complaints and Reports Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.</p> <p>In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.</p>
Quorum for panels	<p>Quorum for a panel of the Committee shall be three members of the panel (s 25(3) of the Code).</p>
Reports	<p>The Committee Chair, on behalf of the Committee, shall provide the Chief Executive Officer an Annual Report on the performance of its responsibilities and outcomes of its activities for the period of April 1st of the previous year to March 31st of the current year, subject to any requirements</p>

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Section Governance Process	Committee Inquiries, Complaints and Reports Committee (SC04.098)	Page 3 Create Date July 30, 2013
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	<p>of the <i>Regulated Health Professions Act, 1991</i>. The Annual Report shall be submitted on a schedule determined by the Chief Executive Officer.</p> <p>The Committee Chair shall also submit a bi-monthly report to the Council addressing matters of importance to the Committee, including but not necessarily limited to volunteer resources, attendance issues, trends in activities before the committee and volume of work.</p>
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The College of Naturopaths of Ontario

BRIEFING NOTE Committee Appointments

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

OUTCOME Decision

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

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

BACKGROUND:

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

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

Committees are populated by appointment of the Council of the College. All appointments are made for approximately one year or until the appointments are considered by Council at its May meeting annually. The last large group of appointments were made in May 2025.

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

DISCUSSION POINTS:

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

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

This year volunteers were restricted to no more than three committee appointments. This is intended to ensure that volunteers can focus on the work without being spread too thinly among the work of the College.

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

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

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

Attached to this briefing and redacted from the publicly released materials is a list of the appointments being sought.

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

ANALYSIS

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

- Operational risk:
 - People – While another matter before the Council focuses on the competencies of those who work for the College, the risk embodied with this item is whether the College has a sufficient number of people to staff its Committees.
 - Systems- ensuring that each Committee has a minimum number of volunteers appointments assigned to guide deliberations.
 - External events – The College and the profession continue to be impacted by COVID-19 which makes decisions on long term volunteering difficult.
- Strategic risk:
 - Demographics – It is assumed based on anecdotal evidence that many of the potential volunteers do not participate because of the demographics of the profession. The profession is predominantly female and a sizeable portion of them are at the stage of their life where their focus is also on family.

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

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

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

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

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

RECOMMENDATIONS

The Council is asked to appoint the list of individuals set out in the document titled “*Proposed Committee Appointments May 27, 2026 to May 26, 2027*” which is attached to this briefing note.

Andrew Parr, CAE
Chief Executive Officer
May 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.



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



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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

BRIEFING NOTE

Educational Briefing - Complaints and Reports Processes

BACKGROUND

The College of Naturopaths of Ontario is established under the *Naturopathy Act, 2007* and the *Regulated Health Professions Act, 1991*. Its duty, as set out in the legislation, is to serve and protect the public interest. Its mandate is to support patients' rights to receive safe, competent, and ethical naturopathic care.

The College achieves its mandate by performing four key functions.

1. **Registering Safe, Competent, and Ethical Individuals** - The College establishes requirements to enter the practice of the profession, sets and maintains examinations to test individuals against these requirements, and register competent, ethical and qualified individuals to practise naturopathy in Ontario.
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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.

The focus of this briefing is on the Complaints and Reports program and processes of the College.

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Complaints and Reports Program

The Complaints and Reports Program is the primary method by which the College responds to concerns about the practice, conduct or health of a Registrant in instances where they may have failed to meet the standards of the profession. These concerns can be raised by formal complaints, reports filed by regulated health professionals, employers or other organizations or as the result of investigations initiated by the College's CEO. The formal process for investigation of a complaint is outlined in the *Regulated Health Professions Act*. Each step of the complaints and reports process is designed to ensure fairness to both the person filing the complaint, and the ND named in the complaint. Although the College investigates all complaints received, the RHPA does permit the Inquiries, Complaints and Reports Committee (ICRC) to take no action if it considers the complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of power.

The ICRC is responsible for overseeing the investigation of inquiries, concerns or reports regarding the conduct and/or competence of Registrants. An investigation may include appointing formal investigators to obtain records, interviewing parties or witnesses, collecting any relevant documentation.

