College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #55

Draft Agenda & Supporting Materials

September 30, 2026 (2026/27-03)

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).

COUNCIL MEETING #55
September 30, 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	Approve/ Accept	i.	Draft Meeting Minutes of July 29, 2026	7	B Lessard-Rhead
			ii.	Draft In camera Minutes of July 29, 2026	15	
			iii.	Disclosures	17	
			iv.	Committee Reports	18	
			v.	Information Items	31	
	3. 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 (Updated)		85	
-	**4. Monitoring Reports**					
5	4.1	Accept	Report of the Council Chair		87	B Lessard-Rhead
5	4.2	Accept	Report on Regulatory Operations at August 31, 2026		88	A Parr
	4.3	Accept	Variance Report & Unaudited Financial Statements at Q1		103	E. Laugalys
-	**5. Council Governance Policy Confirmation (35 minutes)**					
5	5.1	Discussion	Policy Issues Arising from Monitoring Reports[2]		--	A. Armstrong
10	5.2	Review	In-depth Review Executive Limitations Policies (EL09-17)		110	
5	5.3	Approve	GP37 – Use of Artificial Intelligence		115	
-	**6. Regular Business**					
5	6.1	Adopt	Strategic Planning Review		117	B Lessard-Rhead
10	6.2	Discussion	Consolidation of Council/Committee Review Processes		123	B Lessard-Rhead
5	6.3	Adopt	Committee Appointment		--	B Lessard-Rhead
5	6.4	Discussion	Updated Meeting Planning Process		129	A Parr
-	**7. Council Education**					
45	7.1	Education	Understanding Public Interest		--	J Maciura
5	7.2	Education	Program Briefing – Quality Assurance Program		132	J. Quesnelle
-	**8. Other Business**					
-	8.1	TBD			--	
-	**9. Evaluation and Next Meeting**					
5	9.1	Discussion	Meeting Evaluation		--	B Lessard-Rhead
2	9.2	Discussion	Next Meeting (Via Zoom) - September 30, 2026		--	
-	**10. Adjournment (1 minute)**					
1	10.01	Decision	Motion to Adjourn		--	B Lessard-Rhead

[1] Allocated time in minutes to guide the Chair and Council.
[2] 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.

Council Meeting
July 29, 2026

Video conference
DRAFT MINUTES

Council		
Present		**Regrets**
Dr. Amy Armstrong, ND (2:2)		Ms. Marjia Pajdakovska (0:2)
Dr. Felicia Assenza, ND (2:2)*		Mr. Paul Philion (1:2)
Ms. Naomi Bussin (2:2)		Dr. Jacob Scheer, ND (1:2)
Mr. Dean Catherwood (2:2)		
Ms. Lisa Fenton (2:2)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (2:2)		
Dr. Denis Marier, ND (2:2)		
Dr. Erin Walsh, ND (2:2)		
Dr. Kathy Van Zeyl, ND (2:2)		
Staff support		
Ms. Agnes Kupny, Director, Operations		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Ms. Monika Zingaro, Human Resources Coordinator		
Guests		
Dr. Shelley Burns, ND, Finance, Audit & Risk Committee Chair		
Ms. Rebecca Durcan, Legal Counsel		
Ms. Kris Gaetano, BFL Canada		
Mr. Thomas Kriens, Auditor		

Ms. Sandi Verrecchia, Satori Consulting		

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 9:25 a.m. and welcomed all attendees. The Chair also welcomed Ms. Rebecca Durcan, Legal Counsel, to the meeting.

The Chair then advised Council that the Order-in-Council revoking the appointment of Ms. Sarah Griffiths-Savolaine was signed by the Lieutenant Governor in Council on July 16, 2026.

The Chair noted the attendance of several guest presenters throughout the meeting, including Dr. Shelley Burns, ND, Chair of the Finance, Audit & Risk Committee (Items 6.01 and 6.03), Ms. Kris Gaetano of BFL Canada (Item 7.02), Mr. Thomas Kriens, CPA, Auditor (Item 6.02), and Ms. Sandi Verrecchia of Satori Consulting (Item 7.01).

