College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #54

Draft Agenda & Supporting Materials

July 29, 2026 (2026/27-02)

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

Location: Zoom

[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).

College of Naturopaths of Ontario

COUNCIL MEETING #54
July 29, 2026
9:15 a.m. to 12:15 p.m.
DRAFT AGENDA

Time[1]	Item	Action	Item		Page	Responsible
	0. Pre-Meeting Networking (8:45 am to 9:15 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. Consent Agenda					
5	2.1	Approval	i.	Draft Meeting Minutes of May 27, 2026	7	B Lessard-Rhead
			ii.	Disclosures	15	
			iii.	Committee Reports	16	
			iv.	Information Items	29	
	4. Approval of Agenda and Conflicts of Interest					
3	3.1	Adopt	Review of Main Agenda		3	B Lessard-Rhead
	3.2	Discussion	Declarations of Conflict of Interest		86	
-	**4. Monitoring Reports**					
5	4.1	Acceptance	Report of the Council Chair		88	B Lessard-Rhead
5	4.2	Acceptance	Report on Regulatory Operations at June 30, 2026		89	A Parr
5	4.3	Acceptance	Report on Operations – Year-end Report for 2025-26		101	A Parr
-	**5. Council Governance Policy Confirmation (35 minutes)**					
5	5.1	Discussion	Policy Issues Arising from Monitoring Reports[2]		--	A. Armstrong
15	5.2	Review	In-depth Review Governance Process Policies (Terms of Ref.)		136	
-	**6. Regular Busines**					
5	6.1	Acceptance	Finance, Audit & Risk Committee Report		140	S Burns
10	6.2	Acceptance	Auditor's Report and Audited Financial Statements		142	T Kriens
5	6.3	Adopts	Appointment of the Auditor for 2026-27		--	S Burns
10	***** Break *****					
5	6.4	Acceptance	Committee Annual Reports		161	B Lessard-Rhead
-	**7. Council Education**					
20	7.1	Education	Council Evaluation Report		--	S Verrecchia
40	7.2	Education	Insurance Coverages Overview		176	K Gaetano
	8. In-Camera (Pursuant to paragraph (b) and (d) of section 7(2) of the HPPC)					
1	8.1	Procedural	To move in to an in-camera session		--	B Lessard-Rhead
10	8.2	Decision	CANRA Request for Consideration		181	E. Laugalys
15	8.3	Adopts	CEO Performance Evaluation 2025-2026		184	B Lessard-Rhead
1	8.4	Procedural	To move out of the in-camera session		--	B Lessard-Rhead
-	**9. Other Business**					
-	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) - September 30, 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, CEO-Council Linkage, Executive Limitations policies)

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.

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 out 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.

College of Naturopaths of Ontario

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
May 27, 2026

In Person Meeting
DRAFT MINUTES

Council		
Present		**Regrets**
Dr. Amy Armstrong, ND (1:1)		Ms. Sarah Griffiths-Savolaine (0:1)
Dr. Felicia Assenza, ND (1:1)		Ms. Marjia Pajdakovska (0:1)
Ms. Naomi Bussin (1:1)		
Mr. Dean Catherwood (1:1)		
Ms. Lisa Fenton (1:1)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (1:1)		
Dr. Denis Marier, ND (1:1)		
Mr. Paul Philion (1:1)		
Dr. Jacob Scheer, ND (1:1)		
Dr. Erin Walsh, ND (1:1)		
Dr. Kathy Van Zeyl, ND (1:1)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Ms. Rebecca Durcan, Legal Counsel*		
Observers		
Ms. Fiona Hill, OAND		
Ms. Jennifer Joseph, CEO, OAND		

*available via Microsoft Teams

Ms. Vivian Pang, Ministry of Health

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 9:00 a.m. She welcomed everyone to the meeting and noted that the meeting was not being live streamed due to the meeting being held in-person and open to the public. She also recognized all the observers in attendance.

The Chair also noted that although Ms. Rebecca Durcan, Legal Counsel, was not in attendance, she is available via Microsoft Teams if needed.

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 reviewed the meeting norms with the Council members which was 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. Executive Committee Elections

The Chair invited Andrew Parr, Chief Executive Officer of the College, to assume the role of meeting chair for the purposes of administering the elections. Mr. Parr noted for the Council the election timing and proceeded with the election of each position.

2.01 Council Chair

It was noted that at the submission deadline for nominations, only one nomination was received, and that was for Dr. Brenda Lessard-Rhead, ND (Inactive). Therefore, by acclamation she has been elected to the position of Council Chair.

2.02 Council Vice-Chair

Mr. Parr again noted that at the submission deadline for nominations, only one nomination was received, and that was for Mr. Dean Catherwood. Therefore, by acclamation he has been elected to the position of Council Vice-Chair.

2.03 Officer-at-Large Public member

Mr. Parr advised Council that at the submission deadline for nominations, no nomination was received, and nominations would take place during the meeting.

MOTION:	To open the call for nominations.
MOVED:	Erin Walsh
SECOND:	Denis Marier

CARRIED.	

Upon opening the call for nominations, Mr. Parr asked if there were any nominations for the Officer-at-Large Public Member position. Dr. Brenda Lessard-Rhead, ND (inactive), nominated Ms. Lisa Fenton, Public Member. The nomination was seconded by Ms. Naomi Bussin, Public Member.

Mr. Parr confirmed that Ms. Fenton accepted the nomination and called for any additional nominations, of which there were none.

MOTION:	To close the call for nominations.
MOVED:	Paul Philion
SECOND:	Jacob Scheer
CARRIED.	

As Ms. Lisa Fenton was sole nomination, Mr. Parr declared her to elected to the Officer-at-Large Public Member position by acclamation.

2.04 Officers-at-Large Professional members
Mr. Parr noted that there are two Officer-at-Large positions for Professional members of the Council and that at the submission deadline for nominations, only two nominations were received, those being Dr. Amy Armstrong, ND, and Dr. Denis Marier, ND. Therefore, by acclamation they have both been elected to the positions of Officer-at-Large Professional members.

Mr. Parr congratulated the elected officers, thanked the Council, and turned the meeting back to Dr. Brenda Lessard-Rhead, ND (Inactive) as Chair.

3. Consent Agenda
3.01 Review of Consent Agenda
The Consent Agenda was circulated to members of Council in advance of the meeting. The newly elected Council Chair asked if there were any items to move to the main agenda for discussion. There were none.

MOTION:	To approve the Consent Agenda as presented.
MOVED:	Kathy Van Zeyl
SECOND:	Erin Walsh
CARRIED.	

4. Main Agenda
4.01 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 changes to the agenda. There were none.

MOTION:	To approve the Main Agenda as presented.
MOVED:	Amy Armstrong
SECOND:	Paul Philion
CARRIED.	

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

5. Monitoring Reports
5.01 Report of the Outgoing 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.	

5.02 Report on Regulatory Operations for April 1, 2025 – March 31, 2026, from the Chief Executive Officer (CEO)
The Report on Regulatory Operations from April 1, 2025 - March 31, 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 March 31, 2026, from the CEO.
MOVED:	Amy Armstrong
SECOND:	Kathy Van Zeyl
CARRIED.	

5.03 Report on Regulatory Operations at April 30, 2026, from the Chief Executive Officer (CEO)
The Report on Regulatory Operations at April 30, 2026, from the CEO was circulated in advance of the meeting. Mr. Parr provided highlights of the report and responded to questions that arose during the discussion that followed.

MOTION:	To accept the reports on Regulatory Operations at April 30, 2026, from the CEO.
MOVED:	Paul Philion

SECOND:	Dean Catherwood
CARRIED.	

5.04 Variance Report and Unaudited Financial Statements for Q4
A Variance Report and the Unaudited Financial statements ending March 31, 2026 (Q4) 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 quarters. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the Variance Report and Unaudited Financial statements for the fourth quarter at March 31, 2026, as presented.
MOVED:	Paul Philion
SECOND:	Dean Catherwood
CARRIED.	

6. Council Governance Policy Confirmation
6.01 Review/Issues Arising
6.01(i) Executive Limitations 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.

6.01(ii) 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 at this time.

6.01(iii) 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 at this time.

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

6.02 Detailed Review (as per GP08) – Committee Terms of Reference
The Chair invited Dr. Denis Marier, ND, Governance Committee member, to provide the Council with a presentation reviewing the responses and comments submitted by Council members in relation to the Terms of Reference detail review and highlighted the directive of them.

MOTION:	To adopt the recommended changes to the Committee Terms of Reference as presented.
MOVED:	Paul Philion

SECOND:	Kathy Van Zeyl
CARRIED.	

The Chair recognized Mr. Parr who wished to speak to the Council regarding some of the changes that had been brought forward. Mr. Parr advised the Council of the tendency for Council and Committee members to focus on grammar and spelling in documents and that this posed a challenge given that there are numerous style guides that organizations can adopt. Many changes being proposed are often in conflict with the College's style guide creating differences in various documents across the College. Mr. Parr reminded Council that when they are completing their detailed reviewed of each grouping of policies, their focus should not be on spelling and grammar, rather it should focus on substantive policy considerations.

Mr. Parr asked the Council to consider a motion that would enable him to oversee all grammar and spelling matters relating to the Council policies and documents to ensure that they are consistent with the College's adopted style guide and that these changes not be required to be brought before the Council for approval.

MOTION:	To delegate authority to the CEO to make spelling, grammatical, and typographical revisions to policies and Council documents in accordance with the College's Style Guide, without requiring further Council review or approval.
MOVED:	Naomi Bussin
SECOND:	Jacob Scheer
CARRIED.	

7. Business

7.01 Committee Appointments

A Briefing Note and corresponding documents providing the proposed 2026-2027 fiscal year slate of Committee appointments were circulated in advance of the meeting. Mr. Parr advised the Council that due to privacy reasons the names of the individuals seeking appointment have been redacted from the publicly viewed materials, and if Council wishes to hold a discussion they would have to go in-camera.

MOTION:	To appoint the individuals as set out in the proposed 2026-2027 fiscal year slate of Committee appointments as presented.
MOVED:	Paul Philion
SECOND:	Denis Marier
CARRIED.	

7.02 Council Member Assessment Process

The Chair thanked each Council member for their participation throughout this new process of completing their self-assessments and the Panel members for their hard work in completing their fellow members' assessments. She noted that the purpose of their performance

assessment is to strengthen Council's overall governance, as well as, demonstrating Council's commitment to growth and continuous improvement. This process provided a structured and consistent opportunity for members to reflect on how they are fulfilling their responsibilities, contributing to Council's work, supporting its regulatory mandate, and how they can improve upon all these areas.

8. Council Education
8.01 Program Briefing – Complaints Program
A Briefing Note highlighting the Complaints and Reports Processes was circulated in advance of the meeting. Mr. Jeremy Quesnelle, Deputy CEO, Regulation, gave a detailed presentation highlighting the program and what it encompasses, i.e. the processes and procedures managed by the Inquires, Complaints and Reports Committee. He responded to any questions asked by Council throughout his presentation.

8.02 Program Briefing – Discipline Program
A Briefing Note highlighting the Discipline Processes was circulated in advance of the meeting. Mr. Quesnelle gave a detailed presentation highlighting the program and what it encompasses, i.e. the processes and procedures. He responded to any questions asked by Council throughout his presentation.

8.03 Governance Refresher
Mr. Parr facilitated an interactive question-and-answer activity as a refresher of the previous day's training. Council members participated in a 25-question exercise, applying their knowledge and experience to respond. The activity reinforced key concepts and encouraged engagement among Council members.

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 Evaluation
The Chair advised the Council members that the meeting evaluation would be completed verbally as the meeting was in-person. The Chair posed questions and received responses from Council members.

In addition, all Council members provided positive feedback on the training received on the previous day and noted they thoroughly enjoyed getting to know each other and connecting with one another, making them feel closer.

10.02 Next Meeting
The Chair noted for the Council that the next regularly scheduled meeting is set for July 29, 2026, and that this meeting will be held virtually via video conference.

11. Adjournment
11.01 Motion to Adjourn
The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:55 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Paul Philion
SECOND:	Erin Walsh

Recorded by: Monika Zingaro
Human Resources Coordinator
May 27, 2026

The College of Naturopaths of Ontario

MANAGEMENT DISCLOSURES
Period May 1, 2026 to June 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
June 27, 2026	Financial	GST/HST Return	HST Filing for the period May 1-May 31, 2026.
June 25, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from May 30-June 12, 2026, with a pay date of June 25, 2026.
June 11, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from May 16-May 29, 2026, with a pay date of June 11, 2026.
June 1, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario).
May 29, 2026	Financial	GST/HST Return	HST Filing for the period April 1-30, 2026.
May 28, 2026	Financial	GST/HST Notice of Assessment	HST Notice of Assessment for the period of March 1-March 31, 2026.
May 28, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from May 2-May 15, 2026, with a pay date of May 28, 2026.
May 26, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
May 14, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from April 18 - May 1, 2026, with a pay date of May 14, 2026.
May 11, 2026	Financial	Payroll Remittance Received	CRA acknowledged the remittance has been received.
May 6, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario).

Copies of the physical documentation is available on the new Council Disclosures Smartsheet.

The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 17, 2026

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

Please find attached the Committee Reports for item 2.1(iii) of the Consent Agenda. The following reports are included:

1. Discipline Committee
2. Examination Appeals Committee
3. Executive Committee
4. Finance, Audit & Risk 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

DISCIPLINE COMMITTEE REPORT
Period of May 1, 2026 to June 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 May 1, 2026 to June 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 June 30, 2026, there were no ongoing discipline matters before the committee.

Discipline Hearings

Discipline matter DC25-02 involving Corey Lapp

A panel for a contested hearing for matter DC25-02 has been appointed and hearing dates are set for September 22, October 23, November 2 & 5, 2026, at 9:30 am.

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
July 3, 2026

The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE REPORT
Period of April 1, 2025 to March 31, 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 did not meet during this reporting period.

Respectfully submitted,
Mr. Hanno Weinberger
Chair
June 11, 2026

The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of May 1, 2026 to June 30, 2026

This serves as the Executive Committee Chair's Report for the period of May 1 to June 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
July 1, 2026

The College of Naturopaths of Ontario

FINANCE, AUDIT & RISK COMMITTEE REPORT
Period of May 1, 2026 to June 30, 2026.

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

During this reporting period, the Committee met on May 13, 2026, to review and provide feedback on the Auditor Documentation including the 2026 Engagement Letter, the 2026 Audit Scope Letter, and the 2026 Audit Planning Letter.

The Executive Limitations Policies were circulated and no discussion was raised pertaining to the said documents.

The Q4 Unaudited Financial Report for the quarter January 1, 2026 to March 31, 2026. The report was presented by Agnes Kupny, Director of Operations, on behalf of the college where she presented a detailed review of the statements, comparing quarter variances and year end results.

Following Committee approval, the Auditor Documentation, and Financial Report will be presented to Council on July 2026 where they will be reviewed and accepted.

The next meeting of the Finance, Audit & Risk Committee is scheduled for July 08, 2026.

Respectfully submitted,
Dr. Shelley Burns, ND
Chair
June 10, 2026

The College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT
Period of May 1, 2026 to June 29, 2026

During this reporting period, the Governance Committee met once on May 11.

At that meeting, the committee dealt the following business:

- Update on council elections: Dr. Amy Armstrong, ND re-elected for a second 3-year term and Dr. Kathy Van Zeyl, ND elected for first 3-year term. Election for Executive Committee will occur at council meeting in May 2026
- Melissa Adamson reviewed policy review timelines
- Detailed policy review of Governance Process Policies Part 3 - Committee Terms of Reference with recommendations of amendments to CC04, SC01 and SC04 to be presented to Council at upcoming May 2026 meeting
- Overview of In-Conversation With (ICW) Volunteer program with a discussion on strategies to consider new and innovative strategies of recruitment and retention of additional volunteers
- Determined agenda items for the next meeting which included new volunteer applications for the committee to review and detailed review of Part 1 of the Executive Limitations Policies (EL01-EL08)

The next meeting is scheduled for July 6, 2026 at 9:30 AM.

Respectfully submitted,

Dr. Amy Armstrong, ND
Chair
June 11, 2026

The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of May 1, 2026 to June 30, 2026

Between May 1, 2026 to June 30, 2026, the Inquiries, Complaints and Reports Committee held two regular online meetings – May 7 and June 4, 2026.

May 7, 2026: 11 matters were reviewed, ICRC members drafted 2 reports and updated 2 reports for ongoing maters, and approved 2 Decisions and Reasons.

June 4, 2026: 13 matters were reviewed, ICRC members drafted 4 reports and approved 3 Decisions and Reasons.

Respectfully submitted,

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

The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT

For the period May 1, 2026 to June 30, 2026.

Meetings and Attendance

Since the date of our last report to Council in early May, the Inspection Committee met on two occasions, via videoconference on June 3rd and June 24th, respectively. Due to a lack of quorum, the regularly- scheduled meeting for May was deferred to the early June date.

Activities

At these meetings, the Committee reviewed and made decisions with respect to a total of eleven Inspection Reports, two Outcome Submissions, four Type 1 Occurrence Reports, and one Inspection Deferral request.

Inspection Report Review Outcomes

Part I Inspections
Pass- 3

Part II Inspections
Pass- 2
Pass with conditions and recommendations-1
Pass with recommendations- 3

Existing/5-year Inspections
Pass with conditions/ recommendations- 2

Outcomes in Response to Submissions Received

5 Year
Pass- 2

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

Four 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 60- day deferral granted.

Additionally at its **June 3rd** meeting, the Committee reviewed and discussed the annual Type 2 Occurrence Reporting Summary for 2025/26, as presented by staff.

Next Meeting Date
August 19, 2026.

Respectfully submitted by,
Barry Sullivan, Chair
July 10, 2026.

The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT
Period of May 1, 2026 to June 30, 2026

During the reporting period the Committee held one meeting on May 14, 2026.

The Committee at its meeting reviewed the submission materials and attestations, and approved a new application for funding for therapy and counselling.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
June 2026

The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period May 1, 2026 to June 30, 2026.

Meetings and Attendance

Since the date of our last report to Council in early May, the Quality Assurance Committee has met on two occasions, via videoconference on June 3rd and June 24th, respectively. Due to a lack of quorum, the regularly- scheduled May meeting was deferred to the afore-mentioned early-June date.

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.

Additionally, at its **June 3rd** meeting, the Committee reviewed and accepted the annual report on the results of the Peer and Practice Assessment component of the QA Program for 2025/26, as presented by staff.
The Committee also reviewed and made decisions with respect to five Peer and Practice Assessment date- deferral requests.

Additionally, at its **June 24th** meeting, the Committee reviewed and made decisions with respect to three Peer and Practice Assessment date- deferral requests.

Next Meeting Date

August 19, 2026.

Respectfully submitted by,

Barry Sullivan, Chair
July 9, 2026.

The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
Period of May 1, 2026 to June 30, 2026

At the time of this report, the Registration Committee met twice, on May 19, 2026 and June 16, 2026.

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

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

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

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

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

Program Policy Review
The Committee reviewed and approved amendments to the Examinations Policy and to the IVIT Program & Examinations Policy.

Respectfully submitted,

Danielle O’Connor ND
Chair
July 3, 2026

The College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of May 1, 2026 to June 30, 2026

During the reporting period the Committee held one meeting. The Committee continues its work on revising and updating the standards of practice. During this reporting period the Committee also reviewed an initial draft Guideline related to Off-Label Prescribing.

The Committee is next scheduled to meet on August 5, 2026 where it anticipates finalizing the amendments to the standards and reviewing for public consultation.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
June 2026

The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 17, 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. 315 & 316)	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 (May & June 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 Examinations Policies for IVIT and the general policy. Copy is provided for Council's information.

No.	Name	Description
4.	Type 2 Occurrences	A summary of the Type 2 Occurrences Reports filed this year is provided for the Council.
5.	Announcements	Several announcements have been received. Two are from the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) and one is from the Canadian Association of Naturopathic Doctors (CAND).

STEINECKE MACIURA LEBLANC

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Safeguarding

Julie Maciura

June 2026 - No. 315

Due to some past concerns, the UK regulator for nurses and midwives, the Nursing and Midwifery Council (NMC), has done significant work on "safeguarding". This work is closely scrutinized by an Independent Oversight Group.

"Safeguarding" is a term used in the UK to describe the duty of individuals and organizations to protect vulnerable people (e.g., children, adults at risk) from physical, emotional and financial harm. The NMC has recently updated its Policy on Safeguarding and Protecting People.

While the NMC does not have a specific statutory safeguarding duty, like front line health care workers who have mandatory reporting obligations in various circumstances, it accepts that protecting the public is its core mandate. It identifies broadly those who should benefit from the policy:

> Our approach extends to all registrants, witnesses, members of the public and professionals that engage with us, as well as the colleagues that we employ at the NMC.

While, in Canada, reporting to child welfare authorities when a child is in need of protection is a familiar concept, such mandatory reports are less common for vulnerable adults. Many Canadian provinces only have such obligations for the neglect or abuse of residents in care homes. In the UK, it appears that the scope of vulnerable adults is defined more broadly to include any adult who, because of a disability or illness, is at risk of harm because they are unable to safeguard themselves or their property.

The NMC identifies three areas in which safeguarding concerns might arise:

- When the NMC deals with conduct concerns about registrants which, if not addressed appropriately, could lead to harm, especially to patients;
- When the NMC can share information with other agencies that may assist them in performing their safeguarding duties; and

- Assisting at-risk individuals who encounter the NMC.

The NMC policy sets out several strategies to ensure that it meets its safeguarding obligations including:

- The NMC has a safeguarding mailbox that is monitored during business hours where any staff member identifying a safeguarding concern can obtain guidance and support and, in appropriate cases, organizational intervention.
- An emergency helpline for urgent concerns. Examples are where there is an immediate risk of harm to an individual, where a mandatory reporting deadline is approaching, where an interim order against a registrant is sought, or where a concern arises during a discipline hearing.
- The NMC has a safeguarding hub consisting of specially trained staff to screen matters on a weekly basis. The hub reviews all new complaints and discipline referrals.

All NMC staff are required to undergo training on identifying the types of safeguarding concerns that might arise in their area of work and how to respond to or report them. Additional training is required for high-risk work areas (e.g., the complaints intake team). Further training is required for those serving on the safeguarding hub.

The policy identifies the role of its governing board to ensure the rigour of its policy, to ensure that its administration is adequately resourced, and to obtain appropriate assurances that the policy is being implemented. A specific committee is assigned to monitor and report on the NMC's safeguarding activities. Collected data includes the "number of referrals to our mailbox, emergency helpline and safeguarding hub." Trends and themes will be used to inform the NMC's safeguarding work plan.

The policy includes reference to how the NMC will ensure that it complies with its privacy obligations when sharing information with other agencies.

The policy also includes a discussion of how it will be applied to respect equality, diversity and inclusion:

> We recognise that safeguarding duties closely align with EDI duties. Many people who present with safeguarding needs have protected characteristics. We will ensure that when working with adults and children at risk we understand how any protected characteristics may impact their experiences. We will offer appropriate interventions and reasonable adjustments accounting for peoples' experiences.