The ICRC is composed of Naturopathic Doctors, appointed public members and representatives of the public. The Committee works in panels of no less than three people, one of which must be a public member.

The ICRC does not have the authority to order monetary compensation or process anonymous complaints.

Complaint Process

Given the importance of the Complaints Program to the College's mandate and to the Registrants against whom allegations may be made, the Complaints Process can be complex and depending on the nature and complexity can take a great deal of time. The *Regulated Health Professions Act* requires that investigations of complaint be completed within 150 days of it being filed with the College. Should more time be necessary the College is required to send regular notifications to the Health Professions Appeal and Review Board, as well as both the complainant and Registrant, explaining the reason for the delay and the anticipated date of completion.

The Complaints and Reports process begins when the College receives information that a Registrant may have committed acts of professional misconduct and/or incompetence. This can be in the form of a formal complaint, which can be filed at any time and by any person including but not limited to patients, other health professionals, Registrants or any member of the public. All complaints must be submitted to the College in writing or recorded in video or audio format. Complaints must include:

- The name of the naturopathic doctor.
- The Complainant's name and contact information.
- Details of the problem or concern, including specific places, dates and issues that occurred, etc.
- The names of other individuals or witnesses who may be able to provide the College with more information.
- Any other information that may help the ICRC process the complaint.

Outside of a formal complaint sometimes information is brought to the attention of the College from a variety of other sources. This information might include a criminal case being reported in the newspaper or information provided by an employer or insurance company who may choose not to file a formal complaint or go through the complaints process. In these situations, the CEO will consider the

information and College staff will verify the information if possible. If there are reasonable and probable grounds to believe that a Registrant has committed acts of professional misconduct or is incompetent and the CEO determines that action is needed, with the approval of the ICRC, the CEO may appoint an investigator to collect information about the matter and file a Report with the ICRC.

The following is a general outline of the stages of a Complaint/Report process. As a part of its transparency initiatives, the College publishes anonymized summaries of outstanding complaint and report investigations on its website.

Stage 1: Notice of Complaint/Report

Within 14 days of receipt of a complaint or a report, the College issues a notice of complaint/report to the Registrant in question. The Registrant may make a written submission to the ICRC within 30 days of the date of the notice.

Stage 1a: Interim Order

In extreme situations after receiving a complaint or appointing an investigator, a Panel of the ICRC may make an interim order to suspend or impose terms, conditions or limitations on a Registrant's certificate of registration if it believes that the Registrant's conduct is likely to expose patients to harm or injury. If an interim order is being contemplated, the Registrant will typically receive notice about the intention to impose an interim order and provided an opportunity to respond. In certain circumstance, a Panel of the ICRC may impose an interim order without notice where it believes that urgent intervention is required. Where an interim order is made, the information is posted on the public register.

Stage 2: Additional comments from complainant (Complaints ONLY)

The Registrant's response is provided to the complainant who may provide comment. Should new information or allegations be raised in the response, the information will again be provided to the Registrant for comment.

Stage 3: Review by ICRC

Once all documentation and relevant information have been collected from the parties and possible witnesses, the matter is reviewed by a panel of the ICRC. The Panel conducts a thorough review of the information and considers whether there are any additional documents that should be obtained or any other witnesses who should be approached and interviewed.

Stage 3a. Expert Opinion

Where unwritten standards of practice within the profession are an issue, the Panel may retain a knowledgeable member of the profession to provide an expert opinion. Similarly, experts in document analysis, digital forensics, mental health or other disciplines may be required in some cases.

Stage 3b: Formal Investigation (Complaints ONLY)

In some circumstances the Panel may request that the CEO appoint a formal investigator, who has the power to:

- Enter the Registrant's place of practice and examine records or equipment and, where necessary, copy or remove them;
- Summons witnesses or documents; and

- Obtain and enforce a search warrant.

Stage 4: Decisions and Reasons

Once the investigation is completed the ICRC reviews all available materials and deliberates on the potential outcomes of the complaint/report. A written decision and the reasons for the decision are provided to both the complainant and the Registrant except where the matter has been referred to the Discipline Committee or to another panel of the ICRC to conduct health inquiries.