The Chair further noted that the meeting was being livestreamed on the College's website via YouTube and welcomed those who had registered to observe.

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

MOTION:	To approve the consent agenda as presented.
MOVED:	Amy Armstrong
SECOND:	Denis Marier
CARRIED.	

3. Main agenda

3.01 Review of the main agenda

A draft of the main agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The Chair asked if there were any items to be added or amended to the agenda. The Chair noted that for item 5.02 the detailed review should be referring to the Executive Limitations Part 1 (EL01-08) not the Terms of Reference.

MOTION:	To approve the main agenda as amended.
MOVED:	Lisa Fenton
SECOND:	Dean Catherwood
CARRIED.	

3.02 Declarations of conflicts of interest

The Chair reminded Council members of the updated process for declaring conflicts of interest. 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.

In addition, the Chair asked whether anyone present had a conflict of interest to declare. Mr. Andrew Parr, CEO, declared a conflict with respect to Item 8.02, as he serves on the Board of Directors and as Treasurer of CANRA. He indicated that he would not participate in the discussion of this item and that Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services, would speak on his behalf. Dr. Denis Marier, ND, also declared a conflict, noting that he serves as the Ontario Representative on CANRA, and advised that he would not participate in the discussion of Item 8.02.

4. Monitoring reports

4.01 Report of the Council Chair

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

MOTION:	To accept the Report of the Council Chair as presented.
MOVED:	Amy Armstrong
SECOND:	Erin Walsh
CARRIED.	

4.02 Report on Regulatory Operations at June 30, 2026, from the Chief Executive Officer (CEO)

The Report on Regulatory Operations at June 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 June 30, 2026, from the CEO.
MOVED:	Denis Marier
SECOND:	Kathy Van Zeyl
CARRIED.	

4.03 Annual Report on Operational Performance for 2025-26
The Report on Operations – Year End Report was included within the materials distributed in advance of the meeting. Mr. Parr provided a thorough review of the report and explained the information contained within the report, highlighting the key performance indicators and whether the strategic objectives were met. He responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Operational Performance for the period April 1, 2025, to March 31, 2026.
MOVED:	Kathy Van Zeyl
SECOND:	Lisa Fenton
CARRIED.	

5. Council Governance Policy confirmation
5.01 Review/issues arising
5.01(i) 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.

5.01(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.

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

5.02 Detailed review (as per GP08) – Executive Limitations Policies (Part 1)
The Chair invited Dr. Amy Armstrong, ND, Governance Committee Chair, to provide the Council with a detailed presentation reviewing the responses and comments submitted by Council and Governance Committee members in relation to the Executive Limitations Policies (Part 1 – EL01 through EL08) review and highlighted their directive.

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

MOTION:	To adopt the recommended changes to EL04 – Treatment of Staff as presented.
MOVED:	Naomi Bussin
SECOND:	Erin Walsh
CARRIED.	

Dr. Armstrong, ND, also noted that although feedback was received regarding the financial-related policies, the Council Chair and CEO are recommending that the Executive Limitations Policies pertaining to financial matters be referred to the Finance, Audit & Risk Committee for review and recommendations. Any proposed changes will subsequently be considered by the Governance Committee before being brought forward to Council for approval.

MOTION:	To refer EL05, EL06, EL07, EL08, as well as EL17 to the Finance, Audit and Risk Committee for review and any recommendations for changes to the Governance Committee.
MOVED:	Naomi Bussin
SECOND:	Kathy Van Zeyl
CARRIED.	

6. Business

6.01 Finance, Audit & Risk Committee Report on the 2025-2026 Audit

A copy of the Finance, Audit & Risk Committee Report on the audit for the fiscal year April 1, 2025, to March 31, 2026, was circulated in advance of the meeting. Dr. Shelley Burns, ND, the Finance, Audit & Risk Committee Chair, reviewed the report with the Council members and responded to any questions that arose during the discussion.

MOTION:	To accept the Finance, Audit & Risk Committee Report on the draft Audited Financial Statements for 2025-2026.
MOVED:	Kathy Van Zeyl
SECOND:	Amy Armstrong
CARRIED.	