Of course, it is difficult to understand how such policy language translates into actual regulatory activity. Fortunately, the Independent Oversight Group published minutes of its March 4, 2026 meeting where additional details were provided:

- The Group questioned the reduction of the organization's risk management rating for safeguarding concerns. The NMC responded that while safeguarding is an inherent risk with a potentially high impact, the likelihood of an adverse event is reduced "owing to the controls and processes put in place over the last year."
- The NMC disclosed that part of the training for its staff involves a new safeguarding handbook which "includes a decision tree which shows pathways for safeguarding and wellbeing issues."

- As of the meeting date, 93% of all NMC staff have completed their basic safeguarding training.
- The NMC reported that the complaints and discipline process was seen as the area of greatest risk. Staff across all areas of the complaints and discipline process have been consulted on how the policy can be made relevant to their work.
- On a related note, the NMC reported that it "recognised that panels and hearings are a high risk space for safeguarding issues, and that it is looking at what work it can do to support panel members to better manage safeguarding issues. Safeguarding training has been delivered to panel members and legal assessors…."
- "The NMC reported that it has seen an increase in the number of internal referrals made to its safeguarding team, a number of which were identified as high risk cases. The NMC said this is evidence of its actions creating greater awareness of safeguarding issues."
- "The NMC has created a safeguarding champions programme, with 40 staff members now designated as a safeguarding champion. The NMC said this these champions are in place to support better identification and reporting of safeguarding concerns."

The minutes also contained some informative illustrations of how the policy is being applied.

- "The NMC has developed a self-harm and suicide protocol following engagement with its mental health practitioner within the safeguarding hub. The NMC has also incorporated its death notification process into the scope of safeguarding, in order to identify any learning through action reviews. The NMC said in cases of death by suicide, it will review all cases and coroner reports to identify learning. One group member asked if there is Council oversight of deaths by suicide, and if this is reported publicly. The NMC confirmed that two of its Council members are responsible for overseeing work related to deaths by suicide, and emphasised that its suicide protocol is concerned with managing immediate risk."
- "One group member commented that there has been a trend of FTP referrals involving domestic abuse, including where the perpetrator is making a referral as a means of exerting control and coercion over a registrant."
- One group member "particularly welcomed the NMC escalating cases involving registrants with mental health issues at Interim Order hearings."
- One area of possible refinement is to assist NMC staff to distinguish between safeguarding from harm (e.g., suicide) and supporting individuals' well-being (e.g., temporary emotional upset) so that the safeguarding team could focus on the former and have less involvement in the latter.
- In a related refinement, the "NMC is also in the process of procuring a partner to provide a support line for all case parties (registrants, witnesses and referrers)." Referrals can be then made by the NMC to appropriate support providers.

Canadian regulators may wish to monitor these developments in the UK (which are not limited to the NMC) to evaluate whether such a comprehensive policy to prevent harm would be useful for them.

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Unanticipated Consequences

Natasha Danson

July 2026 - No. 316

Technology often brings unanticipated consequences. AI is no exception. A recent article called Synthetic Grievances: AI-Generated Bar Complaints and the Chilling of Criminal Defense by American law professor Ashley Krenelka Chase illustrates the point. While the paper has a narrow focus (complaints against criminal defence lawyers), it points to a potentially much larger issue.

Regulators already face situations in which an individual makes multiple complaints against one registrant or separate complaints against many registrants. Generally, the regulator must follow its entire legislated process for each complaint including rendering separate decisions and reasons. This process is resource intensive. Where there is a right of appeal, both the regulator and the appeal body must follow yet another process.

Some regulators can take no action where they find a complaint is frivolous, vexatious, or an abuse of process. However, even this abbreviated process involves resources and can typically only be implemented where it is obvious that the complaint has no merit (e.g., where a complaint is repetitive). Regulators are cautious about screening out concerns that could be legitimate.

There is little to prevent an individual from making an improper complaint, and AI is poised to make the challenge associated with processing complaints even more difficult for regulators. AI will make it easier for individuals (or even organizations posing as individuals) to make detailed and seemingly legitimate complaints. Just as concerning, AI will enable someone who wants to overwhelm a complaints system to make multiple complaints that do not appear, at first glance, to be repetitive.

As the author says in the article, in the context of complaints against lawyers:

> The doctrinal and institutional architecture of attorney regulation is not designed for this world. Bar disciplinary systems assume that complaints will be rare enough to be read, screened, and, hopefully, informally resolved by human staff.

> They assume that the narrative in a complaint reflects, in some recognizable way, the voice and experience of a client or other complainant. They assume, too, that the staff who screen complaints can quickly identify wildly implausible allegations, doctrinal nonsense, or claims that are obviously made in bad faith. Generative AI undermines each of these predicates. It can produce high-volume, high-verbiage complaints that bury thin allegations under thick legalese. It can fabricate precedent and procedure that look convincing enough to survive initial screening. And it can do so in the voice of a "model" complainant—educated, literate, and doctrinally aware—even if the actual client is not.

The author also discusses the impact of improper AI-generated complaints on registrants themselves. Again, while focussing on lawyers acting as defence counsel, these concerns would apply equally to other types of registrants:

> The predictable response from many defense lawyers will be to practice more defensively. If every strategic choice, like whether to call a witness, file a motion, or advise a plea, can later be recast by a chatbot as unethical or incompetent, the rational lawyer will spend more time building a record for the bar than building a defense for the client. Counsel will overdocument, over-explain, and over-counsel against risk, not only to guard against ineffective assistance claims in appellate courts, but to inoculate themselves against the next AI-authored grievance. That defensive posture is not free. It consumes scarce time in already overloaded dockets, incentivizes conservative choices over risk-acceptant advocacy, and may push lawyers to prioritize their own exposure over the client's best interests---precisely the inversion that professional-responsibility rules are supposed to prevent.

Addressing this concern will not be easy for regulators. Some suggestions made by the author include:

- Requiring complainants to certify whether AI was used to help generate a complaint. This requirement may not be complied with except for well-intentioned complainants. However, it may also form the basis for screening out complaints made by those intending to overwhelm the system or cause harm to registrants.
- Regulators using algorithms to flag AI-generated content.
- Training regulatory staff to recognize the hallmarks of AI-generated content.
- Using an expedited dismissal process for such complaints.
- Publicly reporting likely AI-generated complaints. The author appears to be referring to statistical reports so that the public, the profession, and policy makers are aware of the scope of the problem.
- Publishing guidelines for a registrant's responsibilities when they become aware of AI-generated complaints by others, especially other registrants.
- Imposing sanctions upon complainants who repeatedly submit AI-generated grievances. However, it is difficult to contemplate what an effective, yet acceptable, sanction might be.

One measure that the author does not mention is for regulators to implement a policy prohibiting individuals from using AI to help generate a complaint. Where AI use is suspected, no action will be taken on the complaint on that basis alone. In those

cases, the individual could potentially be asked to resubmit a complaint in their own words.

Currently most of these measures seem a little excessive, but perhaps the author is correct that at least some of them will soon become necessary.

FOR MORE INFORMATION

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HPRO Health Profession Regulators of Ontario

Legislative Update – What Happened in May 2026?

From Julie Maciura

In This Issue

Ontario Bills

(www.ola.org)

Bill 119, Protecting Ontario's Streets and Communities Act, 2026 – (Government Bill, at second reading) Bill 119 amends several statutes including *the Social Work and Social Service Work Act, 1998*. Currently interim orders can only be made after a referral to a hearing. The amendment will permit interim orders to be made at any time in the complaints and investigation process.

Bill 109, Protecting Ontario's Food Independence Act, 2026 – (*Government Bill, before the Standing Committee on the Interior*) 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 third 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, passed third reading and received Royal Assent*). 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 – Commencement Orders)

There were no relevant commencement orders this month.

Regulations

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

Professional Engineers Act. The regulation replaces the registration requirement of four years of practical experience with a combination of two years of practical experience and successful completion of a competency-based assessment. (O.Reg. 126/26)

Regulated Health Professions Act, 1991. The regulation facilitates pharmacy technicians participating in the as-of-right mobility scheme by exempting them from the prohibition against performing certain controlled acts. (O.Reg. 131/26)

Pharmacy Act, 1991. The regulation expands the scope of practice of both pharmacy technicians and pharmacists. (O.Reg. 133/26)

Provincial Animal Welfare Services Act, 2019. Certain procedures on animals are prohibited such as declawing cats, and devocalization and ear cropping of dogs. However, a veterinarian may perform the procedure if necessary to treat a documented injury or disease. (O.Reg. 152/26)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Policy on supporting children and students with prevalent medical conditions including asthma in schools. "The ministry is seeking feedback on proposed changes to Policy/Program Memorandum (PPM) 161: Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in schools. These amendments are intended to improve routine and emergency care for students with prevalent medical conditions and ensure their full participation in school." Comments are due by July 12, 2026.

Bonus Features

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

Distinctions and Differences

Discipline tribunals are increasingly asked to make nuanced legal distinctions. An example is *Bujacz v. Ontario College of Teachers*, 2026 ONSC 1265, where a discipline tribunal imposed mandatory revocation of the certificate of registration of a teacher for, among other things, sending sexual messages to one of the teacher's former students. At the time the messages were sent, the student was 17 years old and in high school.

The first issue was whether the messages were "sexual" in nature. The Court upheld the tribunal's finding that, applying an objective "reasonable observer" test, the messages were of a sexual nature even though they were not overtly or explicitly sexual. The Court said:

> Among other circumstances relevant to whether the messages were of a sexual nature, the Panel discussed the age of the appellant and Student 1 at the time, the frequency of the messages and the times they were sent, the use of a private social media platform, the informal nature of the messages, the fact that they did not relate to school work – they were personal in nature, and that they contained sexual innuendo and suggestions of Student 1's maturity.

The second issue was whether their recipient was a "student". The teacher had taught her when she was in elementary school. The Court accepted the definition in the profession-specific legislation of "student" which includes, for the purposes of the sexual abuse provisions, anyone enrolled in school who is under 18 years of age.

The third issue was whether the messages constituted sexual abuse (which would result in mandatory revocation) or sexual misconduct (which would not). The Court accepted the tribunal's interpretation that sexual abuse involved comments or behaviour directed toward a particular student or students, while sexual misconduct could include sexual behaviour or comments of a more generalized nature that was not directed at specific individuals. Relatedly, the Court accepted that the tribunal could reject an opinion expressed by a regulator's expert witness during cross-examination that the messages, while below professional standards, did not constitute sexual abuse.

The fourth issue was whether mandatory revocation breached the teacher's freedom of expression under the *Canadian Charter of Rights and Freedoms*. Several court decisions have upheld mandatory revocation for health practitioners for certain types of sexual touching of patients. There was no touching alleged here. The Court accepted the tribunal's conclusion that, while the mandatory revocation provision infringed on the teacher's right to freedom of expression, the infringement was justified by virtue of section 1 of the *Charter*. Protecting the safety of vulnerable students was a pressing and substantial goal. Given the type of harm that can result from such conduct (which was supported by expert evidence), mandatory revocation

was a proportional measure. The teacher's messages were not the type of "expression" that warranted strong protection. Moreover, the mandatory revocation provision applied only to sexual comments and not to other types of expression.

The fifth issue was subtle. The teacher argued that the finding that the comments were of a sexual nature should have been subject to a *Doré* analysis. *Doré* stands for the proposition that when a regulator exercises discretion, it needs to balance any applicable *Charter* values. The Court had difficulty characterizing the finding that the comments were of a sexual nature as a discretionary decision. However, even if it was a discretionary decision, the Court found that *Charter* analysis carried out by the tribunal related to the validity of the mandatory revocation provision was adequate.

It is a lot to ask lay tribunals to make these types of distinctions, but this is the current state of administrative adjudication.

Institutional Bias vs Deliberative Privilege

Ontario's highest court has reaffirmed the importance of the deliberative privilege protecting the internal workings and discussions of administrative tribunals. The decision relates to a challenge to the independence and constitutionality of the Licence Appeal Tribunal (LAT), which adjudicates Ontario's no-fault statutory accident benefits.

A plaintiff, who suffered injuries from a motor vehicle collision, applied to LAT seeking statutory accident benefits from her insurer. LAT dismissed her applications. The plaintiff then sued the insurance company and others, alleging that LAT lacks adjudicative independence and is systemically biased. In support of her claim of institutional bias, the plaintiff sought production from LAT of some 400 records relating to her applications, including draft decisions and email correspondence between staff, counsel, and LAT adjudicators. Most of the documents consisted of correspondence supporting the daily deliberative work of the Tribunal's adjudicators, as well as the administrative work supporting those deliberations.

In *Derenzis v Ontario*, 2026 ONCA 344, the Court held that the documents were not relevant or necessary for a fair hearing, especially since LAT was essentially a third-party to the litigation. The Court did not accept that the challenging party should be given access to a broad swath of internal tribunal documents in order to facilitate an argument of systemic bias.

Even though the Court found that the motion should be dismissed on those grounds, the Court went on to comment on the scope of deliberative secrecy, saying:

> The scope of deliberative secrecy for administrative tribunals is the same as it is for courts. The case law makes clear that "secrecy remains the rule" in the administrative context…. It is also clear that "[d]eliberative secrecy extends to internal communications and the administrative aspects of the decision-making process", to the extent these aspects bear on adjudication….

Specifically, the Court disagreed with the judge who made the initial ruling and who had stated "that deliberative secrecy applies more narrowly in the administrative context, attaching only to matters 'that lie at the heart of the exercise of judgment or the deliberative process'".

Regulators can continue to assume that internal documents related to adjudicative decisions are generally protected from disclosure.

Careless Bad Faith

Most regulators cannot be sued for damages (money) unless they act in bad faith. More than two decades ago, the Supreme Court of Canada said that serious carelessness or recklessness could, in some circumstances, amount to bad faith: *Finney v Barreau du Québec*, 2004 SCC 36 (CanLII), [2004] 2 SCR 17. There, the regulator failed to act promptly in the face of urgent concerns about the competence of a lawyer. The complete lack of diligence in the circumstances, including after the regulator received alarming reports and additional complaints about the lawyer, amounted to bad faith. Since then, very few courts have found that serious carelessness or recklessness by a regulator amounts to bad faith. In fact, the necessity of pleading details of alleged bad faith prevents most lawsuits against regulators from proceeding at all. Until now.

In *Wei v Ontario*, 2026 ONSC 1782 (CanLII), a Court permitted financial investors to sue a financial regulator and its senior staff for misfeasance in public office. Under the legislation, the plaintiffs need the court's permission (leave) to proceed with the action. To obtain leave, the investors must demonstrate that there is a reasonable chance of success, including that there may have been bad faith. The Court found that the investors "may be able to show that the defendants' conduct was so inexplicably and seriously careless that a trial judge should infer that they acted in bad faith."

The Court found that there was evidence that the regulator failed to act on serious concerns about inadequate disclosure of high-risk, and possibly fraudulent, syndicated mortgages by a mortgage brokerage, Tier 1. The evidence led on the motion indicated that a major bank had warned the regulator that several mortgage brokers, including those associated with Tier 1, were involved in a Ponzi scheme. There was further evidence that the regulator failed to take steps to obtain further information from the bank despite its offer to provide it. There was evidence that the regulator also failed to use its statutory investigative powers with Tier 1 when concerns about

it arose during the investigation of another entity. The Court also expressed concern about the regulator's lack of enforcement action, generally, against other questionable players in the syndicated mortgage market.

The Court acknowledged that the regulator was not required to provide its defence at this stage of the proceedings and that it might be able to explain how it had been reasonably diligent. However, in the absence of such evidence, there is a reasonable chance that a court would infer that the serious carelessness amounted to bad faith.

This decision, if it stands, suggests that at some point a lack of diligence by a regulator about concerns that are serious enough to potentially harm the public can lead to civil liability.

Interestingly, the Quebec Court of Appeal has just granted leave to appeal in another matter where the contours of *Finney* will also be explored. There, the failure of a discipline panel to accept a joint submission is in issue: *Conseil de discipline de l'Ordre des comptables professionnels agréés du Québec c. Duval*, 2026 QCCA 660 (CanLII).

The Consequences of a Regulator Breaching Confidentiality

Confidentiality provisions can be tricky. The criteria for when a regulator can disclose confidential information are often complex. Improper disclosure of otherwise confidential information can discredit the regulator, impact its enforcement proceedings and, in an extreme case, lead to civil or even quasi-criminal liability. A recent Ontario Divisional Court decision indicates that mistaken disclosure can, however, be excused.

Sharpe v Ontario Securities Commission, 2026 ONSC 1394 (CanLII) involved allegations of serious misconduct, including fraud, against a couple. During the investigation, the couple were compelled to give evidence. That compelled evidence could not be used against the couple in other proceedings without permission from the Tribunal. However, the regulator used that evidence in a receivership application to protect investor funds. The receivership application resulted in broad public disclosure of the compelled evidence. The regulatory staff mistakenly thought that they did not need permission from the Tribunal to use the evidence obtained from the couple in those regulatory-related proceedings. The couple brought a motion to stay the enforcement proceedings as an abuse of process because of that confidentiality breach. The Tribunal refused to grant the stay and imposed significant sanctions on the couple in the enforcement proceedings.

The couple sought extensive disclosure of the regulator's internal communications to help establish their abuse of process arguments, requesting "broad production of all communications relating to their compelled testimony between the Commission, the receiver and potential

witnesses, all internal correspondence, investigation notes, and memoranda regarding the receivership or cease trade orders before and after the receivership, as well as communications with the media." However, the Court agreed with the Tribunal that the couple had not established the "tenable case" or the "reasonable prospect of success" required to enable them to obtain the documents to "explore the question of bad faith."

The Court agreed with the Tribunal that the enforcement proceedings should not be stayed. The breach of confidentiality occurred because of a mistaken interpretation of the confidentiality provisions. It was conceded that, absent any new evidence obtained through the disclosure motion, there was no evidence of bad faith on the part of the regulator. In fact, an amendment of the legislation that was not yet in force would have permitted its disclosure in this manner without permission from the Tribunal. In any event, if permission had been sought, it likely would have been granted in these circumstances. The fairness of the enforcement proceedings was not materially compromised and the evidence of prejudice to the couple was weak. Finally, the alleged violations of the securities law were so grave that there was a strong public interest in proceeding with them to protect investors.

This decision is an example of when an accidental breach of confidentiality by a regulator does not constitute an abuse of process.

If We Don't (Yet) Have National Registers, Can We Have More Unified Registration?

Much has been said in recent years about the value and benefit of provincial harmony in regulation. We recently posted about the possibility of national public registers and the potential benefits of storing information in a unified register. Centralized registers aside, provincial governments and regulators have taken other meaningful steps to harmonize, streamline and, in many ways, unify registration and licensure between provinces and territories.

Some examples include:

- In Atlantic Canada, the Atlantic Registry was created as a product of collaboration between physician regulators in the Atlantic provinces. It permits physicians registered in one Atlantic province to obtain streamlined registration and practise in other Atlantic provinces. The Atlantic Registry operates through an "opt in" system where applicants submit a single form to their home regulator and, if approved, the home regulator recommends full licensure to each of the other Atlantic physician regulators.

- The Ontario government has recently implemented "As of Right" legislation for several regulators, which allows eligible practitioners registered in other Canadian provinces or

territories to practise in Ontario for six months while their applications for registration are processed.

- Earlier this year, Ontario's physician and nursing regulators announced their implementation of automatic recognition regimes that allow practitioners holding equivalent licences in another Canadian jurisdiction to have their licences "automatically" recognized in Ontario. Under these new recognition regimes, eligible physicians and nurses from other Canadian provinces and territories will have their applications assessed in two business days.

- In common law provinces, including Ontario, lawyers licensed in their home jurisdiction are permitted to practise law in other provinces for up to 100 days per year, without the requirement to obtain separate licences in those other jurisdictions (and subject to certain rules and requirements).

These initiatives operate alongside other labour mobility mechanisms, such as the Canada Free Trade Agreement and the mobility rights provisions in section 6 of the *Canadian Charter of Rights and Freedoms* These initiatives aim to increase opportunities and reduce burdens associated with national mobility. Their purpose is to facilitate recognition of qualifications, competencies and experiences of professionals in Canada, regardless of where they obtained their initial registration or licensure. At their core, these initiatives assume and depend on some level of unity and harmony in registration and accreditation standards for similar professions across Canada.

Other countries have tackled these issues in different ways. For example, the Australian Health Practitioner Regulation Agency, which operates a national registration and accreditation scheme (the "National Scheme"), has been in place and operational for nearly 16 years. Numerous health professions in Australia are nationally regulated by the National Scheme. National Boards set unified, national registration standards.

The American Medical Association also recently published an article about considerations for soon-to-be physicians when applying to practise in multiple states. Different states' registration requirements can vary depending on the laws of the specific state, and physicians must obtain separate licences for each state in which they intend to practise. To help facilitate this, several member states have entered into an Interstate Medical Licensure Compact (the "Compact"), which is an agreement between participating states to streamline the licensing process for physicians wishing to practise in multiple states or territories. For participating jurisdictions, physicians can now complete one centralized application with the Compact for licensure in multiple states and territories. While physicians must still receive licences from each state or territory individually, the process itself can be completed through a single application, and is more streamlined and faster as a result.

In Canada, it is too soon to tell if the above-noted measures will be a stepping-stone toward broader harmony between provincial regulators, or whether a reduction in barriers to registration will meaningfully increase public access to regulated professionals. However, these measures suggest that, at least to some extent, national harmonization in regulation is possible.

Avoidance Strategy

When does avoiding a client constitute professional misconduct? A veterinarian was disciplined for failing to investigate, personally, when a client suspected that the cremated remains given to them were not of their pet and then avoiding the client's phone calls. The only time the clients were able to reach the veterinarian on the phone was when they used a fake name. That, and failing to maintain standards during the pet's surgery and poor records, resulted in a two-month suspension and remedial measures.

See: *Dr Ignacio Tan III v Alberta Veterinary Medical Association*, 2026 ABCA 176 (CanLII).

Not Walking the Talk

Here is a reminder that regulators should comply with their own policies. The Alberta regulator for casinos published policy dealing with the criteria it will use to assess requests to relocate a casino within its own market area (much easier to obtain) and to open the opening of a new casino in a different market area (in which the impact upon existing local casinos had to be carefully considered). A Court held that the regulator failed to follow its own policy by applying the former criteria instead of the latter. The Court said:

> In reaching this conclusion, I appreciate that the Guidelines do not constitute a statute or regulation and need not necessarily be strictly interpreted in accordance with all the formal rules of statutory interpretation. But in my view, no reasonable member of the public would read Sections 14 and 15 in the manner proposed by the AGLC. In particular, no reasonable member of the public would conclude that the definition of "relocation" in Section 15.3.1 encompasses a "relocation" from one market area to another. Applying the test for legitimate expectations established in *Mavi* and reiterated in *Agraira*, the representations in the Guidelines are sufficiently certain to be capable of enforcement…..
>
> In summary, I find that the AGLC breached the Applicants' legitimate expectations by following Section 15 of the Guidelines rather than Section 14.

See: *Pure Canadian Entertainment LP v Alberta Gaming, Liquor and Cannabis Commission*, 2026 ABKB 370 (CanLII).