A panel of the ICRC, after investigating a complaint or report, may do any one or more of the following:

Take no action

If the conduct and/or actions meet reasonable and acceptable standards of practice, or if there is insufficient information to support the allegations, the Committee may decide to take no action.

Issue a Letter of Counsel

A Letter of Counsel is a communication of the ICRC's expectations for corrective action on behalf of the Registrant, and may include advice, guidance and recommendations to review particular standards or publications.

Oral Cautions

An Oral Caution requires the Registrant to appear before a panel of the ICRC to be cautioned about their practice or conduct. The RHPA requires the details of all Oral Cautions to be listed on the Public Register.

Specified Continuing Education or Remediation Program (SCERP)

A SCERP requires the Registrant to successfully complete an educational or remediation program specified by the ICRC. SCERPs may include educational training, self-directed learning, inspections and/or assessments. The RHPA requires the details of all SCERPs to be listed on the Public Register.

Discipline Committee Referrals

Where the allegations are sufficiently serious and information exists to support the allegations, a Panel of the ICRC may refer the matter to the Discipline Committee to hear specified allegations of professional misconduct or incompetence. All referrals to the Discipline Committee including the Specified Allegations are listed on the Scheduled Hearings page of College's website and posted on the Public Register.

Health Inquiry Referrals

Where a panel of the ICRC investigating a complaint or report believes that the Registrant may have a physical or mental condition which prevents them from providing safe, ethical and competent care, they may refer the matter to another panel of the ICRC for investigation of possible mental or physical health concerns that might interfere with their ability to practise. The Health Inquiry Panel may require an independent medical examination of the Registrant. If the Registrant is considered to be incapacitated, the panel may refer the matter to the Fitness to Practice Committee who may suspend, attach specific

limitations or revoke a certificate of registration. Information about incapacity proceedings and decisions regarding a Registrant's capacity are not published publicly. However, if their ability to practise has been restricted, that information is made available on the public register.

Stage 5: Implementation of the Outcomes

The College monitors compliance with all ICRC outcomes. If a Registrant fails to comply with a decision of the ICRC, the CEO of the College, with the approval of the ICRC may appoint an investigator to inquire into the Registrant's actions and the reasons for non-compliance.

Reviews by Health Professions Appeal and Review Board (HPARB)

Either the complainant or Registrant may request any of the decisions in complaint matters, except for a Referral to the Discipline or Fitness to Practice Committee, be reviewed by HPARB. The Board is an independent body established by the provincial government and is made up on non health care professionals. Following a review HPARB may:

- Confirm the Committee's decision;
- Refer the matter back to the Committee for further investigation;
- Require the Committee to take a specific action;
- Make recommendations to the Committee.

Importance of this Program

The College's Complaints and Report program is a critical aspect of self-regulation and maintaining the trust of the public. It can be a lengthy and costly process as each complaint and report is thoroughly investigated, reviewed, and considered. Each matter is unique and as such there is complexity in the administration of the ICRC's functions.

The Complaints and Reports Program is the primary method by which the College responds to concerns about the practice, conduct or health of a Registrant in instances where they may have failed to meet the standards of the profession and ensures that Registrants provide safe, competent and ethical care.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO, Regulation

May 2026



The College of Naturopaths of Ontario

BRIEFING NOTE

Educational Briefing - Discipline Processes

BACKGROUND

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Other elements that will arise within the regulatory framework include "right touch regulation", using the approach that is best suited to the situation to arrive at the desired outcome of public protection, and

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risk-based regulation, focusing regulatory resources on areas that present the greatest risk of harm to the public. Both of these will be further elaborated upon in later briefings.

The focus of this briefing is on the discipline program and processes of the College. It is presented as a natural follow on the Complaints and Reports program and processes.

Discipline Program

The Discipline Program is the primary vehicle through which the College holds Registrants accountable for their conduct and competence. The Discipline Program involves a minimum of three parties.

