College of Naturopaths of Ontario

Committee Annual Reports

2025-2026

Introduction

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

This is the Annual Report of Committee Activities for the period April 1, 2025 to March 31, 2026.

Index

Discipline Committee 2
Examination Appeals Committee 3
Executive Committee..... 4
Finance, Audit and Risk Committee..... 5
Fitness to Practise Committee 5
Governance Committee..... 5
Inquiries, Complaints and Reports Committee 6
Inspection Committee 8
Patient Relations Committee 10
Quality Assurance Committee 10
Registration Committee..... 12
Standards Committee 14

Discipline Committee (DC)

The Discipline Committee met once as a whole for their annual committee training during the reporting period.

Ongoing Hearings

The following contested matters were before the panels of the Discipline Committee as of March 31, 2026.

CoNO & Michael Prytula (1 hearing day completed during the reporting period)
Motions hearing – April 7, 2025

An Amended Decision and Reasons on the Registrant's Motion & Decision and Reasons on Penalty and Costs was rendered on June 3, 2025.

The Order of the Discipline Committee Panel was rendered on June 9, 2025.

Following the release of the Decisions and Reasons and the Order, the Registrant filed an appeal of the Panel's findings of professional misconduct, as well as the penalty and cost orders, to the Divisional Court pursuant to section 70 of the Health Professions Procedural Code.

CoNO & Michael Um (no hearing days were completed during the reporting period)

An Amended Decision and Reasons on the Registrant's Motion & Decision and Reasons on Penalty and Costs was rendered on May 1, 2025.

The Order of the Discipline Committee Panel was rendered on May 29, 2025.

Following the release of the Decisions and Reasons and Order, the Registrant filed an appeal of the Discipline Panel's findings of professional misconduct, as well as the penalty and cost orders, to the Divisional Court pursuant to section 70 of the Health Professions Procedural Code.

The following uncontested matters were before the panels of the Discipline Committee as of March 31, 2026.

CoNO & Tina Sestan
Hearing date: December 2, 2025

A Decision and Reasons on the merits was rendered on February 11, 2026. The Panel found that the Registrant engaged in professional misconduct as set out in the Notice of Hearing.

New referrals from the Inquiries, Complaints and Reports Committee (ICRC)

There were 3 new referrals during the reporting period.

The ICRC referred one matter involving Tina Sestan, to the Discipline Committee on April 17, 2025. This matter was concluded in the reporting period.

The ICRC referred two matters involving Dr. Corey Lapp, ND, to be heard together, to the Discipline Committee on November 6, 2025.The hearing will be contested and is scheduled to be heard on the following dates:

- September 22, 2026
- October 23, 2026
- November 2, 2026
- November 5, 2026

Statistics

Number of uncontested Hearing Days: 1
Number of contested Hearing Days: 1
Reinstatement Hearings: 0
Divisional Court Reviews: 2

Dean Catherwood
Chair

Exam Appeals Committee (EAC)

The Committee meets on an as-needed basis, based on received exam appeals, those that would require deliberation and decision, or needed appeals-related policy review. The Exam Appeals Committee did not meet during this reporting period.

Dr. Enrique Alexander Olazabal, ND (Inactive)
Chair (Outgoing)

Executive Committee (EC)

For the period April 1, 2025 to March 31, 2026, the Executive Committee held one virtual meeting on November 19, 2025. During this meeting the Executive Committee:

1. Ratified amendments to the Inspection Committee Terms of Reference as presented via email and approved by the committee members on October 8, 2025.
2. Reviewed and approved a new Governance Process policy - GP35.00 – Skills, Expertise and Diversity.
3. Review and approved the feedback letter to be sent to the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) in relation to their Consultation.
4. Appointed Ms. Naomi Bussin, Council Public member, to the Inquires, Complaints and Reports Committee.

Dr. Brenda Lessard-Rhead, ND (Inactive)
Council Chair

Finance, Audit & Risk Committee (FARC)

At the start of the reporting period the Audit Committee and Risk Committee functioned independently. New committee structures were approved by Council at its March 25, 2025, meeting and were then constituted upon Council's slate approvals at its May 28, 2025 meeting.

The Audit Committee met on May 22, 2025, and reviewed and approved the Auditor's Engagement Letter, Audit Scope Letter, and Audit Planning Letter in preparation for the College's upcoming annual audit. The Committee also reviewed the new committee structure and related Terms of Reference, the updated Committee Planning Calendar, and the proposed meeting dates for the 2025–2026 year.