Accountability for the Misconduct of Others

Ontario's Divisional Court has held that a lack of supervision of others can warrant revocation even though the registrants did not personally engage in the misconduct. The Court said:

> The LAT [Tribunal] found that the Respondents did not commit the dishonest acts themselves. This finding was available on the evidence. However, the LAT failed to assess the "operational circumstances, the conduct of the corporation, and [the Respondents'] responsibilities as officers and directors." This was a necessary analysis before the LAT could conclude that the Respondents' registration should not be revoked.
>
> The operational circumstances included the fact that the Respondents were the two controlling minds of the corporation and were active in the business. They were responsible personally for overseeing their employees. The misconduct, as found by the LAT, involved four employees, multiple distinct incidents of misconduct, and a laundry list of misconduct, as listed above. In the absence of compelling evidence that the Respondents had exercised reasonable diligence in the discharge of the managerial responsibilities, these circumstances would warrant revocation.

See: *Registrar, Motor Vehicle Dealers Act v. 2631273 Ontario Inc.,* 2026 ONSC 2734 (CanLII).

HPRO Health Profession Regulators of Ontario

Legislative Update – What Happened in June 2026?

From Julie Maciura

In This Issue

Ontario Bills

(www.ola.org)

Bill 119, Protecting Ontario's Streets and Communities Act, 2026 – (Government Bill, before the Standing Committee on Justice Policy) Bill 119 amends several statutes including *the Social Work and Social Service Work Act, 1998*. Currently interim orders can only be made after a referral to a hearing. The amendment will permit interim orders to be made at any time in the complaints and investigation process.

Bill 109, Protecting Ontario's Food Independence Act, 2026 – (*Government Bill, before the Standing Committee on the Interior*) Bill 109 makes several amendments to the not-yet-proclaimed *Veterinary Professionals Act, 2024*. Most of the amendments are clarifying in nature, including 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 third 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.

Commencement Orders

(https://www.ontario.ca/laws – Commencement Orders)

There were no relevant commencement orders this month.

Regulations

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

Ontario College of Teachers Act. This regulation changes the training program from a two-year program to a 12-consecutive-month, three-semester program. The regulation specifies how such programs will be accredited with transition provisions. (O.Reg. 180/26)

Ontario Immigration Act. This regulation implements the first phase of a significant redesign of the Ontario Immigrant Nominee Program (OINP), replacing its existing nomination streams with the new Ontario Workforce Priority stream effective June 26, 2026. While the regulation is quite technical and difficult to interpret, priority seems to be given to self-employed physicians and some French-speaking workers. (O.Reg. 204/26)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Policy on Supporting children and students with prevalent medical conditions including asthma in schools. "The ministry is seeking feedback on proposed changes to Policy/Program Memorandum (PPM) 161: Supporting children and students with prevalent medical conditions (anaphylaxis, asthma, diabetes, and/or epilepsy) in schools. These amendments are intended to improve routine and emergency care for students with prevalent medical conditions and ensure their full participation in school." Comments are due by July 12, 2026.

Drug and Pharmacies Regulation Act* and *Animal Health Act. The proposal would change the requirement for a licence to sell livestock medicines to a regime where only registration with the Ministry is required. Comments are due by July 30, 2026.

Bonus Features

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

Cameras and Confidentiality

A nefarious intent is not required in order to constitute a breach of client confidentiality. A plastic surgeon faced disciplinary, privacy enforcement and civil consequences for using video and audio surveillance cameras throughout his office, including in examination rooms, without patient consent. Even though the images were not shared with or improperly obtained by others, the conduct was seen as indefensible. An Ontario court ordered the plastic surgeon to pay $22.5 million to the affected patients in a class action lawsuit. [The decision itself can be found at *J.C. et al. v. Jugenburg et al.*, 2026 ONSC 3061 (CanLII).]

In addition, the plastic surgeon was reprimanded, suspended for six months, and ordered to undergo remediation at a discipline hearing for similar misconduct. The misconduct in the discipline

hearing also included posting other images on social media without the consent of the patient or where the consent had been obtained through questionable means given the power imbalance between the practitioner and the patient. The discipline panel was clear that privacy had been breached simply by recording the images of patients without their knowledge or truly informed consent. Lastly, the Ontario Information and Privacy Commissioner also condemned the behaviour.

A recent Australian decision found a physician to have engaged in professional misconduct, and imposed a $30,000 fine, for taking images of patients without their consent and publicly posting images in an "non-identifying" manner. Attempting anonymity was insufficient to justify the privacy breach.

Both regulators and the courts are increasingly conveying the message that cameras and confidentiality do not mix.

This scenario is distinct from the more common instances of registrants' "snooping" through the records of friends and family members for non-clinical purposes. Earlier this year, an Ontario nurse was suspended for three months for accessing the health care files of four friends.

Balancing Public Protection and Fairness

Ontario's highest court has discussed the mandate of regulators of professions in *The Law Society of Upper Canada v Watson*, 2026 ONCA 372.

The Court says that the mandate of professional regulators is "to protect the public, to regulate the profession and to preserve public confidence in the profession". However, there is a corresponding duty on regulators "also to deal fairly with members whose livelihood and reputation are affected. This court has emphasized that nothing is to be gained by giving one of these functions priority over the other…".

The decision in *Watson* will have little direct application for most regulators. It deals with whether "wasted costs" should be awarded to a registrant after the regulator discontinued a 56-day discipline hearing. "Wasted costs" are specifically addressed in the Law Society tribunal rules. This is different from the rules of many regulatory schemes that provide, to the extent that the regulator is liable to pay costs at all, that the regulator must only do so where the commencement of the discipline process was unwarranted. In *Watson*, the Court returned the matter to the tribunal for a new decision on whether the regulator should have to pay "wasted costs" because it found the first decision on that issue was flawed.

In doing so, the Court made several significant comments on the duty of regulators to deal fairly with registrants, including the following:

- The duty of fairness to registrants requires regulators "to be neutral and rigorous in the investigation and prosecution of disciplinary cases."
- Investigations should be balanced, making reasonable efforts to find the evidence relevant to the allegations. Investigations should not be one-sided looking only for evidence that supports the allegations.
- It was concerning that the investigator finalized his report before interviewing the registrant. Further, the subsequent interview of the registrant did not seek an explanation for many of the concerns identified in the already finalized report.
- The fact that allegations will largely turn on the credibility of the witnesses does not relieve the regulator of its responsibility to conduct a proper investigation. For example, in this matter, a key document that cast doubt on a core allegation by the complainant was not obtained despite being readily available from a public record.
- Decisions about disclosure to the registrant need to be made with the duty of fairness in mind. For example, the Court said:

  > Taking the position that these sets of documents were not relevant strongly suggests that the LSO viewed its role through the one-sided lens of what supports the prosecution. This was part of a broader pattern of conduct throughout the investigation and the hearing.

- Even though disclosure obligations do not require a regulator to obtain documents it does not possess, the duty of fairness may require the regulator to respond reasonably to defence efforts to obtain production of important and potentially relevant documents from third parties (in this case, accounting records from the complainant).

On the assessment of costs against the regulator, the Court gave some general guidance as follows:

- "The burden of establishing that a proceeding was unwarranted or that costs were wasted, rests with the party making that allegation, and the Law Society's conduct must be analyzed at the time decisions were made without overly relying on hindsight…While hindsight is not to be used, hindsight is distinguished from conducting a 'holistic after-the fact examination'…".
- Regulators should not be deterred from bringing misconduct proceedings for fear that it will have to pay costs if it is unsuccessful. The default presumption is that no costs will ordinarily be payable by the regulator. However, it is incorrect to say that a discipline tribunal should exercise extreme caution in awarding such costs as that would downplay the regulator's responsibilities to registrants.
- The criteria for awarding "wasted costs" against the Law Society can be met by a series of small acts or omissions that cumulatively meet the test under the Law Society tribunal rules.
- "Finally, even if the tribunal concludes that proceedings were unwarranted, there is a residual discretion not to award costs based on the circumstances of the case…".

This decision makes clear that the requirement for regulators to protect the public, while also acting fairly toward registrants, is particularly important in the disciplinary context.

Perhaps, Maybe, Sometimes

Some regulators have whistleblower policies. Most commonly, they are for internal use as a safeguard to ensure that the regulator and its leadership are conducting business appropriately. Less frequently, they are a means of learning about registrant misconduct that would otherwise not come to the regulator's attention. A critical issue to the success of either such policy is whether those who come forward (or are approached for statements) can maintain their anonymity.

In *Campbell v Alberta (Public Interest Commissioner)*, 2026 ABCA 184 (CanLII), the answer is: perhaps, maybe, sometimes. In that case, a whistleblower report asserted that the management style of the respondent, the superintendent of a school division near Edmonton, involved bullying, harassment and intimidation. The whistleblower regime created by legislation was intended to bring to the attention of public entities, for possible corrective measures, valid concerns about "wrongdoing" that compromised the effectiveness of their management or created risks to life, health, safety or the environment. Under the scheme, a whistleblower reported a concern to the Public Interest Commissioner who protected their identity, subject to the principles of procedural fairness. In this case, the Commissioner did so by providing a summary of the investigative findings without disclosing the identities of the reporter or witnesses. To achieve procedural fairness, the following types of thematic disclosures were made to the respondent:

> Under the heading, "Investigative Findings", the investigator summarized and aggregated various aspects of the interview evidence, including evidence related to the culture of the organization (e.g., "Thirty-one witnesses... expressed the culture of the Division is one of fear"), the employee turnover rate (e.g., "Seventy-two percent of the witnesses... described the employee turnover rate at that time [as] 'extremely high,' 'tremendous,' and 'significant'"), employee autonomy (e.g., "Nineteen witnesses described [the respondent's] management style as 'micromanagement,' with some verbalizing she is 'militaristic,' and 'has to control' and 'have her hands in everything'"), workplace communication (e.g., "Twenty-four percent... reported that all communications must first go through" the respondent), employee reprimands (e.g., one witness stated the practice of issuing letters of reprimand was "frequent, overt, and used to intimidate employees"), the respondent's conduct (e.g., "Twenty employees expressed concern that [the respondent] utilizes various tactics of intimidation to bully individuals or assert control over employees"), work demands (e.g., "Sixteen witnesses raised concerns about the work demands placed on employees by" the respondent), and the effects of the respondent's conduct on employees (e.g., "Thirteen witnesses reported that [the respondent's] behaviours have led to employees becoming

afraid of asking questions and voicing opinions"). Evidence regarding specific events relayed by the witnesses was also summarized.

The Court concluded that procedural fairness did not require the Commissioner to disclose the reporter or witness identities to the respondent because:

- The nature of the statutory scheme emphasized systemic improvements over sanctioning individual wrongdoers.
- The Commissioner's decision was not adjudicative in nature but instead included non-binding recommendations to the relevant public entity.
- While the Commissioner's report "would be felt by the person who had devoted decades to the profession", it did not have "more concrete consequences" for them. This was especially the case here, as the respondent retired before the report was released.
- There was nothing in the whistleblower scheme or the Commissioner's conduct that would create a legitimate expectation that the respondent would receive disclosure of the identities.
- The Commissioner's choice not to disclose the identities was explained and fit within the procedural options specified in the legislation.
- Other court decisions mandating disclosure of identities during an investigation could be distinguished on their facts.

The Court was "satisfied the 'genericized' disclosure achieved fairness in a way that was 'appropriate to the decision being made and its statutory, institutional, and social context….'"

It is worth noting that when the respondent brought her application for judicial review, she was given, over the objection of the Commissioner, an unredacted record of the investigation which included the identities of the person making the report and of the witnesses, based on the open court principle. Thus, the anonymity of the whistleblower and witnesses was not permanent.

This decision suggests that a regulator could likely develop an internal whistleblower policy to enhance its operations that offers significant, but not absolute, anonymity to reporters and witnesses.

On the other hand, the Court explicitly rejected the proposition that this process was analogous to a discipline investigation for professional misconduct, suggesting that the whistleblower level of protection might not apply to that context. However, the Court did not comment on whether the "informant's privilege" might apply in disciplinary matters.

Challenging Disciplinary Findings

In *Bacchus v. Royal College of Dental Surgeons of Ontario*, 2026 ONSC 3415 (CanLII), the registrant appealed a discipline panel's decision on the basis that it was "legally and procedurally flawed, in almost every regard." In a wide-ranging judgment, the Court disagreed. In particular, the Court noted the following:

- On an appeal, a party cannot argue that their preferred findings of fact should prevail. "It is improper to argue a version of the facts untied to the findings below: an appeal in this court is not a "re-do" of the hearing below. This court does not immerse itself in the record below and decide what findings it would make if it was hearing the case at first instance." Rather, an appellant must argue why "particular findings are palpable and overriding errors."
- "Where a fact is found in a criminal trial on the standard of proof beyond a reasonable doubt, it may be an abuse of process to contest that factual finding in subsequent legal proceedings…. However, this principle does not apply to every finding made during reasons for judgment in a prior proceeding, such as credibility findings." Note that in this matter, the findings of the criminal trial Judge were not inconsistent with the findings of the panel.
- One issue was whether the registrant had sex with a particular patient. The Court accepted the panel's finding that they had sex based on admissions made by the registrant to two witnesses, despite the registrant's denial at the hearing. It was also proper for the hearing panel to reject the patient's affidavit denying they had sex as, in the circumstances, the evidence needed to be presented through the live testimony of a witness.
- In the circumstances, "an inference was available that informed consent was not obtained from the fact that it had not been documented."
- The panel properly relied upon guidelines published by the regulator on prescribing opioids that was supported by expert evidence. The Court rejected the registrant's arguments that the guidelines were no more than suggestions. "The import of the Opioid Guidelines, and their status as declaratory of professional standards, was established in this case by expert evidence that was accepted by the Committee."
- An appearance of bias by the panel "is not established by an adverse decision." The registrant's "argument on this point does not come close to establishing a reasonable apprehension of bias."
- It was appropriate for the panel to include in its decision and reasons the allegations that were dismissed: "referencing all of the charges, and how each charge was disposed of, is sound practice."
- A costs order of $451,461.61 was reasonable in the circumstances. There were multiple allegations resulting in a 17-day hearing. The registrant "did not make reasonable concessions that could have shortened the hearing, but rather, raised numerous objections that lengthened the hearing." Using a calculation of two-thirds of actual costs and expenses has been upheld by the Court in other cases and was appropriate here. The registrant did

not raise his inability to pay such costs. If he had, he would have had to present evidence of his impecuniosity "to moderate an otherwise justified costs award."

That just about covers it.

Failed Delivery

In *Real Estate Council of Alberta v More*, 2026 ABKB 459 (CanLII), the regulator received several complaints about a former registrant's conduct which raised serious concerns, including misappropriating client money. Before being notified of the complaints, the registrant had permitted his licence to lapse. When notified of them, the former registrant stated that he would not be responding, and that his "doors" were closing for health reasons. The former registrant initiated no further contact with the regulator.

Some 16 months later, the regulator attempted to serve a notice of hearing on the former registrant by registered mail at his last known address in its files. The legislation permitted service "by sending the document by recorded mail addressed to the licensee at the last business or residential address provided by the licensee to the Board or Industry Council, as the case may be". The *Interpretation Act* stated that registered mail "includes any form of mail for which the addressee or a person on behalf of the addressee is required to acknowledge receipt of the mail by providing a signature."

The letter was returned because the former registrant had moved or was unknown at that address. Attempts to locate the former registrant and serve him personally were also unsuccessful.

At the hearing, the regulator argued that the former registrant had been adequately served with the notice of hearing because it had been "sent" to the last known address he provided. The panel determined that the notice to the former registrant was insufficient and declined to hear the allegations because:

- It was known that the former registrant had not actually received the notice of hearing and there was no information to suggest that he had knowledge of it.
- Reading the enabling statute and *Interpretation Act* together, sending the document without an indication of its receipt was insufficient.
- The fact that the former registrant had notice of some of the complaints is insufficient to imply notice that a formal discipline hearing was going to take place.
- A duty upon registrants to provide current contact information does not mean that sending a notice to a former registrant's address contained in the regulator's records is adequate service.
- The public interest in regulators' being able to proceed to discipline with serious allegations does not override a registrant's right to notice of discipline proceedings.

- Failure of the former registrant to provide a new address does not establish purposeful evasion.
- Procedural fairness requires more, especially for such serious allegations.

On appeal, while the Court indicated that it might not have reached the same conclusion as the hearing panel on all of these points, it also did not find its decision to be unreasonable.

The regulator also asked the Court to order dispensing of service (or for substituted service) of the notice of hearing. The Court said that, even if it had the authority to do so, it would only make such an order where substituted service is likely to bring the document to the attention of the intended recipient or if service is unlikely to make any difference (as the recipient would likely not oppose the order sought). Neither condition applied. The Court was also concerned about the regulator's delay in proceeding with the matter.

While this Alberta decision is founded on its individual circumstances and the wording of its specific legislative provisions, it is a useful reminder that notice expectations for disciplinary proceedings should not be treated casually.

Perfunctory Cooperation Is Not Cooperation

Two administrative monetary penalties, totalling $70,000, for failing to cooperate during an investigation and providing false and misleading information to the regulator, were upheld by Ontario's Divisional Court. The Court agreed that a one-page response to the allegations with brief, vague and generally unresponsive answers did not amount to cooperation, especially when the registrant then failed to respond to follow up questions or comply with investigative summonses. The Court also agreed that the tribunal could conclude from the registrant's "egregious behaviour" that he had damaged the reputation of the mortgage sector.

See: *Gerstel v. FSRA*, 2026 ONSC 2942 (CanLII), https://canlii.ca/t/klj1c

California Is Serious About Regulating Management Services Organizations

Where to draw the line between the legitimate support of professional practices by management service organizations (MSO) and their usurping control over professional judgment? This is an issue that regulators around the world are grappling with. California appears to be implementing strong safeguards to protect professional control and judgment including:

- Property and leases must be owned by registrants, not an MSO;
- An MSO cannot use non-compete or non-solicitation agreements to restrict the ability of registrants to continue practising in the geographic area or to serve existing clients;

- An MSO cannot require registrants to surrender offices or equipment upon termination of the relationship;
- An MSO cannot charge service fees based on the revenue, sales or profits of the practice;
- MSO employees cannot be compensated based on the revenue, sales or profits of the practice;
- An MSO must renegotiate services fees with the practice annually; and
- All advertisements must be approved by registrants and disclose the registrants as owners of the practice.

See: https://www.alston.com/en/insights/publications/2026/06/california-health-care-management-model-scrutiny

Another Consequence of Delayed Disciplinary Proceedings

A serious finding was made and a suspension was imposed on a Manitoba occupational therapist for sexual comments and crossing of boundaries with a young patient. A four-month suspension was imposed. The occupational therapist was successful in postponing the start of the penalty pending the hearing of their appeal. A factor in the Court granting the stay of penalty was that in the six years since the events, and four years since the complaint was received, the occupational therapist had no further complaints.

See: *Chochinov v Inquiry Committee of the College of Occupational Therapists of Manitoba*, 2026 MBCA 48 (CanLII), https://canlii.ca/t/klcqn.

The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title IVIT Program & Examinations Policy	Policy No. EX03.~~04~~ 05
		Page No. 1

Intent/Purpose	To establish a policy governing the Intravenous Infusion Therapy (IVIT) program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the *Naturopathy Act, 2007.*
	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 either the General Class, emergency class or Inactive Class, which demonstrates to the public that the holder is a r~~R~~egistrant 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.
	Code	Means the Health Professions Procedural Code, which is Schedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario as established under the *Naturopathy Act, 2007* and governed by the RHPA.
	Compounding	Means reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances specified in Table 5 of the General Regulation or drugs designated in Table 2 of the General Regulation to create a customized therapeutic product for the purposes of administration to the r~~R~~egistrant's patient by intravenous infusion therapy
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
	Emergency Class	Means a registrant authorized to practise in Ontario, who has met the registration requirements as set in section 5.1 of the Registration Regulation.
	Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, health condition, religious requirement, a pregnancy or breastfeeding related need as outlined in the College's Examination Accommodations Policy.

DATE APPROVED	DATE LAST REVISED
October 20, 2014	September 24, 2025

Examination Violation	Means a contravention of the College's Examination Rules of Conduct.
General Class	Means a r~~R~~egistrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.
General Regulation	Means Ontario Regulation 168/15
Good Standing	Means the status assigned to a r~~R~~egistrant when they are current on dues and payments and are current with the registration requirements assigned to their class of registration.
Inactive Class	Means a r~~R~~egistrant not authorized to practise in Ontario, as set out in section 8 of the Registration Regulation.
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~~ registrant's competencies to perform IVIT safely, competently and ethically.
IVIT Procedures	Means administering IVIT and compounding for the purposes of administering for IVIT.
Laminar Air Flow Hood	Means an enclosure in which air flow is directed so as to prevent contamination of sterile materials by airborne organisms or particles.
Premises	Means any place where a r~~R~~egistrant performs or may perform an IVIT procedure.
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.
Registrant	Means an individual as defined in section 1(1) of the Code.
Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
RHPA	Means the *Regulated Health Professions Act, 1991*.
Standard of Practice for IVIT	Means the standard as defined in section 5(5) of the General Regulation meaning the education and examination requirements necessary to demonstrate competency in the practise of IVIT.
Standard of Practice for Prescribing	Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined I section 9(5) of the General Regulation.

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	TCL	Means a term, condition, or limitation (TCL) placed upon a certificate of registration which limits or restricts a registrant's activities within the practice of the profession.
General	Regulation	Determinations of whether a ~~r~~Registrant has met the Standard of Practice for IVIT, or whether an IVIT training course is approved, will be made in accordance with the General Regulation and this policy. Registration staff and ~~r~~Registrants will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.
	Eligibility Requirements ~~for the Practise of IVIT~~for Meeting the Standard of Practice for IVIT	~~Any Registrant who wishes to perform IVIT procedures~~To be deemed to have met the Standard of Practice for IVIT, and be permitted to perform IVIT procedures, ~~(compounding for IVIT or administering IVIT)~~registrants must: • Have successfully completed an IVIT training course, approved by Council, that covers the core competencies for the practise of IVIT, and the IVIT examination, as set out in this policy. • Have met the Standard of Practice for Prescribing as outlined in the Prescribing and Therapeutics Program & Examination Policy. • Hold $3 million per claim and $3 million aggregate level in professional liability insurance in addition to the $2 million coverage required of all ~~r~~egistrants holding a General Class Certificate of Registration, in accordance with section 19 of the College by-laws. • Hold a General Class certificate of registration without any TCLs which restrict the ~~r~~Registrant~~registrant~~ from engaging in direct patient care. • Be in good standing with the College.~~.~~ ~~• Have successfully completed an IVIT training course, approved by Council, that covers the core competencies for the practise of IVIT, and an examination in IVIT administered or approved by Council.~~ ~~• Have met the Standard of Practice for Prescribing as outlined in the Prescribing and Therapeutics Program & Examination Policy.~~ ~~• Hold $3 million per claim and $3 million aggregate level in professional liability insurance in addition to the $2 million coverage required of all Registrants holding a General Class Certificate of Registration, in accordance with section 19 of the College by-laws.~~ ~~• Must notify the College within two business days of insurance information changing, or ceasing to hold active insurance.~~ ~~•~~ Meet the requirements as set out in the Quality Assurance

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Program for Continuing Education related to IVIT.~~:~~

- ~~Only perform IVIT procedures in an IVIT premises registered with the College which has undergone an inspection and received an outcome of a pass or a pass with conditions.~~

Performance of IVIT Procedures	Registrants who have met the Standard of Practice for IVIT are expected to be actively practising IVIT to ensure currency of requisite skills. IVIT procedures may only be performed in an IVIT premises registered with the College which has undergone an inspection and received an outcome of a pass or a pass with conditions.
Verifying Performance of ~~I~~IVIT	In instances where a registrant's declared practise information raises questions as to their maintaining currency through the performance of IVIT, the College at its discretion may request evidence of IVIT practise. Evidence may include, but is not limited to: • Letter of employment, including number of IVIT treatments provided per year. • Confirmation of services provided, o~~,~~ such as invoices, and/or letters from patients for whom IVIT treatments were provided; • P~~p~~atient ~~logs, treatment records~~records or case notes, ~~workplace attestations, billing records, or other information deemed acceptable by the College for the purpose of verifying a registrant's practise of IVIT.~~
Skills Atrophied	Registrants who have not practised IVIT for more than two years, whether by virtue of non-practise or through holding an Inactive Class certificate of registration or a General Class certificate of registration with a non-clinical TCL, ~~with the College for more than two years~~ are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of IVIT.