1. The College of Naturopaths of Ontario – as the regulatory authority, the College has the responsibility to set out specific allegations against a Registrant and to present the evidence in support of those allegations as part of its prosecution of the Registrant. The College is represented by the Chief Executive Officer and by General Counsel of the College. “The prosecution.”
2. One (or more) Registrants of the College – as the individuals who are regulated, Registrants are a party to the Discipline Program as they have the right to defend themselves against the allegations set out by the College. The Registrants are typically (though not always) represented by Legal Counsel and together, they are “The defence.”
3. Discipline Committee (a Panel thereof) – the Discipline Committee of the College is independent of the College (although many Council members will sit on the Committee). It will be made up of a minimum of three and a maximum of five individuals, two of which must be Public members (individuals appointed to the Council by the Government), and one of which must be a Professional member from the Council. The remaining two individuals may be any of Public members, professional members of the College (Registrants) or Public Representatives appointed by the Council as set out in the by-laws. The Panel is “The Jury.”

Notwithstanding the imagery evoked by the terms “Prosecution”, “Defence” and “Jury”, the matter is not a criminal proceeding but rather, a civil one. In a disciplinary matter brought before a panel of the Discipline Committee, the College is responsible for presenting sufficient evidence to “prove” its case. The burden of proof is “on the balance of probabilities”, that is, having weighed the evidence, that the Registrant is more likely than not to have committed acts of professional misconduct or demonstrated incompetence. This is different than a criminal matter where the burden of proof is “beyond a reasonable doubt”.

A discipline hearing is conducted in a formal quasi-judicial setting which is held virtually with all parties present. Evidence is presented under oath and witnesses are called before the Panel and subject to examination and cross-examination.

If the “prosecution” can prove the allegations, the Panel of the Discipline Committee will make a finding of either professional misconduct or incompetence, or both. The Panel will issue a decision and reasons for that decision and they will set out a penalty in the form of an order from the Panel.

In addition to the penalty that can be imposed by the Panel, the Panel may also impose “costs” on the Registrant, that is, the Panel can order that the Registrant reimburse the College for part of its costs of the investigation, its legal costs and hearing costs. Where a finding of professional misconduct has been made that relates to sexual abuse, the Panel can also order the Registrant to reimburse the College for funding provided to patients for counseling in sexual abuse.

Both the Registrant and the College have the right to appeal a Discipline Committee decision to the Superior Court of Justice.

Discipline Process

Given the importance of the Discipline Program to the College's mandate and to the Registrants against whom allegations may be made, the Discipline Process is quite complex and can take a great deal of time. Due process requires that the Registrant have sufficient time to mount a defence of the allegations while the College has an obligation to both the public and the Registrant to ensure that the process is timely.

The discipline process begins when the Inquiries, Complaints and Reports Committee (ICRC) refers specified allegations of professional misconduct and/or incompetence to the Discipline Committee for a hearing. The ICRC will make such a referral only after they have completed a fulsome investigation into either a complaint filed against a Registrant or an inquiry initiated by the CEO. The ICRC will have considered, among other things, the public interest, the risk of harm posed to the public and the likelihood of success within the discipline program. The ICRC is required to be very specific in the allegations referred to the Discipline Committee and once made, additional allegations cannot be raised as part of the discipline program.

The following is a general outline of the stages of a disciplinary matter involving a Registrant of the College. As a part of its transparency initiatives, the College ensures that the public is aware of the status of each matter being brought before the Discipline Committee.

Stage 1: Notice of Hearing and Disclosure

Legal Counsel for the College will, based on the referral of the specified allegations, draft the Notice of Hearing. Once signed by the CEO, the Notice of Hearing, Rules of Procedure of the Discipline Committee, and the Disclosure (which is all of the information the College has that is relevant to the allegations) will be sent to the Registrant or the Registrant's Legal Counsel, if one is appointed.

Stage 2: CEO and Legal Review

The CEO of the College is purposefully not directly involved in matters under investigation by the ICRC. This ensures that when a matter is referred by the ICRC to the Discipline Committee, the CEO who is responsible, along with Legal Counsel, for taking the matter before the Discipline Committee does so with a fresh look and without any potential bias.

In this stage, the CEO and Legal Counsel will review the allegations, the evidence in support of the allegations, witness statements and expert opinions to determine how the College wishes to proceed with the Discipline Hearing.

Also in this stage, Legal Counsel will prepare a memorandum to the CEO setting out the range of penalties that might be imposed in the matter and the case law from other regulatory authorities that support the range of penalties. Legal Council will also begin drafting an Agreed Statement of Fact (ASF) and Joint Submission on Penalty (JSP) for use later in the process.