6.02 Auditor's Report and Draft Audited Statements – Fiscal Year 2025-2026

The Chair invited Mr. Thomas Kriens, Partner at Kriens~LaRose, LLP and Auditor, to present the Auditor's Report and the Draft Audited Financial Statements to Council. Mr. Kriens presented his report and responded to questions that were brought forward from Council members.

MOTION:	To accept the Auditor's Report and approve the Draft Audited Financial Statements for the period April 1, 2025, to March 31, 2026, as presented.
MOVED:	Dean Catherwood
SECOND:	Naomi Bussin
CARRIED.	

The Chair thanked Mr. Kriens for presenting the reports to Council.

6.03 Appointment of the Auditor for the 2026-27 Fiscal Year
Dr. Burns, ND, the Audit, Finance & Risk Committee Chair, advised Council that the College's current Auditor's term had ended at the conclusion of the audit for the fiscal year 2025-2026 and that an Auditor would need to be appointed for a new term. She sought the approval of Council to have the existing auditor of Kriens~LaRose, LLP, be re-appointed as the Auditor for the fiscal year of 2026-2027.

MOTION:	To re-appoint Kriens~LaRose, LLP, as the Auditor for the fiscal year of 2026-2027.
MOVED:	Denis Marier
SECOND:	Lisa Fenton
CARRIED.	

6.04 2025-26 annual Committee reports
The annual Committee reports submitted by each Committee Chair were distributed in advance of the meeting. The Chair presented the reports and Mr. Parr responded to any questions that arose during the discussion.

MOTION:	To accept the annual Committee reports for the period April 1, 2025, to March 31, 2026.
MOVED:	Kathy Van Zeyl
SECOND:	Erin Walsh
CARRIED.	

7. Council education
7.01 Council effectiveness evaluations – Update
The Chair invited Ms. Sandi Verrecchia, of Satori Consulting Inc., to provide the Council with a detailed summary of Council's evaluation and highlighted the changes from the previous year's results and responded to any questions that arose during the discussion.

MOTION:	To accept the Council Effectiveness Evaluation Report for the year 2025-2026 as presented.
MOVED:	Kathy Van Zeyl
SECOND:	Erin Walsh
CARRIED.	

The Chair thanked Ms. Verrecchia for her presentation to the Council.

7.02 Insurance coverages overview
The Chair invited Ms. Kris Gaetano of BFL Canada to provide Council with an overview of insurance coverages generally and those currently in place for the College. Due to technical difficulties, Ms. Gaetano was unable to deliver her presentation. The College will arrange for her to present on this topic at the September 2026 meeting.

8. In-camera session (Pursuant to paragraph (d) of section 7(2) of the HPPC)
8.01 Motion to begin in-camera session
The Chair called the meeting to move to an in-camera session at 11:40 a.m.

MOTION:	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
MOVED:	Amy Armstrong
SECOND:	Erin Walsh
CARRIED.	

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

10. Meeting evaluation and next meeting
10.01 Evaluation
The Chair advised the Council members that the newly adopted method to complete the meeting evaluation via a Zoom survey will take place again and that the survey will appear on each Council member's screen.

The Chair asked each Council member to take a few moments to complete the survey. The Chair reviewed the results of the survey, and an area of concern was raised. The Chair asked if the people are comfortable in doing so, to reach out to her and provide more details.

10.02 Next meeting
The Chair noted for the Council that the next regularly scheduled meeting is set for September 30, 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 12:21 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Denis Marier
SECOND:	Kathy Van Zeyl

Recorded by: Monika Zingaro
Human Resources Coordinator
July 29, 2026

Pages 184 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.

Pages 184 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.

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

MANAGEMENT DISCLOSURES
Period July 1, 2026 to August 31, 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
August 28, 2026	Financial	GST/HST Return	HST Filing for the period July 1-31, 2026.
August 25, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario).
August 21, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from July 25-Aug 07 2026, with a pay date of Aug 20, 2026
August 7, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from July 11-24 2026, with a pay date of Aug 06, 2026
July 30, 2026	Financial	GST/HST Return	HST Filing for the period June 1-30, 2026.
July 29, 2026	Financial	GST/HST Notice of Assessment	HST Notice of Assessment for the period of May 1-May 31, 2026.
July 24, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from June 27-July 10, 2026, with a pay date of July 23, 2026
July 10, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from June 13 to June 26, 2026 with a pay date of July 9, 2026.
July 8, 2026	Financial	GST/HST Notice of Assessment	HST Notice of Assessment for the period of April 1-April 30, 2026.
July 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.