The Risk Committee met on May 26, 2025, and reviewed and accepted proposed Risk Appetite and Risk Tolerance Statements and the Enterprise Risk Management Report. The Committee also reviewed the new committee structure and related Terms of Reference, the updated Committee Planning Calendar, and the proposed meeting dates for the 2025–2026 year.

July 15, 2025, was the first meeting for the newly constituted Finance, Audit and Risk Committee (FARC). The external auditor, Thomas Kriens, CPA, CA, LPA, BBM, Partner at Kriens-LaRose LLP, attended the meeting to present the audit results, which included a review of the Audit Report and Draft Financial Statements. Following the presentation the FARC accepted the Auditor's Report and Draft Financial Statements and made the recommendation to accept the Draft Financial

Statements as presented. The Committee also received an introduction to Enterprise Risk Management and reviewed the Risk Register.

At its September 15, 2025, meeting, the FARC reviewed and accepted the unaudited Q1 Financial Statements for the quarter ending June 30, 2025. The report was presented by Azard Kallan, Interim Director, Operations. on behalf of the College.

The FARC meeting held on November 25, 2025, included the review of policies, unaudited Financial Report for Q2 for the period of July 1-September 30, 2025, and the Enterprise Risk Register. Following discussion, the unaudited Q2 Financial Report and updated Enterprise Risk Register were accepted by the Committee.

The last meeting in this reporting period took place on February 25, 2026, and was attended by the CEO, Andrew Parr, who provided education to the committee on financial policies, its duties, and expectations. The FARC also reviewed the unaudited Q3 Financial Report for the quarter ending December 31, 2025, and year end projections ending on March 31, 2026, presented by Agnes Kupny, Director, Operations, on behalf of the College. The FARC accepted the unaudited Q3 Financial Statement as presented. An accompanying Briefing Note was included in the review of the proposed Capital and Operating Budgets for 2026-2029 which was accepted as presented by the Committee.

Dr. Shelley Burns, ND
Chair

Fitness to Practise Committee (FTPC)

There were no referrals to, or hearings of the Fitness to Practise Committee during the reporting period.

Dean Catherwood
Chair

Governance Committee (GC)

At the start of the reporting period the Equity, Diversity, Inclusion and Belonging Committee (EDIBC), Governance Committee (GC) and Governance Policy Review Committee (GPRC) functioned independently. New committee structures were approved by Council at its March 25, 2025, meeting and were then constituted upon Council's slate approvals at its May 28, 2025.

During the reporting period, the EDIBC met once on April 14, 2025, where the committee reviewed and discussed the feedback received on the College's draft land acknowledgement.

The GPRC also met once on May 6, 2025, where the committee reviewed and discussed the in-depth policy review of all the committee's Terms of Reference, as well as the Council survey and presentation.

Finally, the newly formed GC held six virtual meetings on June 16, 2025; August 18, 2025; October 20, 2025; December 15, 2025; January 12, 2026; and March 13, 2026, as well as the Election Applications Review Panel met once on February 17, 2026.

Over this period, the committee completed a comprehensive review cycle of the Council's governance framework. This included detailed reviews of the Executive Limitations policies, Ends Statement, Governance Process policies, and the Committee Terms of Reference. The Committee also delivered presentations at each Council meeting to highlight the purpose and importance of each policy grouping and addressed questions from Council members to support understanding and effective governance.

In addition, the committee reviewed, refined, and finalized the College's Land Acknowledgement Statement. The approved statement is now published on the College's website and is formally recognized at each Council meeting.

The committee also undertook significant work related to Council elections. This included reviewing proposed by-law amendments affecting the election process, providing feedback on newly developed election-related policies, and assessing all candidate applications to ensure compliance with established eligibility criteria. The committee further supported and oversaw the election process in collaboration with the CEO to ensure fairness, transparency, and adherence to governance standards.

Hanno Weinberger
Chair (outgoing)

Inquiries, Complaints and Reports Committee (ICRC)

During the reporting period the ICRC held 14 meetings via video conference, one of which was for annual committee training.

Closed Matters

The Committee closed 31 matters with the number of dispositions as follows:
No Further Action: 3
Letter of Counsel: 11
Oral Caution: 1

Specified Continuing Education and Remediation Program (SCERP): 3
SCERP & Oral Caution: 5
SCERP & Letter of Counsel: 1
Acknowledgement & Undertaking: 2
Referral to Fitness to Practice: 0
Referral to Discipline Committee: 3
Frivolous and vexatious: 2
Withdrawn - No further Action: 0

Additionally, there were 3 matters referred to the ADR process and 2 of those matters were successfully resolved through ADR in this reporting period.