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Core Competencies for the Practise of IVIT	Registrants ~~performing~~ practising IVIT possess the knowledge, skill, and judgment in the following core competencies to ensure safe and effective practise: • Clinical rationale, including knowledge of indications and contraindications related to the practise of IVIT, related science to the practise of IVIT, and the ability to assess when IVIT is or is not an appropriate treatment option. • Patient assessment, including health history and allergies, physical examination and informed consent requirements, appropriate tests and labs, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to IVIT treatment. • Record keeping, including knowledge of documentation, charting and labeling requirements, appropriate IVIT related medical abbreviations, patient education documents and incident report filing requirements. • Infection prevention and control, including knowledge of appropriate infection prevention and control practice requirements, aseptic and clean techniques, biohazard disposal requirements, personal protective equipment (PPE) and devices, and policies, regulations and provincial legislative requirements around infection control. • IVIT substances, including knowledge of types of solutions and their clinical applications, appropriate routes of administration, storage and quality assurance measures, recommended dosages, potential allergy concerns, potential adverse reactions and appropriate treatment. • IVIT complications and emergencies, including knowledge of how to assess and respond to common emergency situations and adverse reactions, how to use emergency equipment and crash cart supplies, how to administer emergency substances, cautions and contraindications, dosages and route of administration for emergency substances, Health Canada reporting requirements and knowledge of emergency referral indicators and procedures. • IVIT equipment and devices, including knowledge of safe and proper use of IVIT equipment, storage and disposal requirements for IVIT equipment, how to use various types and gauges of needles and how to respond to common equipment issues. • Sterile compounding for IVIT, including knowledge of how to use and maintain a laminar airflow hood, appropriate garbing, and appropriate aseptic technique. • Anatomy and IVIT technique, including knowledge of body fluid composition, renal, cardiovascular, lymphatic, nervous, musculoskeletal, and endocrine systems, proper set-up, administration, and termination requirements for IV drips and pushes, appropriate site selection based on patient anatomy, and appropriate measure to mitigate and manage patient harm.

IVIT Training Courses	Approval	In order for the Council to approve a course, and for that course to be recognized by the College for IVIT training, and qualification of candidates for the IVIT examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council. In reviewing an application for approval, the Registration Committee will base their decision on the following criteria: 1. Course material must be fully referenced. 2. Course is a minimum of 32 hours and covers all core competencies necessary for the practise of IVIT. 3. Course material must adhere to Ontario legislation and regulation, College policy, standards and regulation, and must align with other regulated health profession industry standards for IVIT, emergency response and infection prevention and control. 4. Substances covered in the course must cover all and only the substances outlined in the list of substances to be administered by injection in the General Regulation. 5. Labs covered in the course should a) reflect those laboratory tests relevant to the practise of IVIT, and b) be discussed in the context of those which are and those which are not authorized to the profession under the *Laboratory and Specimen Collection Centre Licensing Act*, the General Regulation and the Standards of the College. 6. All participants who successfully complete the course must be provided with a certificate of completion or similar proof of course completion issued by the course provider 7. The course must contain six to eight hours of dedicated emergency procedures content, including one hour of emergency procedures role play, which addresses the following: • How to assess and respond to: infiltrations and extravasations, phlebitis and thrombophlebitis, catheter related venous thrombosis, allergic and anaphylactic reactions, ecchymosis and hematoma, cardiac arrest, circulatory overload, syncope, speed shock, and IV-line issues (e.g. line obstructions and tubing disconnects). • Prevention protocol, treatment options and emergency referral indicators for adverse reactions and emergency scenarios. • Discussion and demonstration of PPE and devices (including safety engineered needles), and emergency equipment (including oxygen tanks, oxygen masks, AED and pulse oximeters). • Documentation and reporting requirements around adverse reactions. 8. Course must have a practical component which:

- Requires participants to perform at least one successful infusion with proper insertion and termination.
- Requires participants to perform at least one successful IVIT push with proper insertion and termination.
- Requires participants to perform at least seven angiocath insertions, and at least three butterfly insertions.
- Requires participants to compound a bag for IVIT using a laminar air flow hood, demonstrating proper infection control measures and garbing protocol.
- Discusses and demonstrates sterile compounding for IVIT, including use and maintenance of a laminar air flow hood and proper aseptic technique.
- Discusses and demonstrates the use of safety engineered needles (SENs) including both sliding and hinged varieties.
- Demonstrates chevron technique and the use of transparent dressings (e.g., transparent adhesive dressings) for catheter securement, and discusses appropriate use of each.

9. Course must have a calculation requirement which requires participants to complete at least ten osmolarity calculations (including the calculation of drip rate) in class, and complete at least twenty calculations prior to course completion.
10. Course instructors must be in Good Standing with their regulatory body.

Course Audits

The Registration Committee reserves the right to audit the course and all related content and references at its discretion, and at the cost of the course instructor.

Revocation of Course Approval

The College reserves the right to review and/or revoke course approval in the following instances:

- Failure to adhere to the training course requirements and the course outline approved by the Registration Committee;
- Unsafe or unsanitary practices occurring during the training course.
- Known plagiarism of course content.
- IVIT complaints and discipline related matters involving course instructors.
- Failure of an inspection of the IVIT Premises where the course is offered under the auspices of the Inspection Program.

Course Updates

Course material must be updated on an on-going basis to reflect applicable changes to College regulations, policies and standards, Ontario legislation and regulations, and to regulated health profession industry standards concerning IVIT, and such changes are subject to a review and approval by the Registration Committee.

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		Any updates must be submitted to the Registration Committee prior to implementation.
	Course Changes	Changes to course material and/or references must be reviewed and approved by the Registration Committee. Any changes must be submitted to the Registration Committee prior to implementation.
IVIT Examination	General	In order to have been deemed to have met the Standard of Practice for IVIT, a r~~R~~egistrant must successfully complete an IVIT examination administered or approved by Council.
	Eligibility	A candidate is eligible to sit the College's IVIT examination provided they: • hold a General Class certificate of registration without any TCLs that restricts the r~~R~~egistrant from engaging in direct patient care and are in good standing with the College at the time of application for the IVIT exam, or; • are a registered ND in another regulated Canadian jurisdiction, and; • have successfully completed a Council approved Ontario IVIT training course no more than two years prior to the date of the exam.
	Exam Registration	Exam registration priority will be given to r~~R~~egistrants. Those seeking to sit the examination from other regulated Canadian jurisdictions will have exam spots confirmed following close of exam registration.
	Course Validity	Examination attempts must be made within two years of the date of a candidate's successful completion of the IVIT training course. A candidate who has exceeded the two year window from their date of successfully completing the IVIT training course will be required to re-take a Council approved Ontario IVIT training course prior to being eligible to re-attempt the IVIT examination.
	Examination Attempts	Three initial attempts are provided to candidates to successfully complete the IVIT examination. A candidate, who has failed the IVIT examination for a second time, will be required to complete additional education or training as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third time.
	Window of Exam Ineligibility	A candidate, who has failed the IVIT examination three times, will be ineligible to sit the examination again until the two-year anniversary from the date of their third unsuccessful examination attempt.
	Final 2 Attempts	Prior to being eligible to make a fourth attempt of the IVIT exam, a candidate must successfully re-take a Council approved Ontario

	IVIT training course. For the purposes of public protection, candidates who have made five unsuccessful exam attempts will not be granted any further access to re-sit the IVIT exam. Three initial attempts are provided to candidates to successfully complete the IVIT examination.
Retakes	Candidates who have failed any one component of the IVIT examination are deemed to have failed the entire examination and are required to re-take all components at any subsequent re-attempt of the examination.
Accommodations	To ensure candidates are provided fair opportunity to sit any Council approved examination, the College will consider all accommodation requests received from any candidate. All requests for accommodation will be managed in accordance with the College's Examinations Accommodations Policy.
Deferrals	Any candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy.
Examination Violations	All candidates are required to comply with the Examination Rules of Conduct as established by the CEO. Any allegation of an examination violation will be handled in accordance with the College's Examinations Policy and Examination Rules of Conduct.
Passing Requirements	To pass the IVIT examination, a candidate must score 75% on each component of the examination.
Window of Validity for Exam Results ~~Validity for Meeting the Standard of Practice~~	Registrants who elect to complete the IVIT examination prior to meeting the Standard of Practice for Prescribing, must meet the Standard of Practice for Prescribing within two years of their having successfully completed the College's IVIT Exam in order to be deemed to have met the Standard of Practice for IVIT, or a subsequent IVIT course and the IVIT exam will be required to be undertaken again.

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The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title Examinations Policy	Policy No. EX01.~~06~~07
		Page No. 1

Intent/Purpose	To provide a policy governing examinations administered or authorized by the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the *Naturopathy Act, 2007.*
	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.
	By-laws	Means the by-laws of the College approved by the Council under the authority of section 94 of the Code.
	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.
	College	Means the College of Naturopaths of Ontario as established under the Act and governed by the RHPA

Council	Means the Council of the College as established pursuant to section 6 of the Act.
Deferral	Means a granted postponement of a candidate's attempt at one or more examinations.
Debilitated	Means an inability to attend the examinations due to sudden illness, injury or encountered emergency situation that prevents their attendance at an examination.
Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, health condition, religious requirement, or related to a pregnancy 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.
Examination Violation	Means a contravention of the College's Examination Rules of Conduct.
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.
Prescribing and 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.
Registration Regulation	Means Ontario Regulation 84/14 as amended from time to time.
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 *Regulated Health Professions Act, 1991.*
	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 or diagnosis, which provides details surrounding the outcome of an event or the need for deferral.
General	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the Program and Examination Policies of the College.
	Authority	Pursuant to paragraph 1(i)B of section 5(1) of the Registration Regulation, the Council has the authority to approve the registration examinations, and the body that would administer the examinations on its behalf, that a person must successfully complete to quality for registration with the College. Pursuant to paragraph 2 of section 5(1) of the Registration Regulation, the Council has the authority to set or approve the clinical examinations which an applicant must successfully complete to qualify for registration with the College.
	Clinical (Practical) Examinations	All applicants, except for those deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must have successfully completed the Clinical (Practical) Examinations as set by the Council and outlined in the Clinical (Practical) Examinations Policy.
	Biomedical and Clinical Sciences Examinations	All applicants, except for those deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must also have successfully completed the Biomedical and Clinical Sciences Exams as set by the Council and outlined in the Clinical Sciences and Biomedical Examinations Policy.
	Jurisprudence Examination	All applicants must have successfully completed the Jurisprudence examination as set by the Council.
	Examination Attempts	Number of permitted attempts are handled in accordance with the program policies for each examination noted herein, except for the Jurisprudence examination, which a candidate can retake until they have attained a passing grade. A candidate who has failed an examination for a second time will be required to complete additional education or training as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third time.

		Any additional training or education will be determined in accordance with the refresher programs, additional education, and training provisions of the Registration Policy.
Accommodation~~s~~	General	Requests for accommodation(s) are managed in accordance with the College's Examination Accommodations Policy.
Withdrawals from College Examinations	Requests	Any candidate who is registered for an examination may seek to withdraw their exam registration.
	Timing	Requests to withdraw from an examination must be received prior to the close of exam registration. Requests received after this period cannot be considered; however, candidates unable to attend an examination may seek a deferral of the entire examination under this policy.
	Fees	A candidate seeking to withdraw from an examination shall be charged the administrative fee to cover the administrative costs associated with refund transactions. Following receipt of the administrative fee, the full examination fee is reimbursed to the candidate.
Deferrals of College Examinations	Requests	Any candidate who is registered for an examination, except for the Jurisprudence examination, which is offered on a continuous basis may seek a deferral, due to illness, injury or emergency which prevents their attendance at an examination.
	Notification	Candidates must notify the College immediately, by telephone or by email, to advise of being unable to attend the examination, and the reason. Failure to notify the College will result in a refusal of a candidate's deferral request.
	Supporting Documentation	Deferral requests must be submitted to the College within two weeks of the original notification date, accompanied by a letter from a Regulated Health Professional or other supporting documentation verifying the circumstances for the missed examination. Failure to submit the required documentation and fee will result in the forfeiture of the examination fee.
	Review	The CEO and/or their delegate will review all deferral requests on an individual basis. Deferrals are granted based on the validity of the illness, injury or emergency which prevented the candidate's attendance at an examination.
	Emergency or Illness During an Examination	Candidates who become ill or encounter an emergency which necessitates leaving an examination in session must notify College staff immediately and return all examination materials. A note from a Regulated Health Professional substantiating the illness, or other supporting documentation verifying the circumstances for leaving the exam must be obtained, dated within twenty-four hours of the

		time the candidate left the examination site, and submitted to the College within one week of the examination date. Results will be issued for any completed examinations. Examinations, which were not completed due to a substantiated illness or emergency, will not be counted as an examination attempt. Candidates will be provided with an opportunity to sit the examination(s) that they were unable to complete at the next regularly scheduled examination session.
	Fees	A candidate granted a deferral shall be charged the administrative fee for review of the deferral request. Examination fees paid by the candidate shall not be refunded; however, a credit for the amount paid will be applied to the next regular sitting of the examination by the candidate. If the candidate does not sit the next regularly scheduled sitting of the examination, the examination fee paid will be forfeited.
Exam Appeals	General	Examination appeals are handled in accordance with the Examination Appeals Policy.
Rules of Conduct for Examinations Set by the College	General	All candidates are required to comply with the Examination Rules of Conduct as established by the CEO. Examination invigilators, examiners, and staff of the College present at the examinations are responsible for enforcing the Rules of Conduct.
	Allegations of Violation	The examination proctors, examiners or College staff will document any alleged examination violations. Each is responsible for recording and reporting all observations of potential violations to the College. Indications that an examination violation may be occurring during the examination period may result in immediate removal of the candidate from the examination at the discretion of the CEO.
	Notification and Response	The candidate shall be informed in writing of the nature of the allegation and be provided with a reasonable opportunity to respond to the allegation. This response may be submitted as a formal letter or involve a meeting between the CEO, and/or their delegate, the candidate, and, if the candidate requests in advance, another party chosen by the candidate to act as the candidate's advisor. If the candidate fails to provide a response to the allegation in the allotted time frame or to participate in the process, the CEO may proceed to make a determination.
	Review Process	The CEO will review all pertinent information provided in relation to the alleged examination violation along with the candidate's

		response. A determination will then be made as to whether sufficient information exists to support the allegation. Notification of the CEO's finding regarding the alleged examination violation will be provided to the candidate in writing and is appealable to the Examination Appeals Committee. Exam violation decision appeals are handled in accordance with the Exam Appeals Policy.
	Consequences	A finding that an examination violation has occurred will result in a failure of the examination, which shall be recorded as one of a total of three attempts to successfully complete the examination. If evidence is found of a breach in the security of the examination materials before the administration of an examination, and such evidence suggests that the behaviour is organized and/or may involve a number of candidates, the College reserves the right to cancel the examination session. If evidence is found of a breach in the security of examination materials after the administration of an examination, and such evidence suggests that the behaviour was organized and/or may have involved a number of candidates, the College reserves the right to disqualify the exam results of some or all candidates. The College may also take special measures at any subsequent examination to prevent the reoccurrence of the violation at the expense of any candidates involved in the security breach, seek damages from any person(s) involved in a security breach, and/or take any other action appropriate in the circumstances.
Passing Requirements	General	Passing thresholds for each examination are managed in accordance with the College's Program and Examinations Policies for Clinical (Practical) Examinations, Clinical Sciences and Biomedical Examinations, IVIT Examination, and the Prescribing and Therapeutics Exam.
Exam Results	Window of Validity	Exam ~~-~~results are valid for two years from the date the examination was successfully completed. After two years, results are considered null and void and the examination must be re-attempted.
Examiners for College Examinations	General	Examiners are ~~Registrants~~ registrants of the College in good standing, who meet the criteria established by this policy.
	General Examiner Criteria	A ~~Registrant~~ registrant is eligible for selection as an examiner if, on the date of application and throughout each applicable examination session for which they are selected to participate, the ~~Registrant~~registrant:

- holds a General Certificate of Registration with the College with no terms, conditions, or limitations on their certificate of registration.
- has actively practiced naturopathy for at least two years.
- has a strong working knowledge of the modality they wish to examine in.
- is not in default of payment of any fees set out in the by-laws or any fine or order for costs to the College imposed by a College committee or court of law.
- is not in default of completing and returning any form required by the College.
- is not the subject of any disciplinary or incapacity proceeding.
- has not had a finding of professional misconduct, incompetence, or incapacity against him/her in the preceding five years.
- is not a Council or Committee member.
- is not employed by the College.
- is not employed as an administrative faculty member or instructor at a naturopathic educational institution.
- is committed to the College's mandate of public protection and the principles of equity, diversity, and inclusion.
- can be objective, impartial, transparent, fair, and consistent when making exam assessment decisions.

Intravenous Infusion Therapy (IVIT) Examiner Criteria

A ~~Registrant~~ registrant shall be eligible for selection as an IVIT examiner, if on the date of application and throughout each applicable examination session for which they are selected to participate, the ~~Registrant~~registrant:

- meets all the general examiner criteria requirements for selection as an examiner for the College.
- has met the College's Standard of Practice for IVIT.
- has actively practiced IVIT for at least two years.
- is not employed as an instructor or teaching assistant for any Council approved IVIT training course.

Examiner Application

A ~~Registrant~~ registrant may apply to the College for consideration as an examiner by submitting a Volunteer Application to the College.

Examiner Considerations

When appointing examiners, the College will consider:

- whether the ~~Registrant~~ registrant has met the criteria as outlined in this policy.
- the need for examiners with expert knowledge in a particular modality.
- any additional professional qualifications and expertise the ~~Registrant~~ registrant possesses.
- the ~~Registrant's~~ registrant's experience.
- languages spoken by the ~~Registrant~~registrant.

- the ~~Registrant's~~ registrant's ability to be objective, impartial, transparent, fair, and consistent.
- any additional qualifications and characteristics the ~~Registrant~~ registrant possesses that complement the College's mandate of public protection and commitment to the principles of equity, diversity, and inclusion.
- any possible conflicts of interest the ~~Registrant~~ registrant may have which may hinder their ability to be objective, impartial, or fair.

Appointments

Examiners will be appointed by the CEO and/or their delegate for an initial term of three years and may be re-appointed at the discretion of the CEO and/or their delegate.

Conflicts of Interest

For the purposes of this policy, a conflict of interest is defined as outlined in section 16 of the by-laws. Without limiting the definition, a real or perceived conflict of interest between an examiner and candidate exists when a prior personal or professional relationship exists between the examiner and candidate.

Prior to the examination schedule for each examination being finalized, examiners will be asked to review the names of all candidates and shall declare any conflict of interest.

The CEO and/or their delegate may perceive a conflict of interest between an examiner and a candidate, due to professional or personal affiliation, or a prior examination attempt, for each examination session to ensure a fair and impartial process.

The CEO and/or their delegate shall subsequently adjust the examiner schedule or, if necessary, remove an examiner from the schedule to resolve any conflicts.

Examiner Disqualification

A ~~Registrant~~ registrant will be discharged as an examiner if they:

- breach one of the qualifications required to become an examiner as outlined in this policy.
- breach confidentiality of any information learned through participation in the administration of the College's examinations.
- fail to properly declare a real or perceived conflict of interest.
- fail to attend an examination for which they are scheduled without providing sufficient notice.
- is advised as such by the CEO.

The College of Naturopaths of Ontario

MEMORANDUM

DATE: June 12, 2026

TO: Council

FROM: Mary-Ellen McKenna, ND (Retired)

RE: Type 2 Occurrence Annual Report Summary

The following is being provided to Council members for information purposes.

Type 2 Occurrence Annual Reports Summary

The Designated Registrants for all applicable premises (183) submitted the Type 2 Occurrence Annual Report for the reporting period of March 2, 2025 to March 1, 2026.

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.

Below is the summary of reports received for the past two reporting periods.

Number of Premises Reporting		Number of Premises Reporting a Type 2 Occurrence	
2025	2026	2025	2026
173	183	32 (18%)	43 (23%)

Adverse Drug Reactions							
Total		Mild		Moderate		Severe	
2025	2026	2025	2026	2025	2026	2025	2026
255	270	161	228	91	40	3	2

Infections	
2025	2026
1	2
Unscheduled Treatments	
2025	2026
4	4

Infections

One case of a patient experiencing a topical skin infection was reported, and one case of a patient who developed pneumonia was reported.

Unscheduled Treatments

The *General Regulation* states that Type 2 occurrences include unscheduled treatments of a patient by a registrant occurring within five days after a procedure was performed at the premises. The reporting form instructs the Designated Registrant to report any unscheduled naturopathic treatments regardless of whether or not they were clearly a direct result of receiving IVIT.

Unscheduled Treatments	Condition	Total	Delegation Yes	Delegation No
Referred patient to their fertility specialist, symptoms were due to medication side effect.	Muscle spasm	1		1
Discontinue newly started supplements, apply castor oil to abdomen.	Dizziness and abdominal muscle spasms.	1	1	
Laser therapy over affected soft tissue	Pain at insertion site	2		2

Adverse Drug Reactions

An adverse drug reaction is defined as a harmful and unintended response by a patient to a drug or substance, or combination of drugs or substances that occurs at doses normally

used or tested in humans for the diagnosis, treatment or prevention of a disease or the modifications of organic function.