Stage 3: Pre-Hearing Conference (PHC)

In accordance with the Rules of Procedure of the Discipline Committee, a Pre-hearing Conference (PHC) is held. The PHC is chaired by an independent person familiar with discipline proceedings before regulatory bodies or a member of the Discipline Committee appointed by the DC Chair.

At the PHC, the College presents an overview of its case and the Registrant or their Legal Counsel presents their defence. The PHC Chair will review the evidence and advise the parties about the

strengths of their cases and areas where they may be weak. The Chair will also, based on their experience in discipline matters, provide the parties with advice as to whether the case might lead to a finding against the Registrant.

The parties also often engage in discussions surrounding whether a settlement is possible. A settlement occurs when the Registrant agrees to some or all of the allegations against them and when both the College and the Registrant can agree on a penalty. A settlement is seen as serving the public interest as it will result in an admission by the Registrant, an agreement on penalty and remediation and potentially limits on the Registrant's practice, either temporary or permanent.

Legal counsel for the College will present to the PHC Chair and the Registrant a draft Agreed Statement of Facts (ASF) and Joint Submission on Penalty (JSP) at the PHC in an attempt to facilitate settlement.

Stage 4: Setting a Hearing Date/Appointing Discipline Panel

Following the PHC and based on the outcome of on-going settlement discussions, both parties will ask the Chair of the Discipline Committee to appoint a panel to hear the matter and to set the date(s) for a hearing.

Although the Notice of Hearing is publicly released and the referral information about the matter is posted to the College's website, the Discipline Committee has not yet been involved while the preliminary stages are completed.

The Discipline Committee Chair will canvass members of the Committee to ensure that no one who has a conflict of interest with the Registrants against whom the allegations are made is potentially appointed to the Panel. The Chair will then appoint a Panel as well as a Panel Chair.

Stage 5: The Hearing

At this stage, the panel appointed by the Chair of the Discipline Committee will be convened for one or more days during which they will be presented with evidence in support of the allegations by the College and with the defense case for the Registrant. A hearing has the following components:

- a. Presentation of the case by the College and the defense by the Registrant.
- b. Verbal decision and reasons on the allegations by the panel.
- c. If a finding of professional misconduct or incompetence is made, submissions by the College and Registrant on penalty.
- d. Verbal decision and reasons on penalty.
- e. Submissions on costs by the College and Registrant.

In an uncontested, single day hearing the College and the Registrant present the ASF, the fact relating to the allegations against the Registrant as well as a joint submission on penalty and proposed costs. More information about the settlement process is provided below.

In a contested hearing, the panel typically issues initial verbal decisions. If a finding of professional misconduct or incompetence is made, the panel will ideally proceed as soon as time permits to hear submissions on penalty. If the College is also seeking costs, these submissions will occur after the submissions on penalty as costs are not part of the penalty. After hearing these submissions, the panel will usually (although not in every case) issue a verbal decision and a written order on penalty and, if applicable, costs.

Stage 6: Decision and Reasons

After the hearing has concluded, the Panel will draft the written Decision and Reasons. This document, once finalized, is formally issued by the Panel to the College, the Registrant and the Complainant (if applicable) and is also released publicly by the College on its website and through The Canadian Legal Information Institute (CanLII), a subsidiary of the Federation of Law Societies of Canada.

If either the Registrant or the College does not agree with the Decision and Reasons as issued by the Discipline Panel, either may appeal the outcome to the Superior Court of Justice for Ontario.

Stage 7: Implementation

If the Panel finds that the Registrant had committed acts of professional misconduct or incompetence, and imposes a penalty, and assuming there is no appeal of the Decision and Reasons, the College will implement any penalty imposed by the Panel.

The penalty, which must be completed within a set period of time, typically includes one or more of the following:

- Revocation of their certificate of registration or a suspension from practising the profession for a period of time;
- A reprimand of the Registrant by the Panel;
- Applying a term, condition or limitation on the Registrant's certificate of registration which may include the following:
 - Taking one or more continuing education courses related to matters relevant to the findings against the Registrant;
 - One or more meetings with Experts in areas of the practice of the profession related to the findings against the Registrant;
 - One or more meetings with Experts in regulation;
 - One or more inspections on the Registrant's practice and files to review matters related to the findings against the Registrant;
- A fine of not more than \$35,000 payable to the Minister of Finance.