Health Inquiries

There were no health inquiries considered during this reporting period.

Interim Orders

There was one Interim Order made by the ICRC during this reporting period.

New Investigations

Four investigations under s. 75(1)(a) of the Health Professions Procedural Code, which is Schedule 2 of the RHPA, were initiated in the reporting period based on the information received from the following sources:

Public inquiries: 3
Matters reported by Registrants: 0
Matters reported by other College departments: 0
Referral from ICRC to CEO: 1
Referral from QAC to ICRC: 0
Referral from another regulator: 0

In addition, the ICRC received 27 formal complaints about Registrants of the College.

Complaints and Reports filed with the ICRC included one or more of the following concerns:
Advertising: 10
Inappropriate billing: 5
Inappropriate patient care: 15
Practising outside of Scope: 7
Sexual abuse/Boundaries: 1
Failure to comply with an order of the College: 0
Practising while inactive/suspended: 1

Record keeping: 4
Lab testing: 2
Delegation: 1
Failure to comply with QA Program: 0
Failure to cooperate with an investigator: 0
Unprofessional conduct: 0

Complaints/Reports Investigation Timelines

The average length of a Complaint/Report investigation during the last reporting period was 253 days, with the shortest investigation completed in 92 days and the longest in 542 days.

Health Professions Appeal and Review Board

Three decisions of the ICRC issued in the reporting period were appealed to the Health Professions Appeals and Review Board. The matters remain under review as of March 31, 2026. Four decisions were upheld during this reporting period for matters appealed in the previous reporting period.

Respectfully submitted,

Dr. Erin Psota, ND
Chair

Inspection Committee

During the reporting period, the Inspection Committee held 10 virtual meetings.

Inspection Outcomes

A total of 57 inspections occurred during this period.
Part I inspections – 25
Pass - 13
Pass with recommendations - 10
Pass with conditions/recommendations - 5
Pass with condition restricting practice - 0

Part II inspections – 19
Pass - 14
Pass with recommendations - 8
Pass with conditions/recommendations - 4
Pass with condition restricting practice - 0

5-year inspections – 13
Pass - 6
Pass with recommendations - 5
Pass with conditions/recommendations - 5
Pass with condition restricting practice - 0

Outcomes in Response to Submissions Received

Twelve premises were requested to make a submission regarding their 'pass with conditions' outcome. Ten premises submitted and were granted a final 'pass' outcome. One premises did not make a submission and received a final 'pass with conditions' outcome. One premises made a submission addressing two conditions imposed, however one condition was not adequately addressed and a final 'pass with conditions' was issued.

Deferral Request

One deferral request for 120 days was submitted and denied.

Type 1 Occurrences

A total of 17 Type 1 Occurrences were reported during this period.

Administration of emergency drug - 1
Referral to emergency – 14
Death of a patient within 5 days of IVIT – 1
Procedure performed on the wrong patient - 1

The Type 1 Occurrence that was reported as a procedure that was performed on the wrong patient provided details stating that the patient received an IVIT that included a substance that they had received in the past but was not to be part of their treatment that day. The Inspection Committee requested that the Designated Registrant provide information outlining what steps they will take to ensure this does not happen in the future. The Committee was satisfied with the submission that appropriate procedures had been put in place to ensure that the patients would always receive the proper IVIT formula.

No further action was required regarding all other Type 1 occurrences.

Type 2 Occurrences

The General Regulation defines Type 2 occurrences as:

1. Any infection occurring in a patient in the premises after an IVIT procedure was performed at the premises.

2. An unscheduled treatment of a patient by a Member occurring within five days after an IVIT procedure was performed at the premises.
3. Any adverse drug reaction occurring in a patient after an IVIT procedure was performed at the premises.

IVIT procedures are performed at 183 premises, 43 of which reported a Type 2 occurrence during the 2025-2026 reporting period. A total of 276 Type 2 occurrences were reported as follows:

- Infections – 2
- Unscheduled treatment – 4
- Adverse drug reaction - 270

The 183 premises reported that 92,028 IV bags were compounded and 89,147 IV bags were administered.

Mr. Barry Sullivan
Chair

Patient Relations Committee (PRC)

During the reporting period the PRC held 2 virtual meeting and received 2 electronic updates relating to funding for counselling/therapy for patients. However, the PRC did not receive any new applications for Funding for Therapy/Counselling during the reporting period.

The PRC continues to oversee the funding of approved applications. The College's funding program managed by the PRC provided $2,110 to applicants during the reporting period and $49,215.60 since it's inception.