Adverse Drug Reactions	Total	Severity	Delegation	
			Yes	No
Allergy type reaction	1	Mild		1
Anxiety	7	Mild		7
Anxiety	1	Moderate	1	
Asthma	2	Mild	2	
Back pain with abdominal cramps	1	Severe	1	
Burning sensation in mouth	2	Mild		2
Chest tightness	1	Moderate		1
Chills	8	Mild		8
Chills and fever	1	Mild		1
Diarrhea	2	Mild		2
Dizziness	1	Mild		1
Flu-like symptoms	1	Mild		1
Flushing	2	Mild	2	
Headache	16	Mild	8	8
Headache	3	Moderate		3
Hypertension	32	Mild	32	
Hypoglycemia	11	Mild		11
Hypotension	1	Mild	1	
Infusion site extravasation	29	Mild	3	26
Infusion site extravasation	3	Moderate	3	
Insomnia	2	Mild		2
Itchiness	2	Mild		2
Itchiness	1	Moderate		1
Lymph node swelling	1	Mild	1	
Maculo-papular rash	18	Mild	6	12
Muscle spasm	1	Mild	1	
Nasal congestion	1	Mild	1	
Nausea	33	Mild	14	19
Nausea	12	Moderate	1	11
Pain at insertion site	1	Mild		1
Phlebitis	2	Mild	1	1
Phlebitis	6	Moderate	2	4
Pre-syncope	5	Mild	1	4
Shortness of breath	5	Mild	5	
Sweating	1	Mild	1	

Swollen hand	1	Mild		1
Swollen hand	1	Moderate		1
Syncope	5	Mild	2	3
Syncope	2	Moderate	1	1
Tachycardia	1	Mild		1
Tingling sensation	1	Mild	1	
Urticaria	8	Mild	4	4
Urticaria	3	Moderate		3
Urticaria	1	Severe	1	
Visual disturbance	1	Mild	1	
Vomiting	23	Mild	7	16
Vomiting	7	Moderate	6	1

Summary of adverse drug reactions regarding severity and delegation

Mild - Delegation: No = 134, Yes = 94
Moderate - Delegation: No = 26, Yes = 14
Severe – Delegation: No = 0, Yes = 2

A total of 110 adverse drug reactions occurred when the IVIT was delivered through a delegation compared to 160 that occurred when there was no delegation in place.

Summary of iv bags compounded and administered

A total of 270 Type 2 occurrences were reported to have happened during 89,147 iv administrations. This is a 0.30% rate of Type 2 occurrences during the past reporting period.

IV Bags Compounded	
2025	2026
92,235	92,028
IV Bags Administered	
2025	2026
89,595	89,147

New Board of Directors and Incoming Chief Executive Officer

May 22, 2026

The Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) is pleased to share two significant developments in its governance and leadership. CANRA has appointed a new Board of Directors and has named Gemma Beierback as the organization's incoming Chief Executive Officer (CEO), effective June 1, 2026.

Together, these appointments strengthen CANRA's governance and operational leadership at an important point in the organization's development, as it continues its work to support a consistent, national approach to Naturopathic regulation in the public interest.

A newly appointed Board of Directors

CANRA's Board of Directors is drawn from its member regulatory authorities, the Provincial and Territorial bodies authorized to regulate the practice of Naturopathic medicine in their jurisdictions. The Board sets CANRA's strategic direction and provides governance and oversight of the Alliance's mandate on behalf of its members.

CANRA is pleased to confirm the members of its newly appointed Board of Directors:

Name	Member regulatory authority	Board position
Kate Parisotto	College of Complementary Health Professionals of BC	Chair
Dr. Nicole Loran, ND	Saskatchewan Association of Naturopathic Practitioners	Vice-Chair
Ken Alecxe	Saskatchewan Association of Naturopathic Practitioners	Secretary
Andrew Parr	College of Naturopaths of Ontario	Treasurer
Heather Hannah	Government of Northwest Territories	Director
Dr. Mekayla Clarke, ND	Manitoba Naturopathic Association	Director
Dr. Denis Marier, ND	College of Naturopaths of Ontario	Director

The Board thanks all member regulatory authorities for their continued collaboration and shared commitment to public protection across Canada.

Incoming Chief Executive Officer: Gemma Beierback

CANRA is pleased to announce the appointment of Gemma Beierback as Chief Executive Officer, effective June 1, 2026.

Ms. Beierback brings extensive senior leadership experience across Canada's regulated health professions and the national association sector. She recently served as Chief Executive Officer of the Canadian Association of Naturopathic Doctors (CAND), the national professional association representing Naturopathic Doctors, where she has worked closely with the Naturopathic profession and its stakeholders across the country.

Prior to that role, Ms. Beierback served for nearly seven (7) years as Chief Executive Officer of the Canadian Chiropractic Examining Board (CCEB), the national body responsible for entry-to-practice examinations for Chiropractors in Canada. Like CANRA, the CCEB carries out its examination mandate on behalf of provincial regulatory authorities. During her tenure she led the development and implementation of a new, competency-based national examination aligned to a national entry-to-practice competency profile and co-authored a peer-reviewed study documenting that work. She also guided the organization through the operational challenges of the COVID-19 pandemic without disruption to candidates.

This experience maps directly onto CANRA's current priorities. As the Alliance advances the development of Canada's national entry-to-practice practical examination for Naturopathic Doctors, Ms. Beierback's track record in building and delivering high-stakes, defensible licensing examinations, combined with her familiarity with the Naturopathic profession, positions her to lead this work with confidence.

The Board of Directors looks forward to welcoming Ms. Beierback to CANRA and to the contributions she will make alongside member regulatory authorities, the Examination Oversight Committee, and CANRA's partners.

Looking ahead

CANRA extends its appreciation to its members, committees, and stakeholders for their ongoing commitment and collaboration. With a renewed Board of Directors and incoming executive leadership in place, the organization is well positioned to advance its national mandate in the months ahead.

Questions about this announcement may be directed to CANRA at info@canra.ca.

On behalf of the Canadian Alliance of Naturopathic Regulatory Authorities,

Kate Parisotto
Chair, CANRA Board of Directors

CANADIAN ALLIANCE OF NATUROPATHIC REGULATORY AUTHORITIES

PRESS RELEASE

FOR IMMEDIATE RELEASE
July 6, 2026

CANRA to Launch National Entry-to-Practice Examination in Fall 2026

VANCOUVER, BC - The Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) is pleased to announce that the inaugural administration of the CANRA Qualifying Examinations (CANRA-QE) will take place in Fall 2026. The first examination, the Entry-to-Practice Clinical Examination, is an Objective Structured Clinical Examination (OSCE) and represents a significant milestone toward a unified national entry-to-practice standard for the Naturopathic profession.

About the Examination

The OSCE is the practical examination component of the CANRA-QE, CANRA's new competency-based suite of national entry-to-practice examinations for applicants seeking registration as a Naturopathic Doctor in Canada.

The OSCE has been developed in alignment with CANRA's National Entry-to-Practice Competency Profile for Naturopathic Doctors (canra.ca/national-competencies), released in 2023, and is designed to assess the minimum competencies (knowledge, skills, and attitudes) required to practise safely, ethically, and competently.

Fall 2026 Administration

The Fall 2026 examination will be held on October 18, 2026, in Vancouver, British Columbia, for individuals seeking registration with the College of Complementary Health Professionals of BC. Detailed information regarding eligibility, registration procedures, fees, and examination accommodations will be released in the coming weeks.

From 2027 onward, CANRA intends to administer the OSCE to serve candidates across all CANRA member jurisdictions.

A National Standard for Registration

CANRA's member Regulatory authorities have entered into a binding agreement to adopt the CANRA-QE as the exclusive entry-to-practice examination standard across their jurisdictions. Under this agreement, each member regulatory authority will accept only the CANRA-QE for determining eligibility for registration or licensure and will discontinue acceptance of the Naturopathic Physicians Licensing Examinations (NPLEX) for entry-to-practice purposes as of the applicable implementation date. This commitment establishes a consistent national examination standard and supports compliance with Canadian labour mobility laws.

What Comes Next

In the coming weeks, CANRA will publish:

1. The CANRA Qualifying Examinations Candidate Handbook, which describes the examination format, content, and candidate expectations in detail; and
2. Registration procedures, deadlines, and fees.

Candidates are encouraged to confirm their individual eligibility for registration with the regulatory body in the jurisdiction in which they intend to practise.

About CANRA

Established in 2016, the Canadian Alliance of Naturopathic Regulatory Authorities is a national coalition of Provincial and Territorial Naturopathic regulatory authorities whose members license over 3,000 Naturopathic Doctors across Canada.

Media Contact

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# # #

From: CAND <info@cand.ca>
Reply-To: CAND <info@cand.ca>
Date: Friday, July 3, 2026 at 1:05 PM
To: [redacted]
Subject: CAND: Announcement on the CAND Journal

CAND

The mission of the Canadian Association of Naturopathic Doctors (CAND) is to further the naturopathic medical profession across Canada through advocacy, awareness, and support of Naturopathic Doctors. CAND's vision is that Naturopathic Doctors are a strong, trusted, unified voice in Canadian healthcare.

Last month, the CAND Board undertook a review of the CAND Journal's (CANDJ) long-term strategic feasibility, sustainability, and value to members. This includes consideration of operational requirements, editorial leadership needs, member engagement, and how best to invest organizational resources in support of the profession.

To align with CAND's core mission and long-term goals, the CAND Board has decided to transition the CANDJ to new ownership. Consequently, the CANDJ will cease publication under CAND effective immediately while the Board actively works to secure a new owner. We will keep membership updated as this transition progresses.

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 the took office for this program year[1], 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 Philion	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 May 1, 2026 to June 30, 2026

This is the first Chair's Report of six for the current Council cycle, covering the period from May 1, 2026 to June 30, 2026.

May proved to be a particularly active month. In addition to the regular Chair/CEO check-in meeting, Andrew and I met with Governance Solutions to consolidate the agenda and plan for our training day. Additionally, I took part in two Council member Review Panel meetings, held our regularly scheduled Chair/Vice-Chair meeting and an orientation for a new Council Member was also held. The month concluded with our two-day Council meetings, accompanied by our Council dinner.

June was a lighter but focused month. The regular Chair/CEO Check-in Meeting continued, and I also took part in a CEO Review Panel meeting. I also met with a few Council members during this period to review our expectations regarding our Governing Style (GP02.03) policy — ensuring the Council's on-going commitment to our governing style is a responsibility that falls to me as Chair under GP05.06, and I was glad to spend this time reinforcing that shared understanding.

Finally, I want to express my sincere gratitude to Council for your continued engagement and commitment during this reporting period. The breadth of activity across May and June — from governance and review panels to Council meetings, orientations, and external representation — reflects the dedication of everyone involved. I look forward to building on this momentum in the months ahead.

Respectfully submitted,

Council Chair
July 9, 2026

REGULATORY OPERATIONS REPORT
May 1, 2026 to June 30, 2026
HIGHLIGHTS

This is the Regulatory Operations Reports for the period of May 1, 2026 to June 30, 2026 and provides data for the first quarter of the program year.

1.1 Registration
At the end of June, the class breakdown is as follows (with comparable data from the end of April):

Class	Subclass	End of June	End of April	Change	Line
General		1756	1736	+20	2
	In good standing	1739	1720	+19	3
	Suspended	17	16	+1	4
Inactive		181	181	0	5
	In good standing	171	171	0	6
	Suspended	10	10	0	7
Emergency		0	0	0	8
Life		32	32	0	11

In May and June, there were 9 suspensions (L15), and 2 reinstatements (L18), no resignations (L16) and seven revocations (L17). Council is reminded that revocations occur on the second anniversary of the suspension of a certificate of registration if the reason for the suspension has not been cured. Registrants are provided notice of the pending revocation.

There was a total of 148 certificates of authorization for professional corporations issued in prior years. Two new certificates were issued in this reporting period (L38), and 23 nine certificates were renewed from among the 148 (L44).

1.2 Entry-to-Practice
There was a total of 19 new applications for certificates of registration received in this period (L49) and 18 certificates were issued (L50) resulting in 14 on-going applications at the end of June (L47).

There were two new referrals to the Registration Committee in May and June, both of which were completed and certificates issued. One on-going application to the Prior Learning Assessment and Recognition (PLAR) Program was completed.

1.3 Examinations
One examination sitting was held in May, the Ontario Intravenous Infusion Examination with 18 candidates having sat the examination (L86).

1.4 Patient Relations
One new application for funding was received and approved by the Patient Relations Committee bringing the total to two active files (eligible) for funding for counselling under this program with a total of $1,500 in funds being paid out in May (L111).

1.5 Quality Assurance
The pool of 130 registrants was randomly selected in the first quarter and during May and June for Peer & Practice Assessments; 10 individuals were removed from the pool. No assessments were conducted.

1.6 Inspection Program
At the start of the year there were 172 registered premises (L128). Four new premises registered in May and June (L129); however, two were deregistered. Two new premises inspections were completed in this period, and four 5th year anniversary inspections were completed.

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

A total of 39 Type 2 Occurrence Reports were received in this period completing this process this the current year. It is noted that the number of reports exceeds the number of registered premises. This is because any premises that de-registered the year continue to be required to submit a Type 2 Occurrence report for their final year of operating.

1.7 Complaints and Reports
During this period, two new complaints and reports were received/initiated, and five complaint files were closed by the ICRC.

1.9 Hearings
In May and June, there were no new ICRC referrals to either the Discipline Committee or Fitness to Practice Committee. One contested hearing has been scheduled for later this fall.

1.10 Regulatory Guidance and Education
Regulatory Guidance and Education fall within the College's Regulatory Programs area of the College. There were 86 regulatory guidance inquiries in May and June (L247/248) with scope of practice and fees/billing being the top two inquiries. One regulatory education program live event was held in May (L272).

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. Six files remain with HPARB (two from registration (L279) and four from ICRC (L288). No decisions were made. One new appeal of an ICRC decision was filed.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
July 2026

The College of Naturopaths of Ontario

Report on Regulatory Operations

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.1 Regulatory Activity: Registration														
Registrants (Total)													**1969**	1
General Class (Total)													**1756**	2
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*1739*	3
Suspended	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*17*	4
Inactive Class (Total)													**181**	5
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*171*	6
Suspended	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*10*	7
Emergency Class (Total)													***0***	8
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*0*	9
Suspended	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*0*	10
Life Registrants													*32*	11
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*32*	12
Suspended	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*0*	13

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Changes in Registration Status Processed (Total)													**54**	14
Suspensions	13	9	0										22	15
Resignations	1	0	0										1	16
Revocations	1	7	0										8	17
Reinstatements	13	1	1										15	18
Class Changes (Total)													**8**	19
General Class to Inactive Class	1	1	1										3	20
Inactive Class to General Class (<2yrs)	2	1	1										4	21
Inactive Class to General Class (>2 yrs)	1	0	0										1	22
Any Class to Life Registrant Status	0	0	0										0	23
Emergency Class to General Class	0	0	0										0	24

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

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Professional Corporations (Total)													**151**	35
Certificates of Authorization in place													148	36
Suspended Certificates of Authorization	0	0	0										0	37
New Certificates of Authorization Issued	2	1	1										4	38
Certificates of Authorization Reinstated	0	0	0										0	39
Certificates Resigned/Desolved	0	0	0										0	40
Certificates Revoked	0	0	1										1	41
PC Renewals in 2025-26														42
Not Yet Renewed in this program year													115	43
Renewed	9	11	12										32	44
Revoked	0	0	1										1	45
Resigned/Dissolved	0	0	0										0	46

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Total ETP Applications On-Going													**14**	47
On-going applications from prior period(s)														48
New applications received	10	13	6										29	49
Certificates issued	6	8	10										24	50
Certificates declined	0	0	0										0	51
Applications Currently before the Registration Committee													**0**	52
Referrals from prior period													0	53
New referrals	0	2	0										2	54
Decisions Issued	0	2	0										2	55

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Registration Committee Outcomes													**2**	56
Approved	0	2	0										2	57
Approved – TCLs	0	0	0										0	58
Approved – Exams required	0	0	0										0	59
Approved – Education required	0	0	0										0	60
Denied	0	0	0										0	61
Prior Learning and Recognition Program Activities in Process													**0**	62
Applications from prior period													1	63
New applications received	0	0	0										0	64
Decisions rendered on applications	0	1	0										1	65

Regulatory Activity	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	0	0	1	0	0	0	0	0	1	0	2	68
Exam sittings held	0	0	0										0	69
Number of candidates sitting exam	0	0	0										0	70
Ontario Biomedical Examination														71
Exam sittings scheduled	0	0	0	0	0	1	0	0	0	0	0	1	2	72
Exam sittings held	0	0	0										0	73
Number of candidates sitting exam	0	0	0										0	74
Ontario Clinical Practical Examination														75
Exam sittings scheduled	0	0	0	1	0	0	1	0	0	0	0	0	2	76
Exam sittings held	0	0	0										0	77
Number of candidates sitting exam	0	0	0										0	78
Ontario Therapeutic Prescribing Examination														79
Exam sittings scheduled	1	0	0	0	0	0	0	0	1	0	0	0	2	80
Exam sittings held	1	0	0										1	81
Number of candidates sitting exam	47	0	0										47	82
Ontario Intravenous Infusion Examination														83
Exam sittings scheduled	0	1	0	0	0	0	0	0	1	0	0	0	2	84
Exam sittings held	0	1	0										1	85
Number of candidates sitting exam	0	18	0										18	86

Regulatory Activity	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	0										0	89
Appeals Denied	0	0	0										0	90
Ontario Biomedical Examination Appeals (Total)													0	91
Appeals Granted	0	0	0										0	92
Appeals Denied	0	0	0										0	93
Ontario Clinical Practical Examination Appeals (Total)													0	94
Appeals Granted	0	0	0										0	95
Appeals Denied	0	0	0										0	96
0ntario Therapeutic Prescribing Examination													0	97
Appeals Granted	0	0	0										0	98
Appeals Denied	0	0	0										0	99
Ontario Intravenous Infusion Examination Appeals (Total)													0	100
Appeals Granted	0	0	0										0	101
Appeals Denied	0	0	0										0	102

Exam Questions Developed (Total)													**0**	103
CSE questions developed	0	0	0										0	104
BME questions developed	0	0	0										0	105
1.4 Regulatory Activity: Patient Relations														
Funding applications														106
New applications Received													0	107
Funding application approved	0	1	0										1	108
Funding application declined	0	0	0										0	109
Number of Active Files													**2**	110
Funding Provided	$0	$1500	$0										$1,500	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	4	6										10	114
Assessments ordered by QAC, i.e. outside of random	0	0	0										0	115
Total Number of Assessment for the Year.													120	116
Completed (Y-T-D)	0	0	0										0	117

Regulatory Activity	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	0										0	119
Ordered Outcome (SCERP, TCL, etc.)	0	0	0										0	120
Referred to ICRC	0	0	0										0	121
CE Reporting														122
Number in group	0	0	0										0	123
Number received	0	0	0										0	124
Number of CE Reports with deficiencies	0	0	0										0	125

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.6 Regulatory Activity: Inspection Program														126
Registered Premises (Total Current)													**175**	127
Total Registered from prior year (as of April 1)													172	128
Newly registered	1	1	3										5	129
De-registered	0	0	2										2	130
Inspections of Premises														
New Premises														131
Part I Completed	2	1	0										3	132
Part II Completed	6	0	1										7	133
5-year Anniversary Inspections														134
Premises requiring 5-year inspection (5 yr anniversary)	0	0	1										1	135
Completed	0	0	4										4	136
Inspection Outcomes														
New premises-outcomes (Parts I & II)														137
Passed	2	0	9										11	138
Pass with conditions	0	0	1										1	139
Failed	0	0	0										0	140
5-year Anniversary Inspection Outcomes														141
Passed	0	0	1										1	142
Pass with conditions	1	0	2										3	143
Failed	0	0	0										0	144

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Type 1 Occurrence Reports (Total Reported)													**6**	145
Patient referred to emergency	3	2	1										6	146
Patient died	0	0	0										0	147
Procedure performed on wrong patient	0	0	0										0	148
Emergency drug administered	0	0	0										0	149
Type 2 Occurrence Reports (Outstanding)													**-11**	150
Total Reports Required to be filed.													172	151
Reports Received	83	39	0										183	152
1.7 Regulatory Activity: Complaints and Reports														153
Complaints and Reports (Total On-going)													**30**	154
Open Complaints incl. carried forward from prior yrs													21	155
Open Reports incl. carried forward from prior yrs													7	156
New Complaints	6	1	0										7	157
New Reports	0	1	0										1	158
Complaints completed	1	2	3										6	160
Reports completed	0	0	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	0										0	164
Files resolved by ADR	0	0	0										0	165
Files not resolved by ADR	0	0	0										0	166
ICRC Outcomes (files may have multiple outcomes)														167
Take no further action	0	0	1										1	168
Letter of Counsel	1	1	2										4	169
Oral Caution	0	1	0										1	170
Specified Continuing Education and Remediation	0	0	0										0	171
Letter of Counsel & SCERP	0	0	0										0	172
Oral Caution & SCERP	0	0	0										0	173
Acknowledgement & Undertaking	0	0	0										0	174
Referral to Fitness to Practise Committee	0	0	0										0	175
Referral to Discipline Committee	0	0	0										0	176
Frivolous & Vexatious	0	0	0										0	177
Resolved through ADR	0	0	0										0	178
Withdrawn by Complainant	0	0	0										0	179

Regulatory Activity	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	0										0	182
New Interim Orders - Suspended	0	0	0										0	183
Interim Orders Removed	0	0	0										0	184
Summary of concerns (files may have multiple concerns)														185
Advertising/Social Media	5	2	0										**7**	186
Billing and Fees	0	0	0										0	187
Communication	0	0	0										0	188
Competence/Patient Care	2	0	0										**2**	189
Fraud	0	0	0										0	190
Professional Conduct & behaviour	0	2	0										2	191
Record Keeping	0	0	0										0	192
Sexual Abuse/Harassment/Professional Boundaries	0	0	0										0	193
Delegation	0	0	0										0	194
Unauthorized Practice/Scope of Practice	0	1	0										1	195
Failure to comply with an Order	0	0	0										0	196
Inappropriate/ineffective treatment	2	0	0										2	197
Conflict of Interest	0	1	0										1	198
Lab Testing	0	0	0										0	199
QA Program Compliance	0	0	0										0	200
Cease & Desist Compliance	0	0	0										0	201
Failure to Cooperate	0	0	0										0	202
Practising while Suspended	0	0	0										0	203
Unprofessional/Unbecoming Conduct	0	0	0										0	204
Breach of Privacy	0	0	0										0	205
1.8 Regulatory Activity: Unauthorized Practitioners														206
Cease and Desist Letters (Unsigned/Outstanding)														207
Letters Issued	2	0	0										2	209
Letters signed back by practitioner	1	1	0										2	210
Letters unsigned or outstanding	1	0	0										1	211

Regulatory Activity	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	0										0	215
Applications approved by the Court	0	0	0										0	216
Applications denied by the Court	0	0	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	0										0	222
Matters concluded	0	0	0										0	223
Referrals to the Fitness to Practise Committee (Total)													**0**	224
Referrals from prior period													0	225
New referrals	0	0	0										0	226
Matters concluded	0	0	0										0	227
Disciplinary Matters														228
Pre-hearing conferences														229
Outstanding from prior year													**0**	230
Scheduled	0	0	0										1	231
Completed	1	0	0										1	232
Not needed on consent	0	0	0										0	233
Discipline hearings Held														234
Contested hearing completed	0	0	0										0	236
Uncontested heartings completed	0	0	0										0	237
Outcomes of Contested Matters														238
Findings made	0	0	0										0	239
No findings made	0	0	0										0	240
FTP Hearings														241
Finding of incapacitated	0	0	0										0	242
No finding made	0	0	0										0	243

Regulatory Activity	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)													**133**	246
E-mail	28	23	33										84	247
Telephone	19	17	13										49	248
Most Common Topics of Inquiries														249
Telepractice	1	1	4										6	250
Record Keeping	6	5	1										**12**	251
Scope of Practice	5	6	7										**18**	252
Injections	1	0	3										4	253
Patient Visits	1	0	2										3	254
Delegations and Referrals	4	5	4										**13**	255
Laboratory Testing	4	1	2										7	256
Consent and Privacy	1	4	2										**7**	257
Conflict of Interest	0	0	2										2	258
Prescribing/Selling Drugs	2	1	1										**4**	259
Fees and Billing	5	5	4										**14**	260
Inspection Program	2	2	0										4	261
Endorsements	0	0	0										0	262
Graduates working for NDs	0	2	0										2	263
Continuing Education	3	1	1										5	264
Advertising	1	0	2										3	265
Notifying Patients when Moving	2	2	4										8	266
Completing Forms and Letters for Patients	2	0	0										2	267
Registration and CPR	0	0	0										0	268
Complaints	1	0	0										1	269

Regulatory Education Program														270
Live Sessions														271
Session Delivered	0	1	0										1	272
Registrations	0	97	0										97	273
Attendees	0	71	0										71	274
Recorded Sessions														275
Registrations	16	19	23										58	276

Regulatory Activity	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	0										0	280
Files where HPARB rendered decision	0	0	0										0	281
														282
HPARB Decisions on RC Matters														283
Upheld	0	0	0										0	284
Returned	0	0	0										0	285
Overturned	0	0	0										0	286
														287
ICRC Decisions before HPARB (Total current)													**4**	288
Appeals carried forward from prior period													3	289
New appeals filed with HPARB	0	1	0										1	290
Files where HPARB rendered decision	0	0	0										0	291
HPARB Decisions on ICRC Matters														292
Upheld	0	0	0										0	293
Returned	0	0	0										0	294
Overturned	0	0	0										0	295

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

College of Naturopaths of Ontario

Report on Operations – Year-end

April 1, 2025 to March 31, 2026

I. INTRODUCTION TO THE OPERATIONAL PLAN FOR 2023-2027

The College has a multi-year Operational Plan that is updated annually and presented to the Council each March. A Report on Operations is provided to the Council following the mid-year and year-end to enable Council to fulfill its responsibilities of overseeing the College. This ensures that the College is fulfilling its mandate set out in statute and is making progress towards the strategic objectives, goals and priorities established by the Council.