Reaching a Settlement

There are a number of reasons why one or both parties to a hearing may wish to reach a settlement, some of which are:

- Both parties agree on the facts of the matter, the Registrant admits to professional misconduct and consents to a known penalty.
- Matters can be resolved more quickly, reducing delays and allowing regulatory concerns to be addressed promptly.
- The costs of proceeding to a full hearing outweigh the potential benefits for either side in terms of likely outcomes.
- Witnesses to the matter, including patients, may decide they no longer wish to testify;
- Information received during the process may bring doubt upon the credibility of a witness;
- Expert testimony may not be as strong as initially anticipated or new information brings the credibility of the Expert themselves into question;

The parties can reach a settlement at any time before or even during a hearing; however, the closer the settlement occurs to the start of a contested hearing the more likely the College is to be seeking higher costs (as the costs to the College have increased).

An offer to settle the matter is typically made either just prior, during or immediately following the Pre-Hearing Conference. The College will often make an initial offer to the Registrant and their legal counsel

by drafting an Agreed Statement of Facts (ASF) and a draft Joint Statement on Penalty and Costs (JSOC). In most circumstances, a negotiation follows these offers where either side indicates its willingness to agree to or withdraw allegations, agree to penalties and agree to costs for the process.

Allegations- allegations may be withdrawn because the College does not have sufficient evidence (witnesses, experts, documentation) to obtain a finding from a Panel of the Discipline Committee or the allegation is not crucial to the overall matter at hand.

Penalties – penalty discussions are always based on the case law from other regulatory bodies in matters that are similar. It is highly improbable that another case exists that exactly matches the matter before the Discipline Committee; however, through a series of similar cases, a range of penalties can typically be derived. If both sides can agree on the range and the seriousness of the case to be brought before a panel, then the likelihood of agreeing on penalty is increased.

In any penalty discussion, the College is considering four principles. First, specific deterrence to ensure that the Registrant does not repeat the allegations to which they are agreeing. Second, general deterrence to provide information to the profession on the whole as to what happens when regulations and standards are breached. Third, the ability to remediate the Registrant through education and training to improve compliance and outcomes in the future. Fourth, whether the penalty will allow the public to have confidence in the ability of the College to regulate its Registrants in the public interest. The College will also consider aggravating and mitigating factors, that is, factors that affect the decision including the parties involved, the circumstances of the matter, agreeing to settle among many others.

Costs – while the courts have made several rulings on the validity of cost awards (up to 66% of the costs of a contested hearing, provided the costs have been well documented and are reasonable), cost discussions in an uncontested matter are detailed. The College documents all of its costs throughout the process; however, when making an “offer” as to the costs, some costs have to be estimated on how long the settlement discussions will take and how close to or into an actual hearing the process will go. Once again, costs are considered in the context of other rulings by regulatory bodies; however, the range is usually broader and more dependent on the organization involved. The CEO will also consider facts presented, in good faith, by the Registrant, in particular when it involves potential hardship imposed on the Registrant.

Any settlement must be acceptable to the Panel of the Discipline Committee. Again, the courts have consistently ruled that panels must accept any joint proposal on penalty unless the panel can reasonably conclude that the penalty is beyond the range for such cases, either too harsh or too lenient and that the settlement will undermine public confidence in the regulatory body and process. Not included among the reasons for rejecting a joint proposal on penalty is that a panel simply does not like or agree with the penalty itself.

Importance of this Program

The importance of the Discipline Program and related processes cannot be overstated. It is a critical aspect of self-regulation and maintaining the trust of the public. It can be a very lengthy process as it requires a great deal of careful thought on the part of all three (or more) parties.

It is the role of the College to proceed on these matters and to do so with the intent to serve and protect the public interest. There is no satisfaction derived from successfully prosecuting a Registrant just as there is no embarrassment of not being successful. The College’s role is to present the evidence that is available to it. The Panel’s role is to weigh that evidence and the credibility of witnesses and experts and to render a decision.

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO, Regulation

May 2026