MEMORANDUM

DATE: September 18, 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.

DISCIPLINE COMMITTEE REPORT
Period of July 1, 2026 to August 31, 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 July 1, 2026 to August 31, 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 August 31, 2026, there were no ongoing discipline matters before the committee.

Discipline Hearings

Discipline matter DC25-02 involving Corey Lapp

At the request of the parties, this matter will no longer proceed on a contested basis. The matter will proceed on an uncontested basis and will only require one day for the hearing. The hearing is scheduled for September 22, 2026.

New Referrals

There was a new referral made to the DC from the ICRC during the reporting period on July 15, 2026, involving the Registrant, Dr. Natalie Engelbrecht, ND, Discipline matter DC26-01.

Committee Meetings and Training

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

Respectfully submitted,

Dean Catherwood
Chair
September 1, 2026

EXAM APPEALS COMMITTEE REPORT
Period of July 1, 2026 to August 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
September 3, 2026

The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of July 1, 2026 to August 31, 2026

This serves as the Executive Committee Chair's Report for the period of July 1, to August 31, 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
September 9, 2026

College of Naturopaths of Ontario

FINANCE, AUDIT & RISK COMMITTEE REPORT
Period of July 1, 2026, to August 31, 2026.

This report serves as the Chair's update for the Finance, Audit & Risk Committee for the period of July 01 to August 31, 2026.

During this reporting period, the Committee met on July 8, 2026, to review the Auditor's Report and Draft Financial Statements for the college's fiscal year April 1, 2025, to March 31, 2026. This meeting was attended by the auditor, Mr. Thomas Kriens, CPA, CA from Kriens-LaRose, LLP, who presented the Auditor's Report and Draft Financial Statements to the Committee.

The Committee also reviewed the proposed fee schedule for 2026-2027 and had a discussion regarding the re-appointment of the auditor.

On July 29, 2026, the Chair attended the Council meeting to provide an overview of the Draft Financial Statements and made the recommendation for the acceptance of the Draft Financial Statements ending at March 31, 2026, and for the re-appointment of the audit firm Kriens-LaRose LLP for the 2026-2027 fiscal year.

Respectfully submitted,

Dr. S. Burns, ND

Dr. Shelley Burns, ND
Chair
September 02, 2026

GOVERNANCE COMMITTEE REPORT
Period of July 1, 2026, to August 31, 2026

During this last reporting period the Governance Committee met twice on July 6, and August 31, 2026.

At their July meeting, the committee dealt with the following business:

1. Reviewed their Terms of Reference;
2. Reviewed the EDIB Lens Tool;
3. Reviewed the committee's annual planning calendar;
4. Discussed proposed meeting dates for 2026-27 fiscal year;
5. Received panel interview tips and guidance;
6. Appointed new panel members for the 2026-27 fiscal year;
7. Received governance and policy review training from the CEO;
8. Reviewed Council and committee members feedback for the Executive Limitations Policies – Part 1 (EL01-EL08) in preparation for the July Council Survey/Presentation; and
9. Reviewed a volunteer application and related Panel interview notes.

At their August meeting, the committee dealt with the following business:

1. Reviewed a newly drafted Governance Process policy, Use of Artificial Intelligence, for Council's acceptance at their September meeting; and
2. Reviewed Council and committee members feedback for the Executive Limitations Policies – Part 2 (EL09-EL016) in preparation for presentation at the September Council meeting.

I would like to take the opportunity to thank committee members and staff for their time, effort and participation.

Respectfully submitted,

Dr. Amy Armstrong, ND
Chair
September 2026

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of July 1, 2026 to August 31, 2026

Between July 1, 2026 to August 31, 2026, the Inquiries, Complaints and Reports Committee held two regular online meetings – July 2 and August 6, 2026.