II. STRATEGIC OBJECTIVES AND PRIORITIES OF THE COUNCIL

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

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

Related priorities:

1. The College engages its system partners to further their understanding and trust in the College and the profession.
2. The College engages its registrants and the public to further their understanding and trust in the College and the profession.
3. The College relies on a risk-based approach to proactively regulate the profession.

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

Related priorities:

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

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

III. PURPOSEFUL ENGAGEMENT OF STAKEHOLDERS

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

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

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

1.1	**The College engages its system partners to further their understanding and trust in the College and the profession.**

The College's systems partners will include the Ministry of Health (MOH), Ontario Association of Naturopathic Doctors (OAND), the Canadian College of Naturopathic Medicine (CCNM), Health Professions Regulators of Ontario (HPRO), and Canadian Alliance of Naturopathic Regulatory Authorities (CANRA). The relationship with each system partner will be unique such that one approach will not fit all. Two activities will be undertaken in support of this priority. The overall focus of this priority is to provide education and collaboration opportunities.

<table>
<tr><td>1.1.1</td><td colspan="4">Individualized System Partner Engagement</td></tr>
<tr><td colspan="2">The College will engage with each of its system partners on a regularized basis as an opportunity to discuss issues of mutual concern or importance within the regulatory system.</td><td colspan="3">• Meetings will be scheduled with each system partner at a frequency and timing that meets the needs of each partner and the College.
• The College will oversee the process of scheduling, agenda development, meeting minutes (where agreed upon) and development of meeting highlights to be released for transparency purposes. Each agenda will be focused on education of each stakeholder by each stakeholder and seeking opportunities to collaborate in the broader public interest.</td></tr>
<tr><td>Timeframe:</td><td>All 4 Planning Years</td><td></td><td>Responsible:</td><td>Chief Executive Officer</td></tr>
<tr><td colspan="2">Year-to-date outcomes:</td><td colspan="3">During the first half of the year, College staff and Council members have met with system partners as follows:
• OAND 7
• CAND 3</td></tr>
</table>

	• HPRO 5 • CANRA 10							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

1.2	**The College engages its registrants and the public to further their understanding and trust in the College and the profession.**

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

1.2.1	In Conversation With Program		
The College will continue to deliver its ***In Conversation With*** series, a fireside chat concept that engages both the public and registrants on key issues in regulation. This series will continue on an as needed basis to focus on key issues being faced by the College or promoting Council and volunteer opportunities.		• A minimum of one ICW event will be offered each year promoting volunteering. • Additional topics will be developed by the College in support of other programming such as consultations and governance matters.	
Timeframe:	All 4 Planning Years	**Responsible:**	Communications
Year-to-date outcomes:	Three ICW sessions were held in this period, April's topic was on the Classes of Registration Preliminary Consultation, May's topic was on volunteering with the College, and the June topic was Specialization.		
Year-to-date rating:	❒ Not started ❒ In progress ☑ Completed ❒ To be deferred		
Comments:			

1.2.2	Consultation Program
The College will continue to engage the public and its registrants in consultation on key issues and initiatives; however, an augmented process will be introduced that allows the public and the registrants to hear directly from the College about the intent and outcomes of the regulatory changes under consultation.	• The College will release consultation documents on significant change being proposed to the regulatory framework, albeit regulations, by-laws, Council policies. • Feedback will be sought through written and on-line opportunities. • The College will invite the public and registrants to attend information sessions about the consultation topic, through the ICW program, as an opportunity for the College to provide

			education and allow participants to gain a fulsome understanding of what is being proposed and to provide meaningful feedback. • The College will maintain an on-going mechanism for registrants and the Public to provide feedback with respect to the tables of permitted drugs and substances within the General Regulation so that the College can ensure that they are accurate and up-to-date and work with the Association to allow it to consider changes that may reflect a change in scope of practice.				
Timeframe:	All 4 Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	Five consultations were undertaken in the year including Preliminary Consultations on Classes of Registration, Specialities and Testimonials. An initial formal consultation on amending Table 3 to the General Regulation was also undertaken as well as a follow up consultation on removing the limitation to the amendment to Table 3.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

1.2.3	Regulatory Education Program						
The College will develop and maintain a new Regulatory Education Program (REP) that provides detailed education into regulatory issues and concerns. The REP will be informed both by current issues as well as by data derived from the Risk-based Regulation Program of the College.				• A minimum of six sessions will be offered on-line annually at no or minimum cost to registrants. • The Quality Assurance Committee will be asked to consider awarding continuing education credits to these sessions as appropriate. • Sessions will be recorded and maintained on the College website for registrants to access			
Timeframe:	All 4 Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	Six REP sessions were held in the year focusing on the topics of Fees and Billing Related to Record Keeping, Understanding ETP Requirements in Ontario, Sexual Abuse 201 – Boundaries, Ethics and Patient Management, Substitute Decision Makers, Currency and IVIT Premise Requirements. In total, 889 individuals attended the live sessions and 703 registered for the recordings.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

1.2.4	On-going Corporate Communications							
The College will maintain a program of outbound communications and messaging to registrants, public and stakeholders through defined program elements.				• Registrants and stakeholders of the College will be informed of the College's on-going work and new developments through: ○ The iNformeD e-newsletter. ○ The News sections of the College's website. ○ Accuracy and currency of the College's website. ○ The College's social media channels.				
Timeframe:	All 4 Planning Years				**Responsible:**	Communications		
Year-to-date outcomes:	Monthly editions of iNformeD were issued in addition to monthly updates to the College's social media channels. The College's website was updated regularly, in particular with the high level of activity in the REP, ICW and Consultations programs.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

1.3	**The College relies on a risk-based approach to proactively regulate the profession.**

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

1.3.1	Risk-based Regulation Program Development		
The College will articulate its initial approach to Risk-based regulation and present the preliminary final concept to the Council. It is acknowledged that the approach will be an iterative one that will require refinement based on information gleaned through the processes.		• The preliminary plan will be developed and articulated in writing, including the identification of current data available to the program and new data sets required. • The Senior Management Team of the College will present the final plan to the Council no later than March 2024.	
Timeframe:	2023-2024	**Responsible:**	Chief Executive Officer

1.3.2	Risk-based Regulation Program Implementation							
The risk-based regulatory approach will be initiated by developing and launching the necessary mechanisms to collect and interpret the data.					• Data as set out in the Risk-based Regulation Program will be collected and assembled in raw form. • The data will be presented to the Working Group on the Identification and Mitigation of Patient Harm (WGIMPH) for discussion and enunciation of the inherent risks to the public identified. • Appropriate mitigation techniques will be identified and delivered.			
					• The College will provide support to registrants who are required to track Therapeutic Prescribing data.			
Timeframe:	2024-2027				**Responsible:**	Chief Executive Officer		
Year-to-date outcomes:	The Voice of the Patient research was completed in the first half of the year in support of this program. The College completed the first year of collecting Therapeutic Prescribing data and will and continues to oversee the Smartsheet system to support registrants who are required to track Therapeutic Prescribing data.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

IV. EFFECTIVE REGULATION LEADS TO TRUST IN THE PROFESSION.

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

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

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

A. A functioning Council that operates under the principles of good governance.
B. A system of Committees that are properly constituted with capable individuals sitting on those committees.
C. A program that seeks out volunteers, assesses and trains volunteers how to properly perform their duties.

D. A well instituted human resource program and a human resources plan to ensure that the skills needed to operate the College are available and on a sustained basis.
E. A financial management system that ensures the College operates within generally accepted accounting principles and is using its financial resources effectively.
F. A program that supports both transparency and accountability.
G. The ability and commitment to the oversight requirements placed on the College in the public interest that allow proper and full accounting of the College.

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

2 (A)	**Operating under the principles of good governance**

2(A)-1	Quality Decision-making						
The College will operate a program that ensures that the Council is properly equipped to make decisions on policy matters brought before it.				• Council will be fully briefed on all major issues and policy matters to be brought before it and Council will receive its materials for meetings in a timely manner. • Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process. • Briefings of Council will include a detailed analysis of the risk, privacy, financial, transparency, public interest and EDIB considerations of the decisions being considered.			
Timeframe:	All 4 Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	Council met on six occasions in the over the course of the year. Detailed briefings were provided to the Council on the proposed amendments to Table 3 of the General Regulation, an HRTO matter, the Discipline Process and related issues including costs, proposed by-law amendments relating to elections and fees, the latter based on a comprehensive report on Financial sustainability. A briefing on a Framework for Review of Lab Test submissions was also provided as were draft budgets for the coming fiscal year.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2(A)-2	A Commitment to equity, diversity, inclusion and belonging							
The College will continue its commitment to integrate the principles of equity, diversity, inclusion and belonging into all of its activities.					• An Equity, Diversity and Inclusion and Belong (EDIB) lens tool was developed and implemented in 2023 as a means of evaluating programs, policies, and procedures etc. No changes have occurred to this tool. • The College will continue to evaluate its policies and procedures using its EDIB lens tool. • The EDI Committee will continue to review and consider pertinent issues pertaining to EDIB, including but not limited to the collection and use of racialized data.			
Timeframe:	All 4 Planning Years				**Responsible:**	Human Resources		
Year-to-date outcomes:	In May of this year, the EDIB Committee was merged into the Governance Committee (GC). Work was developed on a Land Acknowledgement and the EDIB focus will have greater importance with new policies being developed in support of the election process, in addition to regular review of Governance, Executive Limitations, ENDS and Council-CEO Linkage policies. On GC, EDIB principles are applied to the vetting of new volunteers including review of applications for Council elections and other volunteer positions.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

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

The College will operate a program to ensure that the College Council, and its committees are always properly constituted and therefore able to fulfill their governance obligations.	• Council elections will be delivered annually in accordance with the by-laws. • Executive Committee elections will be delivered annually, and supplemental elections held as needed, in accordance with the by-laws and Council policies. • Public member appointments will be monitored to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the need to appointment and re-appointment as necessary.

The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.				• The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. • Council will be presented a slate of appointments, at minimum annually at its May meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.			
Timeframe:	All 4 Planning Years				**Responsible:**	Human Resources	
Year-to-date outcomes:	In May, Executive Committee elections were held and a new Council Chair elected. Appointments of Committees were undertaken, and all committee are properly constituted. College staff have engaged with the Ministry to ensure that Public members are appointed to the Council.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

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

2(C)-1	Recruitment						
The College will maintain a comprehensive volunteer program to ensure the involvement of the public and registrants in regulatory processes.				• Recruitment of volunteers from among registrants and the public will be undertaken on an on-going basis. • A retention program that will be implemented that incorporates best practices in retention including regular feedback opportunities from current volunteers and those that may exit the program. • A recognition program for volunteers will be implemented as a means of augmenting the retention of volunteers and recognizing the value that the Council and College places on its human resources.			
Timeframe:	All 4 Planning Years				**Responsible:**	Human Resources	
Year-to-date outcomes:	In May the College hosted an ICW on the Volunteer program to raise awareness of the benefits and responsibilities when volunteering with the College. A competency-based volunteer recruitment process remains in place and the SMT reviews all new applications. Two new volunteer applications were reviewed and approved in this reporting year for the following in-field volunteer roles:						

	• Exam Item Writer (1) • PLAR Assessor (3).							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2(C)-2	Competency Assessment
The College will fully implement and manage the Council's Qualifying Program for all volunteers, including those seeking election to Council and appointment to a Council Committee.	• A minimum of one orientation sessions will be delivered for potential candidates for election and individuals seeking appointment to Committees to provide an overview of their duties and responsibilities and overall time commitment. • Each volunteer will be required to complete a competency-based self-assessment based on the competencies established by the Council in its Governance Process policies. • Each volunteer will be screened by the Governance Committee to confirm their competency and overall fit with the College's volunteer program. • The Governance Committee will determine eligibility for election to the Council and make recommendations to the Council for volunteer appointments to committees.

Timeframe:	All 4 Planning Years				**Responsible:**	Human Resources		
Year-to-date outcomes:	The College maintains an online competency based self-assessment and application process. All new volunteers are reviewed by the SMT and the Governance Committee in order to sit on a committee.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2(C)-3	Training
The College will operate a program to ensure that all new and existing Council and Committee members are afforded the necessary training and fulfill their duties.	• A minimum of one live training session will be offered annually for new Council and committee members that sets out their duties and responsibilities surrounding due diligence, public protection and other key matters. • A minimum of one training session bi-annually or as needed for Council and committee chairs and co-chairs.

					• All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination. • All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years.		
Timeframe:	All 4 Planning Years				**Responsible:**	Human Resources	
Year-to-date outcomes:	Council training was undertaken as part of the May in-person meeting with a focus on the Regulated Health Professions Act, 1991. Training was held for Committee Chairs and Vice Chairs as well as individual committee training. Planning for Committee member training continued.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2 (D)	Proper Human Resource Management and a Human Resources Plan.

2(D)-1	Effective Human Resource Management
The College will manage its human resources in such a way as to recognize the value of its staff and in keeping with best practices for human resource management in the not-for-profit sector.	• The College will undertake recruitment of new personnel in a way that first emphasises current staff and is open and transparent. • College staff will be compensated in a manner that reflects the current market value of the positions. • New staff will be provided with the information and tools necessary to the performance of their duties with the College. • Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. • Staff who are leaving the College will be treated with respect and dignity.

College management and staff will work collectively to continue to build and enhance the College "team" as a unified work force and to ensure that the College's workplace environment is conducive to the team approach.	• The College shall take all necessary and prudent steps to ensure that the College workplace environment promotes diversity and inclusivity, and is free from harassment, abuse, and discrimination, including annual reviews of the College's relevant policies and ensuring that proper investigations are conducted when concerns are raised. • The College shall foster a team approach through shared work and social experiences.
The College will provide staff with on-going training to enhance individual and program performance.	• The CEO will provide all staff with group training in areas of importance to the College and its regulatory work. • A formal process to support and encourage staff professional development will be established and integrated to the annual performance review process, to enhance their own performance, that of the program areas and as developmental opportunities. • The College shall maintain membership in both the Council on Licensure, Enforcement and Regulation (CLEAR) and Canadian Network of Agencies for Regulation (CNAR) and share information from these organizations with staff. • Within the budgetary restrictions, the College will send staff to the CLEAR Annual Education Conference and to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s) and opportunities for future advancement.

Timeframe:	All 4 Planning Years	**Responsible:**	Human Resources

Year-to-date outcomes:	In the second half three staff returned from leaves and both contract positions ended. One staff turn-over in the Registration department, that was filled in the same reporting period. Two succession plans were developed of which one was presented to Council In-Camera at its March 2026 meeting. New Health and Safety Program was launched, and the Joint Health and Safety Committee held its first meeting in March 2026.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:							

2(D)-2	Human Resources Plan							
The College will have a Human Resources Plan that ensures the long-term sustainability and stability of the College.					• A Human Resources Plan that sets out the current and future plans for staffing of the College was developed and provided to the Council in 2024. No changes have been made to the plan. • The Plan sets out the evolution of the staffing configuration that aligns with the Council's strategic plan and the College's Operational Plan.			
The Human Resources Plan will be updated annually and attached to the Operational Plan presented to the Council.					• Each year as the Operational Plan is updated, the Human Resources Plan is also updated to reflect any changing operations or operational priorities.			
Timeframe:	All 4 Planning Years					**Responsible:**	Senior Management Team	
Year-to-date outcomes:	The College's Human Resources plan was reviewed in February 2026 to align with the operating budget and in conjunction with the Operational Plan.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2 (E)	Sound Financial Management.

2(E)-1	Effective financial management		
The financial resources of the College will be managed in accordance with generally accepted accounting principles and best practices for the not-for-profit sector and will meet all legislative and oversight requirements.		• Capital and Operating budgets will be developed for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan. • Unaudited financial statements and the variance report will be provided to Council as part of the next Council meeting as soon as they are finalized and in accordance with the Councils Annual Planning Cycle (GP08). • The annual external audit of the College's financial status will be supported by the staff.	
Timeframe:	All 4 Planning Years	**Responsible:**	Director of Operations

Year-to-date outcomes:	The Council was presented with the Auditor's Report and Audited Financial Statements for 2024-25 in July 2025. Subsequently, the unaudited financial statements at Q1, Q2 and Q3 were presented to and accepted by the Council. A draft budget for the next fiscal year was presented in March 2026.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2 (F)	Transparency and Accountability

2(F)-1	Commitment to and Action on the Transparency principles		

The College will operate a program that supports the transparency principles adopted by the Council and increases transparency of College decision-making wherever possible.		• A qualitative Annual Report that provides not only statistical information but also necessary context and trending information, will be developed and released annually.
		• Audited financial statements and the Auditor's report will be presented to the Council at its July meeting and included in the Annual Report.
		• Regular Committee reports will be sought from Committee Chairs and included in the Council consent agenda for each Council meeting and Annual Committee reports will be developed by the staff and reviewed by Committee Chairs and presented to the Council in July.
		• Council and Executive Committee meeting materials will be made publicly available unless redacted in accordance with the Code. As such,
		  ○ Council meeting materials will be posted to the website prior to the Council meeting.
		  ○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee terms of reference.	

Timeframe:	All 4 Planning Years	**Responsible:**	Chief Executive Officer
Year-to-date outcomes:	As noted above, the Council was presented with the Auditor's Report and Audited Financial Statements for 2024/25 in July 2025. At this same time, the Annual Committee reports were presented to the Council, and both sets of documents were posted to the College's website. Committee reports have been sought and presented to		

	the Council at each of its meetings and these too have been posted on the website. Similarly, the Report on Operations, Financial reports and Chair's Reports have also been made public via the website. The College's annual report for 2024/25 was completed and published on the website at the end of September 2025.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2(F)-2	Open Regulatory Process		
• Regulatory processes and matters of the public interest will be routinely disclosed.		• The College will maintain (update regularly) a summary table of active and resolved complaints and inquiries on the website. • The College will alert the public to pending discipline hearings including the status of the matter and the notices of hearings. • Discipline hearing outcomes will be provided to the public, including posting on the website of Agreed Statements of Facts and Joint Submissions on Penalty and Costs, which are exhibits to hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.	
Timeframe:	All 4 Planning Years	**Responsible:**	Chief Executive Officer

Year-to-date outcomes:	The summary of active and resolved complaints on the website have been updated as required. Updates to the hearings page have been regularly made.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2(F)-3	Council Oversight Responsibilities
The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.	• The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public. • The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such,

				○ A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting. ○ A year-end report based on the work set out in the Operational Plan (including Part 1) will be presented to the Council at its July meeting.			
Timeframe:	All 4 Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	Regulatory Operations Reports were submitted to the Council during this period. The mid-year Report on Operations was provided to the Council's at its meeting held on December 10, 2025.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2(F)-4	CEO Annual Assessment						
The College will operate a program to ensure that the Council can properly assess the performance of the CEO.				• Staff will support the Council in its work to undertake a performance review of the CEO on an annual basis in accordance with its policies. • The Council will be provided with the necessary materials to undertake its review, which is based on the goals and development plan set by the CEO and approved by the Council.			
Timeframe:	All 4 Planning Years				**Responsible:**	Council	
Year-to-date outcomes:	The CEO annual assessment was undertaken in the April to July period as required and all required elements of the policy were completed. A new CEO Panel was appointed at its December meeting. The CEO's priorities and development plan for the coming year were presented by the Panel to Council In-Camera and were approved.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2(F)-5	Council Self-Assessment
The College will operate a program to ensure that the Council can properly assess, its own performance, the performance of its committees and individuals Council and Committee members.	• Staff will support the Council's Governance Evaluation process to enable the Council to undertake a performance review of itself, the Committees and individual Council and Committee members through an independent and neutral third party.