In addition to overseeing the Funding program, the PRC reviewed amendments to the Patient and Registrant Guides on Sexual Abuse.

Dr. Gudrun Welder, ND
Chair

Quality Assurance Committee (QAC)

During the reporting period, the QAC held 11 virtual meetings.

Self-Assessments

For the 2025-26 year, Registrants were required to complete a total of 3 online self-assessment questionnaires. These included 2 mandatory self-assessments Lab Testing and Record Keeping, and one additional self-assessment of their choosing.

- # of Registrants required to complete the Self-Assessment by March 31, 2026: 1677

- # of Registrants who completed the Self-Assessment by March 31, 2026: 1581
- % of Registrants who submitted by the deadline: 94.28%

Continuing Education

Applications

- # of CE applications received: 405
- # of CE applications approved: 342
- % of received applications approved by the Committee: 84%

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

- IVIT: 12
- Pharmacology: 90
- Jurisprudence: 16
- Pharmacology and IVIT: 3
- Pharmacology, IVIT and jurisprudence: 1

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

- # of live/in-person course applications: 309
- # of online/webinar course applications: 33

CE Logs

- # of Group I Registrants required to submit their CE logs by the Sept. 30th deadline: 522
- # of Group I Registrants who submitted by the deadline: 517
- % of Registrants who submitted by the deadline: 99%
- # of Registrants submitting CE Logs with discrepancies requiring correction: 108
- % of CE Logs submitted with discrepancies requiring correction: 20%

Deferral/Extensions

- # of CE deferral/extension requests received: 6
- # of CE deferral/extension requests approved: 4

Peer & Practice Assessments

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

- # of Registrants selected for a Peer & Practice Assessment: 130
- # of deferral requests received: 18
- # of deferral requests approved: 18
- # of QA Ordered Assessments outside of regular Peer & Practice Assessment Schedule: 9
- Total number of Peer & Practice Assessments completed: 128

Non-Compliance

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

- # of Registrants referred to the ICRC for non-compliance with the QA Program: 0

Mr. Barry Sullivan
Chair

Registration Committee

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

Entry-to-Practise

Twenty applications for registration were referred to the Committee between April 1, 2025, and March 31, 2026. Of these 13 related to applicants required to demonstrate currency for registration, eight of which were under subsections 5(4)(a) and 5(2)(b) and five under subsection 5(2) of the Registration Regulation. Two applications were referred to address concerns regarding previous conduct under subsection 3(2) of the Registration Regulation, and two applications were referred to address concerns regarding a physical or mental condition or disorder under subsection 3(4) of the Registration Regulation. Three applications were reviewed for interprovincial transfer, one of which was under subsection 7(3) of the Registration Regulation and two under subsections 7(3) and 3(2) of the Registration Regulation.

Registration

Ten applications for class changes from the Inactive class to the General class were reviewed during the reporting period under subsection 10(6) of the Registration Regulation, having been inactive for more than two years.

Examinations

The Committee continued to set exam plans of remediation for 27 candidates who have made two unsuccessful attempts of a College examination [including one Prior Learning Assessment and Recognition Program (PLAR) Applicant]. Additionally, the Committee reviewed one petition for an additional examination attempt on the grounds of exceptional circumstances under subsection 5(5)(b) of the Registration Regulation.

Policy Updates

The Committee reviewed and approved amendments to the Examinations Policy, the Examination Accommodations Policy, the IVIT Program and Examinations policy, and the PLAR Program Policy, with updates primarily focusing on updating definitions and noted processes to ensure consistency and currency.

Ontario Clinical Practical Examinations (OCPE) Blueprint

The Committee reviewed amendments to the OCPE Examinations Policy, OSCE and OBME Examinations Policy, OPTE Examination Policy, Examination Accommodations Policy, the IVIT Program and Examinations Policy, and PLAR Program Policy. The amendments primarily focused on updating definitions and refining processes to ensure consistency, and clarity to ensure policies remain effective.

Refresher Program Guideline and Charts

The Committee reviewed and approved amendments to the Refresher Program Guideline and Charts to improve the clarity and transparency of refresher program requirements, including updates related to post-registration certificates and the practical skills components.

Currency Remediation

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

Dr. Danielle O'Connor, ND
Chair

Standards Committee (SC)

During the reporting period the Standards Committee held 2 virtual meetings and reviewed public consultation feedback on the following Standards of Practice:

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

The Committee also initiated a review of the following Standards of Practice:

- Advertising,
- Conflict of Interest,
- Emergency Preparedness,
- Fees & Billing,
- Infection Control, and
- Record Keeping.

Dr. Elena Rossi, ND
Chair