				• Staff will oversee the support provided by a third-party consultant retained to assist the Council in its efforts.			
Timeframe:	All 4 Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	A full Council and Committee member assessment process was undertaken in the April to July period with the support and guidance of Satori Consulting. Preparatory work took place with Satori for the planning and implementation of the Council Effectiveness Survey that will be rolled out at the beginning of Q1 in 2026.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2(F)-6	Council Risk Assessment						
The College will operate a program that identifies and mitigates risks to the Council and the College.				• The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organization, including directors and officer's liability insurance, commercial general liability insurance and property insurance. These policies will be reviewed bi-annually. • The College will institute and manage an Enterprise Risk Management (ERM) Program and will support the Council's Risk Committee to ensure the Council is aware of the risks facing the College and processes instituted to mitigate those risks. • The ERM assessment will be updated annually.			
Timeframe:	All 4 Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	The Finance, Audit & Risk Committee (FARC) completed its initial Risk Assessment under the Council Enterprise Risk Management policy. The Report was presented to the Council with recommendations surrounding acceptable level of risk in July and was adopted by the Council. reviewed the Enterprise Risk Management Register for updates at its November 2025 meeting.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2 (G)	**Commitment to oversight requirements.**						
2(G)-1	HPARB Appeals						
The College will operate a program in support of the Health Professions Review and Appeal Board (HPARB) appeals process for				• College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving an alert of an appeal.			

appeals of decisions of the Registration Committee (RC) and for appeals of decisions of the Inquiries, Complaints and Reports Committee (ICRC).	• Legal Counsel for the College will be alerted and provided copies of all materials provided to HPARB. • Staff will attend conferences and hearings in defence of RC decisions rendered and as a resource to HPARB in matters of appeals of ICRC decisions. • HPARB decisions will be reported to the Committees and the Council and any matters returned by HPARB will be brought to the appropriate committee on an expedited basis.

Timeframe:	All 4 Planning Years				**Responsible:**	Deputy CEOs	
Year-to-date outcomes:	College staff supported the HPARB appeals process for both registration and ICRC decisions.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2(G)-2	HRTO Matters
The College will operate a program that allows it to respond to matters filed with the Human Rights Tribunal of Ontario (HRTO).	• All notices received by the HRTO will be provided to Legal Counsel of the College. • College staff will support Legal Counsel by providing all necessary information to allow for a proper defence to be mounted. • College senior staff will participate in all conferences and hearings of the HRTO. • All outcomes of the HRTO will be reported to the Council and any impacted Committees.

Timeframe:	All 4 Planning Years	**Estimated cost:**		**Responsible:**	Chief Executive Officer
Year-to-date outcomes:	One HRTO matter that had been pending for several years was resolved during this reporting period. No other matters are underway.				
Year-to-date rating:	❒ Not started	❒ In progress	☑ Completed	❒ To be deferred	
Comments:					

2(G)-3	College Performance Measure Framework
The College will support the work of the Ministry of Health in its oversight capacity through the **College Performance Measure Framework (CPMF)**.	• The College will assemble the necessary quantitate and qualitative data for the CPMF between January and March annually. • The College's draft submission will be presented to the Council in March annually.

				• Once approved, the report will be submitted to the Ministry. • The Ministry's summary of all College reports will be reviewed to identify best practices which this College may adopt in the future.			
Timeframe:	All 4 Planning Years				**Responsible:**	Senior Management Team	
Year-to-date outcomes:	The CPMF has been suspended for this current year by the Ministry of Health.						
Year-to-date rating:	❒	Not started	❒	In progress	❒	Completed	☑ To be deferred
Comments:							

2(G)-4	Fair Registration Practices						
The College will support the work of the **Office of the Fairness Commissioner** (OFC) in its effort to ensure that registration practices of regulatory authorities are fair, objective, impartial and transparent.				• The College will submit the annual Fair Registration Practices report on the schedule set by the OFC and will make such reports publicly available. • The College will engage the OFC in support of its registration practices assessment conducted approximately every three years.			
The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in conjunction with their Risk-informed Compliance Framework, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.				• The College will seek to implement any additional recommendations resulting from further OFC assessments, changes to OFC fair registration practices or fair access requirements, or Ministry feedback in relation to the CPMF reporting.			
Timeframe:	All 4 Planning Years				**Responsible:**	Deputy CEO, Registrant & Corporate Services	
Year-to-date outcomes:	Staff have engaged in regular meetings with the OFC to discuss any updates implemented by the College related to registration practices and has attended OFC run teleconferences on topics such as the collection of race-based data. By end of fiscal, the College had submitted its annual Fair Registration Practices report for 2025. The College was also notified that the OFC would be initiating a review of risk ratings in late Spring 2026.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

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

2.1	**Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.**

2.1.1	Examinations				
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from Council on Naturopathic Medical Education (CNME)-accredited programs and PLAR applicants seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.			• The College will deliver two (2) sittings of the Clinical (Practical) examinations annually. • The College will deliver two (2) sittings of the written Clinical Sciences examination annually. • The College will deliver two (2) sittings of the written Biomedical examination annually. • The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. • The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually. • The Ontario Jurisprudence exam will be available online.		
All College examinations will be maintained through an examination question development and retirement program.			• A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP) for each of the BME and CSE • 25% of the questions and cases used in the Clinical (Practical) Exams will be reviewed annually. • The College will support efforts by the Canadian Alliance of Naturopathic Regulatory Authorities in its effort to develop a national set of competencies and national examinations.		
The College will work with the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) towards the development of pan-Canadian national entry-to-practice examinations.			• The College will work with CANRA towards developing and launching national written entry-to-practice clinical science and biomedical examinations. • In consultation with CANRA, the College will develop an exam transition plan, associated policy and communications to support changes to recognized entry to practise examinations for registration in Ontario.		
Timeframe:	All 4 Planning Years	**Estimated cost:**	$319,283	**Responsible:**	Deputy CEO, Registrant & Corporate Services

Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026. A draft Exam Transition Policy was drafted and work continues with CANRA to flesh out logistics around the transition to a national examination model.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:							

2.1.2	Entry-to-Practice
The College will operate an Entry-to-Practise program that enables new graduates, Prior Learning Assessment and Recognition (PLAR) applicants, and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.	• An application for registration process with the College will be maintained. • All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met. • Applicants that meet the requirements will be provided a Certificate of Registration. • Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and registrants as soon as they are approved by the Committee. • Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.
The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalent under the Prior Learning Assessment and Recognition Program (PLAR) to that of an individual who has graduated from a CNME-accredited program.	• A process for evaluating individuals under the Council's PLAR policy will be maintained and applicants for assessment will be processed in accordance with that policy. • Current information about the PLAR process will be made publicly available by the College. • PLAR Assessors will be recruited and provided training and related tools to the assessment process.

	• Successful PLAR applicants will be invited to sit the Clinical (Practical) examinations and the Ontario Jurisprudence examination, and to make an application for registration under the Entry-to-Practise program.

The demonstration-based, components of PLAR ("Structured Interview" and "Interaction with a Simulated Patient") of the PLAR program will be reviewed and revised.					• Work will be carried out to populate the revised Stage 5 of PLAR with new assessment materials. • PLAR assessment and communications materials will be updated to reflect changes to Stage 5. • Associated staff and recruited demonstration-based assessors will be trained on the administration of the revised Stage 5 assessment process.			
Timeframe:	All 4 Planning Years				**Responsible:**	Deputy CEO, Registrant & Corporate Services		
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026. Work continued on re-populating and refining revised Stage 5 of the PLAR program with updated cases and associated rubrics. Further refinement is anticipated for summer 2026 when the working group is set to meet.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2.2	**Registrants and the public are aware of and adhere to the standards by which NDs are governed.**

2.2.1	Inspection Program
The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the *Naturopathy Act, 2007,* to regulate premises in which IVIT procedures are performed.	• The College will maintain a process for new IVIT premises to become registered with the College and for registering of the designated registrant and other personnel operating from the premises and for existing premises to maintain their information with the College. • The College will maintain a process for the inspection of new premises as well as a process for the subsequent re-inspection of premises every five years. • Fees for new premises registered and inspections will be levied and collected.

	• A pool of qualified and trained inspectors will be maintained. • Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC) to appoint an investigator and a cease & desist letter is sent to the Registrant. • Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the Committee by preparing materials for review, drafting decisions & Inspection Reports on files for review and approval of the Committee. Decisions of the Inspection Committee will be provided to the designated Registrant as soon as they are approved by the Committee. • The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. • Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee requires further action by the reporting Registrant, they will be contacted by staff. • Type 2 occurrence report forms will be collected annually, analyzed, and reported to the Committee and Council.

Timeframe:	All 4 Planning Years				**Responsible:**	Deputy CEO, Regulation		
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2.2.2	Standards Program
The College will operate a program to develop and maintain the Standards of Practise of the profession and any related policies and guidelines. Standards and guidelines will be reviewed by the Standards Committee (SC) to ensure that the standards fully support patient-	• College staff will support the SC as it initiates reviews of any or all of the Core Competencies, Code of Ethics and Standards and Guidelines.

centred care. New standards will be developed as identified by the Committee and/or Council.	• Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. • Where the SC makes amendments to any of the standards, guidelines or policies, staff will update the materials and release them publicly. • Staff will also maintain a program of alerting registrants of any changes to the standards.

Timeframe:	All 4 Planning Years	**Responsible:**	Deputy CEO, Regulation
Year-to-date outcomes:	The Standards Committee has reviewed updates to 19 standards of practice and has initiated a review of 6 additional standards and the initial drafting of a guideline on off-label prescribing to support proposed amendments to Table 3 of the General Regulation.		

Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2.2.3	Regulatory Guidance Program
The College will operate a Regulatory Guidance program that will respond to registrants' questions and provide information, whenever possible, and guide the profession to the resources available to it.	• E-mail and telephone inquiries will be responded to by the Regulatory Education Specialist. • Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council.

Timeframe:	All 4 Planning Years	**Responsible:**	Deputy CEO, Regulation
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026.		

Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2.3	**Registrants are held accountable for their decisions and actions.**

2.3.1	Registration of Individuals and Corporations
The College will operate a Registration program that enables naturopaths registered with the College to maintain their status with the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.	• A registration renewal process will be conducted annually, in accordance with the by-laws that will enable all registrants to update their information with the College and pay their annual registration fees.

	• Class change applications will be processed by the College with those requiring a review by the RC being presented to the Committee with the information needed for decisions and with Decision & Reasons drafted based on Committee discussions, approved by the Committee, and provided to the Registrant. • The public registers will be maintained in accordance with the Code, regulations, and by-laws
The College will ensure that registrants maintain their CPR and PLI status as required under the by-laws.	• The College will monitor individual compliance with the requirements for a cardiopulmonary resuscitation certification and for carrying the necessary amounts of professional liability insurance. • Regular follow up with registrants whose CPR and/or PLI will expire will be undertaken. • Individuals who are not in compliance with these requirements will be provided notices and/or suspended in accordance with the Registration Regulation and the Code.
The College will operate a program that allows registrants to obtain Certificates of Authorization for professional corporations that they wish to establish.	• A process for registrants to apply for a Certificate of Authorization for a professional corporation will be maintained. • Applications will be reviewed, and decisions will be provided to registrants. • New corporations will be added to the Corporations register of the College. • A process for annual renewals of Certificates of Authorization will be maintained ensuring that all professional corporations are properly authorized.

Timeframe:	All 4 Planning Years		**Responsible:**	Deputy CEO, Registrant & Corporate Services			
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:							

2.3.2	Patient Relations Program
The College will operate a Patient Relations Program as set out in the *Regulated Health Professions Act, 1991*. Applications for funding	• A Patient relations program will be maintained.

will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.	• Current information (handbooks) for registrants and patients will be maintained and made publicly available. • A process for applying for funding for counselling will be maintained in accordance with the Code. • Applications for funding will be presented to the Patient Relations Committee (PRC) at the next available meeting and decisions will be communicated to applicants.						
Timeframe:	All 4 Planning Years				**Responsible:**	Deputy CEO, Regulation	
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2025.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2.3.3	Complaints & Reports						
The College will operate a Complaints and Reports program to receive information and complaints about registrants of the profession and to fulfil its obligations to investigate the matters in accordance with the *Regulated Health Professions Act, 1991,* through the Inquiries, Complaints and Reports Committee (ICRC).	• Complaints received by the College will be processed in accordance with the Code. As such, • Concerns relating to professional misconduct or incompetence brought to the College's attention will be referred to the CEO for consideration of initiating a request for investigation. • Complaint and report files will be presented for the consideration and screening by the ICRC. • Complaints and Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decision is reported to the Deputy CEO. • The status and summary of active and closed complaints and reports are regularly updated and maintained on the College's website. • Program information will be maintained on the College's website.						
Timeframe:	All 4 Planning Years	**Estimated cost:**			**Responsible:**	Deputy CEO, Regulation	
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2.3.4	Cease & Desist							
The College will operate an Unauthorized Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to registrants who are breaching the standards of practice in a manner that presents a risk of public harm.					• C&D letters are drafted and sent to the individual via Process Server, where applicable. • Names of unauthorized practitioners are posted on the Register of Unauthorized Practitioners on the College's website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorized Practitioners. • Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. • Information about unauthorized practitioners who fail to sign a confirmation is provided to the Deputy CEO. • Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice.			
Timeframe:	All 4 Planning Years				**Responsible:**	Deputy CEO, Regulation		
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2.3.5	Alternative Dispute Resolution Program							
The College will operate an Alternative Dispute Resolution (ADR) Program to ensure that matters that meet the eligibility criteria and are agreed to by both the Complainant and Registrant are properly resolved in accordance with section 25 of the RHPA and the program policies.					• Complaints received by the College will be reviewed by College staff for ADR eligibility. • An independent College approved Mediator is appointed for each eligible ADR matter. • A matter referred to ADR by the CEO must be completed and submitted for ratification within a maximum of 120 days of the referral.			
Timeframe:	All 4 Planning Years				**Responsible:**	Deputy CEO, Regulation		
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026.							
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2.3.6	Prosecution through Hearings
The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.	• Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. • Information for disclosure is provided to the CEO/legal counsel. • Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair's selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for hearings of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC. • Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.
As a corollary, the College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies.	• ILC will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee.

			• Full committee meetings will be facilitated by the staff as directed by the Chair, including making necessary arrangements with ILC for training.				
Timeframe:	All 4 Planning Years			**Responsible:**	Chief Executive Officer		
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

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

2.4.1	Quality Assurance Program

The College will operate a Quality Assurance (QA) Program as set out in the *Regulated Health Professions Act, 1991,* and the Quality Assurance Regulation made under the *Naturopathy Act, 2007*.	• Annual registrant self-assessment
	  ○ maintain and develop new online self-assessments to be annually completed by registrants.
	  ○ Review renewals to ensure all registrants have completed their annual self-assessment, follow up with those who do not.
	• Continuing Education (CE) Reporting, in three groups, one group each year
	  ○ The reporting group will be tracked, and CE reports analyzed.
	  ○ Follow up with those not received.
	  ○ Those not meeting requirements are presented to the Quality Assurance Committee (QAC) for review and further follow up.
	• Peer & Practise Assessment program
	  ○ QAC determines number of assessments to be completed and details of standards to be reviewed.
	  ○ Registrants are randomly selected and undergo assessment by a peer.
	  ○ Follow up with those who do not complete it or where issues are raised.

							○ A pool of qualified and trained assessors will be maintained. • CE course approval program ○ Applications for CE credits are presented to the QAC for review and approval. ○ List of approved courses is maintained on the website.
Timeframe:	All 4 Planning Years					**Responsible:**	Deputy CEO, Regulation
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period April 1, 2025 to March 31, 2026.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2.4.2	Currency Hour Audits				
The College's Registration program will establish and maintain a process for auditing the currency hours of registrants to ensure that they meet the requirements as set out in section 6 of the Registration Regulation or appropriate steps are taken to mitigate the potential risk to patients.					• Currency hour reporting cycles are tracked and annually declared currency hours will be analyzed. • Notices will be sent to General Class registrants to alert them to their three-year currency cycle and accrued hours, starting in year one of their reporting cycle. • Annual currency hour audits will be conducted of those registrants who have completed their three-year currency cycle. • Those not meeting requirements will be provided with options as set out in the Registration Regulation and Registration policy for addressing currency hour deficiencies.
Timeframe:	All 4 Planning Years			**Responsible:**	Director, Registration and Examinations
Year-to-date outcomes:	The annual currency audit was conducted in July; 41 registrants were issued an audit notice as a result of not meeting currency requirements as per the Registration Regulation and Registration Policy. Of these 41, nine were referred by the CEO to the Quality Assurance Committee for a Peer and Practice Assessment [s. 6(2) of the Registration Regulation].				
Year-to-date rating:	❒ Not started	❒ In progress	☑ Completed	❒ To be deferred	
Comments:					

2.5	**The College examines the regulatory model to maximize the public protection benefit to Ontarians.**

2.5.1	Registration Regulation and Related Policies		
In consultation with the Registration Committee, the College will undertake a comprehensive review of the structure and provisions of the Registration Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.		• The College will consider the current classes of registration to determine if there is an alternative approach that might improve public protection and reduce the regulatory burden on registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation. • The College will consider the current structure of the entry-to-practice examinations to determine whether there may be opportunities to streamline the examinations and improve timeliness of access to the profession. • The College will consider whether all of the current ETP requirements surrounding acupuncture and naturopathic manipulation should remain or whether an alternative post-certification approach, such as rostering, may be beneficial to public protection and access to the profession. • The College will consider whether a specialization program might be warranted and in the public interest. • The College will consider current requirements set out in by-laws and standards that might more appropriately be incorporated into the Registration Regulation to improve enforcement opportunities in the public interest. • The Registration Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.	
Timeframe:	2024-2025	**Responsible:**	Chief Executive Officer
Year-to-date outcomes:	Preliminary consultation was undertaken with respect to the classes of registration and specialization in this reporting period. These will be considered later this year and into the following year as a report to Council will be prepared on strengthening the regulatory framework.		

Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2.5.2	General Regulation and Related Policies		
In consultation with the Committees, the College will undertake a comprehensive review of the structure and provisions of the General Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.		• The Committees and staff of the College, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.	
Timeframe:	All 4 Planning Years	**Responsible:**	Chief Executive Officer
Year-to-date outcomes:	A preliminary review of the General Regulation has been conducted with some potential changes identified for consideration. A report to Council will be prepared on potential options to strengthening the regulatory framework.		

Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2.5.3	Professional Misconduct Regulation and Related Policies		
In consultation with the Inquiries, Complaints and Reports Committee, the College will undertake a comprehensive review of the structure and provisions of the Professional Misconduct Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.		• The College will consider whether retaining the prohibition on the use of testimonials is in keeping with modern approaches to regulation or whether it might be restructured or removed. • The College will consider whether a program of specialization is recommended in other reviews and therefore whether changes to the Professional Misconduct Regulation might be warranted. • The College will consider whether a breach of by-laws should be included as a defined act of professional misconduct. • The ICRC and staff, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.	
Timeframe:	2024-2025	**Responsible:**	Chief Executive Officer

Year-to-date outcomes:	A preliminary consultation on testimonials was conducted in the first half of this year. These will be considered later this year and into the following year as a report to Council will be prepared on strengthening the regulatory framework.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2.5.4	Quality Assurance Regulation and Related Policies
In consultation with the Quality Assurance Committee, the College will undertake a comprehensive review of the structure and provisions of the Quality Assurance Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.	• The College will consider whether the structure of the Committee as mandated in the Regulation is appropriate and in the public interest. • The College will consider whether provisions mandating participating in a College developed program for Registrant portfolios is required or recommended. • The Quality Assurance Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.

Timeframe:	2025-2026				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:							
Year-to-date rating:	☑	Not started	❒	In progress	❒	Completed	❒ To be deferred
Comments:							

2.5.5	Standards Review
In consultation with the Standards Committee, the College will undertake a comprehensive review of the structure and provisions of the standards and related policies and in the context of other recommendations made under this priority activity and will make recommendations to the Council on any changes necessary. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.	• The College will consider whether any commensurate amendments to the standards are necessary based on the proposed changes set out under the other area of this priority activity. • The Standards Committee, with the support of and training from the EDIC, will apply the equity tool to the standards and make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.

Timeframe:	All 4 Planning Years					**Responsible:**	Deputy CEO, Regulation	
Year-to-date outcomes:	The Standards Committee has initiated a review of all standards. Proposed changes to the first set of 19 standards have been reviewed. Preliminary review of 6 additional standards has been initiated and a new Guideline on Off-Label Prescribing has been drafted.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2.5.6	By-laws Review							
In consultation with the committee, the College will undertake a comprehensive review of the structure and provisions of by-laws in light of other recommendations made under this priority activity and will make recommendations to the Council on any changes that may be necessary. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.				• The College will consider whether any commensurate amendments to the by-laws are necessary based on the proposed changes set out under the other area of this priority activity. • The staff of the College, with the support of and training from the EDIC, will apply the equity tool to the by-laws and make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.				
Timeframe:	All 4 Planning Years					**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	Certain by-law amendments were presented to the Council in September, underwent formal consultation and were approved by Council in December 2025.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

The College of Naturopaths of Ontario

MEMORANDUM

DATE: July 17, 2026

TO: Council members

FROM: Mr. Barry Sullivan
Vice Chair, Governance Committee

RE: Proposed Amendments
Executive Limitations Policies – Part 1 (EL01-EL08)

The Governance Committee (GC) last met on July 6, 2026, and completed its' review of the Executive Limitations Policies – Part 1 (EL01-EL08), 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

EL04 – Treatment of Staff
The Committee reviewed the policy and are recommending various changes.

Recommendations:

- Paragraph 2 – to remove the wording "and Canada",
- Paragraph 3 – to be reworded to say, "Establish personnel policies, in accordance with generally accepted management principles for not-for-profit organizations, that govern employees and their working conditions.",
- Paragraph 4 – to be removed as it is covered under other policies,
- Paragraph 5 – to be removed as it is addressed in the College's personnel policies,
- Paragraph 6 – to be removed as this is an operational task,
- Paragraph 7 – to be removed as this is covered under EL09,
- Paragraph 8 – to be removed as it is addressed in the College's personnel policies,
- Paragraph 9 – to be removed as it is a matter of budgeting,
- Paragraph 10 – to be removed as it is not required,
- Paragraph 11 – to be removed as it is addressed in the College's personnel policies and is a matter of budgeting,
- Paragraph 14 – to be removed as it is addressed in the College's personnel policies and is a matter of budgeting,
- Paragraph 15 – to be removed as it is addressed in the College's personnel policies and is a matter of budgeting, and

- Paragraph 16 – to be removed as it is addressed in the College's personnel policies and is a matter of budgeting.

Respectfully submitted.

The Chief Executive Officer (CEO) shall ensure that the values of the Council, which are stated in its strategic plan, are reflected, upheld and evident with respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers of the College.

Accordingly, the CEO shall not fail to do any of the following.

1 Treat employees in a fair, respectful and ethical manner and in keeping with the values articulated by the Council in GP02 (Governing Style).

2 Comply with employment standards as set by the Governments of Ontario ~~and Canada~~.

3 Establish personnel policies, in accordance with generally accepted management principles for not-for-profit organizations ~~acceptable to the Council~~, that govern employees and their working conditions.

~~4 Protect from discrimination any staff member who expresses an ethical dissent.~~

~~5 Allow staff to present concerns to the Council Chair, provided that the staff person has exhausted internal resolution procedures and the employee alleges that either Council policy has been violated or Council policy does not protect human rights.~~

~~6 Acquaint staff with the characteristics of their job responsibilities and obligations to the College, including but not necessarily limited to position descriptions, reporting relationship, security and confidentiality.~~

~~7 Take adequate measures to prevent sexual harassment or workplace violence (as defined in EL09 – Workplace Violence Policy) and investigate any internal complaints promptly.~~

~~8 Objectively evaluate staff annually on their performance based on their job responsibilities and agreed upon performance measures.~~

~~9 Take reasonable measures to minimize overtime or temporary assistance.~~

~~10 Employ expert professional help when required.~~

~~11 Provide appropriate professional development opportunities for all staff in order that they may operate effectively.~~

12 Refrain from changing the compensation (including all benefits) the CEO receives without prior Council approval except where so authorized by the agreement governing his or her employment or by Council policies.

13 Establish compensation and benefits packages for staff, which are representative of the market value for skills employed.

~~14 Provide the same basic level of benefit to all full-time employees although differential benefits to encourage longevity on the job for key employees are not prohibited.~~

~~15 Inform staff of the compensation and benefits provided to them by their employment with the College.~~

~~16 Review with staff any possible changes to compensation and benefits on an annual or shorter timeframe.~~

College of Naturopaths of Ontario

FINANCE, AUDIT AND RISK COMMITTEE
AUDIT REPORT FOR THE FISCAL YEAR 2025-2026

The audit for the fiscal year April 1, 2025 – March 31, 2026, was completed remotely by Kriens-Larose, LLP. The Finance, Audit and Risk Committee met on July 8, 2026, via video conference to review the audit findings and Thomas Kriens (the 'Auditor') was in attendance to present and answer questions.

The Committee reviewed:

- the 2026 Audit Findings Report to the Finance, Audit and Risk Committee.
- the 2026 Draft Financial Statement.
- the 2026 Adjusting and Re-classification Journal Entries.

The following provides an overview of the discussion that occurred around the audit materials:

- The Auditor noted that the audit process itself went well and that the College is in receipt of a clean audit report.
- There were no concerns identified in reference to any risk of material misstatements, policies, practices and internal controls.
- A rate of 3% materiality which is equivalent to $121,000 based on revenues was used to identify discrepancies. There were no issues of materiality identified.
- One new line item that was highlighted in the report under Assets was a "Loan receivable" which speaks to the loan agreement with CANRA that commenced during this fiscal year.
- Overall, there was an increase of $155,407 to the total revenues from the previous year.
- Deferred Registration fees increased by $581,895 from the previous year. This is due to the change in fee structure for the General and Inactive classes that has been rolled into the PAD program.
- Total expenses increased by $502,825 from the previous year. Line items that increased on the expense side included: Office and General, Salaries and Public Education. All of these activities were planned and budgeted for.
- The College concluded its fiscal year with a deficit of ($350,425).
- With the College ending the year in a deficit, the Unrestricted Net Assets remain in a negative, however the overall balance of assets is $1,634,950
- There were no top ups to the Reserve Funds, however, an adjustment of $2,110 was made from the Succession Planning Reserve Fund to the Patient Relations reserve fund. This was as a result of an identified overage to the Succession Planning Reserve Fund, which is capped at $50,000.
- There were a total of two adjusting journal entries to the Reserve Funds and one re-classification journal entry to the HST account.
- At the conclusion of the audit there were no going concerns identified.
- The Auditor noted that for next year's audit process there will be two changes in the CPA Non-for-Profit guidelines that will include enhanced audit procedures to Risks Identified Abroad and Going Concerns. These changes are being implemented to enhance the transparency of financial disclosures.

The Finance, Audit and Risk Committee recommends that Council accept the Draft Audited Financial Statements dated March 31, 2026, including the Independent Auditor's Report, as presented.

Respectfully submitted,

Dr. Shelley Burns, ND
Chair
July 14, 2026

THE COLLEGE OF NATUROPATHS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2026

THE COLLEGE OF NATUROPATHS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2026

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KRIENS~LAROSE, LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Members of
The College of Naturopaths of Ontario

Report on the Audit of the Financial Statements

Opinion
We have audited the financial statements of The College of Naturopaths of Ontario, which comprise the statement of financial position as at March 31, 2026, and the statements of changes in net assets, operations, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The College of Naturopaths of Ontario as at March 31, 2026, and the results of its operations and its cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of The College of Naturopaths of Ontario in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

KRIENS~LAROSE, LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT (continued)

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

KRIENS~LAROSE, LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KRIENS~LAROSE, LLP

Chartered Professional Accountants
Licensed Public Accountants

Toronto, Ontario
July 8, 2026

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2026

	2026 $	2025 $
ASSETS		
CURRENT		
Cash and cash equivalent (Note 2)	4,132,991	4,142,634
Accounts receivable (Note 3)	1,830,511	1,607,174
Prepaid expenses	130,198	148,037
Loan receivable (Note 4)	32,532	-
	6,126,232	5,897,845
LOAN RECEIVABLE (Note 4)	129,339	-
EQUIPMENT (Note 5)	34,075	44,354
	6,289,646	5,942,199
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	297,276	272,304
Deferred revenue (Note 6)	3,920,664	3,312,844
HST payable	436,756	371,676
	4,654,696	3,956,824
NET ASSETS (NOTE 7)		
Unrestricted net assets	(431,561)	(82,256)
Patient Relations	91,375	90,385
Business Continuity	1,114,684	1,114,684
Investigations & Hearings	810,452	810,452
Succession Planning	50,000	52,110
	1,634,950	1,985,375
	6,289,646	5,942,199

APPROVED ON BEHALF OF THE COUNCIL:

_____, Director _____, Director

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2026

	Unrestricted net assets 2026 $	Patient relations 2026 $	Business continuity 2026 $	Investigations & hearings 2026 $	Succession planning 2026 $	Total 2026 $	Total 2025 $
Balance, beginning of year	(82,256)	90,385	1,114,684	810,452	52,110	1,985,375	1,988,612
Excess (deficiency) of revenues over expenses for the year	(349,305)	(1,120)	-	-	-	(350,425)	(3,237)
Interfund transfers	-	2,110	-	-	(2,110)	-	-
Transfer from Investigations & Hearings	-	-	-	-	-	-	-
Balance, end of year	(431,561)	91,375	1,114,684	810,452	50,000	1,634,950	1,985,375

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2026

	2026 $	2025 $
REVENUES		
Registration and member renewal fees	3,485,020	3,377,642
Examination fees	322,770	288,120
Inspection and hearing fees	108,100	66,200
Investment Income	59,400	98,066
Incorporation fees	53,529	43,339
Misc Income	-	45
TOTAL REVENUES	4,028,819	3,873,412
TOTAL EXPENSES	4,379,244	3,876,419
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR	(350,425)	(3,007)

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2026

	2026 $	2025 $
EXPENSES		
Salaries and benefits	2,747,083	2,353,444
Rent and utilities	176,056	171,493
Exam fees and expenses	253,332	230,052
Consulting fees		
Consultants - Complaints and inquiries	130,806	86,912
Consultants - General	14,103	35,259
Consultants - Assessors/inspectors	50,560	60,656
Legal fees		
Legal fees - Discipline	145,938	287,875
Legal fees - Complaints	72,648	50,155
Legal fees - General	31,230	40,435
Council fees and expenses	194,641	67,118
Office and general (Note 3)	123,683	181,791
Public education	136,083	59,863
License	72,046	78,914
Equipment maintenance	52,582	47,252
Translation	18,195	21,938
Insurance	34,961	32,924
Audit fees	19,883	17,996
Travel accommodation & meals	14,514	12,132
Education and training	10,707	2,934
Discipline & FTP Committee	9,892	9,016
Amortization	23,056	13,961
Patient relations fund expenses allocation	1,120	4,810
Website	7,141	7,269
Printing and postage	2,599	1,434
Patient relations Committee	885	786
Risk programs	35,500	-
TOTAL EXPENSES	4,379,244	3,876,419

See accompanying notes to the financial statements

THE COLLEGE OF NATUROPATHS OF ONTARIO
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2026

	2026 $	2025 $
CASH FROM OPERATING ACTIVITIES		
Cash receipts registration and membership renewal	3,843,578	3,493,391
Cash receipts from inspection fees	105,900	71,700
Cash receipts from examination fees	350,895	288,320
Cash receipts from incorporation fees	53,529	43,339
Interest and other income	59,400	98,111
Cash paid to suppliers and employees	(4,248,297)	(3,904,892)
	165,005	89,969
CASH FROM INVESTING ACTIVITIES		
(Purchase) of equipment	(12,777)	(10,225)
Loan advanced to CANRA	(161,871)	-
	(174,648)	(10,225)
Change in cash	(9,643)	79,744
Cash, beginning of year	4,142,634	4,062,890
Cash, end of year	4,132,991	4,142,634
Cash consists of:		
Cash in bank account	2,360,700	1,837,142
Manulife Money Market Fund & Cashable GIC	1,772,291	2,305,492
Cash, end of year	4,132,991	4,142,634

See accompanying notes to the financial statements

PURPOSE OF THE ORGANIZATION

The College of Naturopaths of Ontario is incorporated under the Regulated Health Professions Act, 1991 and the Naturopathy Act, 2007.

The College received proclamation on July 1, 2015.

The College of Naturopaths of Ontario is responsible for developing the regulations, policies, by-laws and necessary business operations to govern the profession.

The College operations include:

- sets requirements for entering the profession;
- establishes standards for practicing;
- administers quality assurance programs; and
- holds its members accountable for their conduct and practice.

1. SIGNIFICANT ACCOUNTING POLICIES

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook and include the following significant accounting policies:

Financial Instruments

The College initially measures its financial assets and liabilities at fair value. The College subsequently measures all its financial assets and financial liabilities at amortized cost. Changes in fair value are recognized in the statement of operations.

Financial assets measured at cost or amortized cost include cash and accounts receivable. Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Where there is an indication of impairment and such an impairment is determined to have occurred, the carrying amount of financial assets, measured at amortized cost is reduced to the greater of discounted cash flows expected or proceeds that could be realized from the sale of financial assets. Such impairments can be subsequently reversed if the value subsequently improves, but cannot exceed the amount that would have been reported at the date of the reversal, had impairment not been recognized previously.

Continued...

1. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the reporting date and the reported amounts of revenues and expenses for the reporting period. Actual results could differ from these estimates. Significant financial statement items that require the use of estimates includes useful lives of property and equipment, rates of amortization, and accrued liabilities. These estimates are reviewed periodically and adjustments are made, as appropriate, in the statement of operations in the year they become known.

Cash and Cash Equivalent

Cash and cash equivalents consist of cash on hand and fixed income investments with maturities of less than 90 days.

Prepaid Expenses

Prepaid expenses are recorded for goods and services to be received in the next fiscal year, which were paid for in the current year.

Equipment

Equipment is stated at acquisition cost. Amortization is provided on the following basis at the following annual rates:

Office equipment	5 years straight-line
Computer equipment	3 years straight-line

Equipment are tested for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the equipment to its fair value. Any impairment of the equipment is recognized in the income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the equipment subsequently increases.

Revenue Recognition

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Amounts received in advance of the period of service are deferred to the year the service is substantially complete.

Continued...

1. SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue Recognition (continued)

Registrations, members renewal fees, examination fees, inspection fees, hearing fees and incorporation fees are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Amounts received in advance of the period of service are deferred to the year the service is substantially complete.

Unrestricted investment income is recognized as revenue when earned.

Donated Property and Services

During the year, voluntary services were provided. Because these services are not normally purchased by the College, and because of the difficulty of determining their fair value, donated services are not recognized in these statements.

2. CASH AND CASH EQUIVALENT

Cash and cash equivalent is summarized as follows:

	2026 $	2025 $
Cash	2,360,700	1,837,143
Manulife Money Market Fund	1,772,291	1,734,998
Cashable Guaranteed investment certificate, Prime minus 4.95%, maturing November, 2025	-	570,493
	4,132,991	4,142,634

Cashable Guaranteed investment certificates are cashable at any time, and interest is paid to the date it is cashed as long as the investment has been held for 30 days or more.

The College has a revolving line of credit facility with the Royal Bank of Canada of $100,000. The credit is available at prime plus 3.5% and is secured by a general security agreement covering all assets of the College. The line of credit was not utilized as at March 31, 2026.

Continued...

3. ACCOUNTS RECEIVABLE

	2026 $	2025 $
Accounts receivable	1,894,473	1,656,880
Other receivables - Ordered DC Cost	-	77,283
Allowance for doubtful accounts	(63,962)	(126,989)
Total	1,830,511	1,607,174

As at March 31, 2026, allowance for doubtful accounts consists of an allowance for impairment of $nil (2025: $77,283) recognized with respect to a penalty order made by the discipline committee in the fiscal year of 2023 and a 3% allowance for impairment of $63,962 (2025: $49,706) recognized with respect to accounts receivable. Bad debt of $24,796 (2025: $86,473) is included in the office and general expenses as of March 31, 2026.

4. LOAN RECEIVABLE

The College holds a loan receivable of $161,871 from the Canadian Alliance of Naturopathic Regulatory Authorities ("CANRA"). The loan bears interest of 4.50% per annum and is repayable in monthly instalments of $3,262 commencing November 1, 2025 over a five year term. The loan is unsecured.

	2026 $	2025 $
Current	32,532	-
Non Current	129,339	-
Total	161,871	-

Continued...

5. EQUIPMENT

	2026		2025	
	Cost $	Accumulated amortization $	Cost $	Accumulated amortization $
Office equipment	157,257	146,701	157,257	138,677
Computer equipment	124,248	100,729	111,471	85,697
	281,505	247,430	268,728	224,374
Net book value	34,075		44,354	

6. DEFERRED REVENUE

Deferred revenue represents examination fees and membership registrations received in advance of the period in which the service is to be provided.

	2026 $	2025 $
Registration fees	3,853,839	3,271,944
Examination fees	63,525	35,400
Inspection fee	2,300	5,500
Quality assurance fee	1,000	-
Total	3,920,664	3,312,844

Continued...

7. NET ASSETS

Patient Relations Fund
The College set aside $100,000 for potential obligations under the *Regulated Health Professions Act, 1991* (the "Act") with respect to cases where a patient alleges they were sexually abused by a Registrant and sought funding for counselling. Decisions on granting funding rest with the Patient Relations Committee as set out in the Act. The funds set aside are reviewed on an annual basis. In fiscal 2026, $1,120 (2025: $5,040) was spent from the patient relations fund and $2,110 was transferred into the fund.

Business Continuity Fund
In fiscal year 2021, the College established the restricted net asset to ensure the College will have adequate funds available to sustain day-to-day operations in the event of an unforeseen incident. The initial contribution was coming from strategic initiative fund for $75,385 in addition to another $1,000,000 set aside from unrestricted net assets. As directed by the Council, the CEO is responsible to maintain the fund at a minimum of $3,000,000 up to a maximum of $4,000,000 as soon as it is practicable. In the 2026 fiscal year $Nil (2025: $Nil) was spent from fund and $- was transferred into the fund.

Investigations and Hearings Fund
In fiscal year 2021, the College established the restricted net asset to ensure the College can cover any cost that exceeds the budgeted amounts in a given fiscal year related to legal costs for investigations and hearings, including appeals before any tribunal, conducting investigations, and conducting discipline and fitness to practice hearings. The initial contribution was coming from unrestricted net assets in the amount of $1,000,000. As directed by the Council, the CEO is responsible to maintain the fund at a minimum of $1,000,000 up to a maximum of $2,000,000 as soon as it is practicable. In the 2026 fiscal year $Nil (2025: $Nil) was spent from the fund, $- was transferred into the fund and $Nil was transferred to unrestricted net assets.

Succession Planning Fund
In fiscal year 2021, the College established the restricted net asset to fund the process necessary to plan for the succession of the senior management positions. The initial contribution was coming from unrestricted net assets in the amount of $50,000. As directed by the Council, the CEO is responsible to maintain the fund at $50,000. In the 2026 fiscal year $Nil (2025: $Nil) was spent from the fund and $(2,110) was transferred into the fund.

Unrestricted Net Assets
In the 2026 fiscal year $nil was transferred into the unrestricted net assets from the Investigations and Hearings Fund.

Continued...

8. COMMITMENTS

Premises Lease Commitment

The College is committed to total minimum rentals under a long-term lease for premises, which expires on February 28, 2028. Minimum rental commitments remaining under this lease approximate $190,808 as follows:

2027	95,404
2028	95,404
	190,808

In addition the College is required to pay common areas costs, which are estimated to be $82,000 per year.

Other Commitments

The College is committed under a professional service agreement with Satori Consulting, which was effect on April 1, 2024 until December 31, 2027. The service fee under this agreement is $96,000. The remaining commitment are $24,700 in the fiscal year of 2027 and $21,800 in the fiscal year of 2028.

The College is committed to psychometric services agreements with Yardstick Assessment Strategies, Inc. effect on January 1, 2026 for a period of one year. The total contract amount is $86,135. The remaining commitment is $64,600 in the fiscal year of 2027.

The College is committed to exam administration agreements with Yardstick Assessment Strategies, Inc. effect on January 1, 2026 for a period of one year. The guaranteed annual payment is $14,500.

The College is committed to a retained service agreement with MDR Strategy Group Ltd effective on April 1, 2026 to March 31, 2027. Total total committed amount is $78,000 in 2027 fiscal year.

Continued...

9. FINANCIAL INSTRUMENTS

The College is exposed to various risks through its financial instruments. The following presents the College's risk exposures and concentrations at March 31, 2026.

Credit Risk
Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The College's credit risk would occur with their cash, investments and accounts receivable.

The College's bank accounts are held at one financial institution and funds on deposit exceed the maximum insured and, hence, there is a concentration of credit risk. Credit risk related to cash and investments is minimized by ensuring that these assets are held with and/or invested in credit-worthy parties.

Actual exposure to credit losses from account receivable has been moderate in prior years. The allowance for doubtful accounts is $63,962 (2025: $126,989).

Liquidity Risk
Liquidity risk is the risk the College will encounter difficulties in meeting obligations associated with financial liabilities. The College's exposure to liquidity risk mainly is in respect of its accounts payable. The College expects to meet these obligations as they come due by generating sufficient cash flow from operations. There has been no change in the risk assessment from the prior period.

Market Risk
Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risks: currency risk, interest rate risk and other price risk.

Currency Risk
Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The College is not exposed to foreign currency risk.

Interest Rate Risk
Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College does not have a significant interest rate risk.

Continued...

9. FINANCIAL INSTRUMENTS (continued)

Other Price Risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The College is not exposed to other price risk.

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.

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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

College of Naturopaths of Ontario

Not-for-Profit Insurance Coverages

Core Insurance Coverages

Coverage Type	Insured	Claims Covered
Commercial General Liability (CGL)	Organization	• Bodily injury • Property damage • Personal injury (libel, slander, etc.) • Legal defence costs
Directors & Officers (D&O) Liability	Board members Officers Executive directors Senior volunteers	• Mismanagement • Breach of fiduciary duty • Wrongful decisions • Governance disputes • Employment-related allegations against directors/officers
Property Insurance	Buildings Offices Furniture Computers Equipment Contents	• Fire • Theft • Vandalism • Certain water damage • Windstorms and other insured perils
Business Interruption Insurance	Organization. Provides income and expense protection when operations are disrupted due to an insured property loss. Lost revenue sources	Can help cover: • Rent • Payroll • Temporary relocation costs

Professional and Operational Coverage

Coverage Type	Insured	Claims Covered
Professional Liability (Errors & Omissions, Medical Malpractice)	Important for organizations providing: • Counselling	Protects against claims that services caused financial loss or harm

	• Education • Social services • Advocacy • Professional advice	
Cyber Liability Insurance	Organization	• Data breaches • Ransomware attacks • Network security incidents • Privacy breaches • Donor data exposure May include forensic investigation, notification costs, legal expenses, and recovery services
Employment Practices Liability (EPLI)	Protects organization against claims from: • Employees • Volunteers • Job applicants	• Harassment • Discrimination • Wrongful dismissal • Retaliation claims

Volunteer-Related Coverage

Coverage Type	Insured	Claims Covered
Volunteer Liability Insurance	Volunteers	Protects volunteers while acting on behalf of the organization and may extend liability protection where standard policies do not fully respond.
Volunteer Accident Insurance	Provides benefits if volunteers are injured while volunteering.	• Medical expenses • Disability benefits • Accidental death benefits

Specialized Liability Coverages

Coverage Type	Insured	Claims Covered
Abuse Liability Insurance	Important for organizations serving: • Children • Seniors • Persons with disabilities • Vulnerable populations	Provides protection against allegations of abuse or misconduct.

Fiduciary Liability Insurance	Protects individuals responsible for: • Pension plans • Employee benefit plans	Covers claims alleging improper management of those plans.
Crime / Fidelity Insurance	Organization	• Protects against: • Employee theft • Volunteer theft • Fraud • Forgery • Embezzlement • Misappropriation of funds
Umbrella / Excess Liability Insurance	Organization with higher risk exposures.	Provides additional limits above underlying policies such as: • General liability • Auto liability • Employers' liability

Vehicle and Travel Coverage

Coverage Type	Insured	Claims Covered
Commercial Auto Insurance	Organizations with owned vehicles.	• Liability • Collision • Comprehensive damage • Medical benefits as applicable
Non-Owned Auto Liability	Organizations	When individuals (employees, directors, volunteers) use their own vehicles for organizational business.
Volunteer Driver Coverage	Specialized protection for volunteers transporting people or goods on behalf of the organization.	
Travel Insurance	Policy holder	• Emergency medical • Trip cancellation • Travel accident • International assistance

Event and Activity Coverage

Coverage Type	Insured	Claims Covered
Special Event Insurance	Organizations that offer: • Fundraisers • Festivals • Conferences • Galas • Community events	• Liability • cancellation • property coverage
Participant Accident Insurance	Participants	• Medical expenses • Disability benefits • Accidental death benefits

Workers and Organizational Protection

Coverage Type	Insured	Claims Covered
Workers' Compensation (Provincial)	Administered through provincial workers' compensation boards rather than private insurers. Mandatory in many situations depending on: • Province • Number of employees • Nature of work	• Medical expenses • Disability benefits • Accidental death benefits
Key Person Insurance	Organization	If key person (founder, CEO, ED etc) dies or becomes disabled, organization receives benefits.
Group Benefits Insurance	Employees & families	• Extended health • Dental • Life insurance • Disability insurance • Critical illness insurance

CoNO's Insurance Coverage

Category of Insurance	Coverage Type	Included
Core Insurance Coverages	Commercial General Liability (CGL)	✓
	Directors & Officers (D&O) Liability	✓
	Property Insurance	✓
	Business Interruption Insurance	✓
Professional and Operational Coverage	Professional Liability (Errors & Omissions)	✓
	Cyber Liability Insurance	✓
	Employment Practices Liability (EPLI)	×
Volunteer-Related Coverage	Volunteer Liability Insurance	×
	Volunteer Accident Insurance	×
Specialized Liability Coverages	Abuse Liability Insurance	×
	Fiduciary Liability Insurance	×
	Crime / Fidelity Insurance	×
	Umbrella / Excess Liability Insurance	×
Vehicle and Travel Coverage	Commercial Auto Insurance	×
	Non-Owned Auto Liability	✓
	Volunteer Driver Coverage	×
	Travel Insurance	✓
Event and Activity Coverage	Special Event Insurance	×
	Participant Accident Insurance	×
Workers and Organizational Protection	Workers' Compensation (Provincial)	×
	Key Person Insurance	✓
	Group Benefits Insurance	✓

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The College of Naturopaths of Ontario

Pages 181 to 199 have 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.

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.