July 2, 2026: 6 matters were reviewed, ICRC members drafted 1 report and approved 2 Decisions and Reasons.

August 6, 2026: 11 matters were reviewed, ICRC members drafted 4 reports. No Decisions and Reasons were approved.

Respectfully submitted,

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

INSPECTION COMMITTEE REPORT

For the period July 1, 2026 to August 31, 2026.

Meetings and Attendance

Since the date of our last report to Council in early July, the Inspection Committee met on one occasion, via videoconference on August 19th. There were no concerns regarding quorum.

Activities

At this meeting, the Committee reviewed and made decisions with respect to a total of four Inspection Reports, two Outcome Submissions and two Type 1 Occurrence Reports.

Inspection Report Review Outcomes

Part II Inspections
Pass with recommendations- 1

Existing/5-year Inspections
Pass with recommendations- 3

Outcomes in Response to Submissions Received

Existing/5 Year
Pass- 2

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

At this meeting, the Committee also engaged with staff in a discussion around potential training topics for the coming year.

Next Meeting Date
September 24, 2026.

Respectfully submitted by,
Barry Sullivan, Chair
September 1, 2026.

PATIENT RELATIONS COMMITTEE REPORT
Period of July 1, 2026 to August 31, 2026

During the reporting period the Committee had one meeting scheduled. Due to a lack of quorum, the meeting was cancelled.

The committee is next scheduled to receive a funding update on November 11, 2026.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair
August 2026

QUALITY ASSURANCE COMMITTEE REPORT

For the period July 1, 2026 to August 31, 2026

Meetings and Attendance

Since the date of our last report to Council in early July, the Quality Assurance Committee met on one occasion, via videoconference on August 19, 2026. There were no concerns regarding quorum.

Activities Undertaken

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

The Committee also reviewed and approved one Registrant's request to amend their Peer and Practice Assessment requirements,
and finally, engaged in a discussion of potential learning opportunities for committee members in the coming year.

Next Meeting Date
September 24, 2026.

Respectfully submitted by,

Barry Sullivan, Chair,
September 1, 2026.

REGISTRATION COMMITTEE REPORT
Period of July 1, 2026 to August 31, 2026

At the time of this report, the Registration Committee met twice, on July 21, 2026 and August 18, 2026.

Registration Committee Training
The Registration Committee completed a refresher training on their roles and responsibilities.

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) 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 one candidate 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 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.

Currency Audit – Refresher Program
The Committee reviewed three proposed refresher programs submissions under subsection 6(2)(a) of the Registration Regulation.

Program Policy Update – Ontario Clinical Science and Biomedical Examination Policy
The Committee reviewed amendments to the Clinical Science and Biomedical Examination Policy to ensure greater consistency and clarity in definitions and processes, and to retire transition information related to the NPLEX examinations.

Program Policy Review
The Committee reviewed and approved the new Exam Transition Policy and CANRA-QE Policy to provide clear and consistent guidance regarding the transition to the CANRA Qualifying Examinations and related examination processes.

Respectfully submitted,

Danielle O'Connor ND
Chair
August 19, 2026

STANDARDS COMMITTEE REPORT
Period of July 1, 2026 to August 31, 2026

The Standards Committee had one meeting scheduled during the reporting period. However, due to a lack of quorum the meeting has been rescheduled to September 2026.

The Committee continues its work on reviewing the current standards of practice and guidelines and considering the development and amendments to new materials as needed.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
August 2026

MEMORANDUM

DATE: September 18, 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. 317 & 318)	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 (July & August 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.	CANRA	The Qualifying Examinations Policy has been released by CANRA.
5.	HPRO	HPRO announced its Management Committee for the coming year in June as well as released its Annual Report.
6.	CoNO	Several new documents have been uploaded to the new Council Resources & Reference Materials Smartsheet including: • 2025-26 Annual Report (English only, French to follow) • New CoNO Style Guide.

STEINECKE MACIURA LEBLANC

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Regulators' Role in Addressing Racism

Erica Richler

August 2026 - No. 317

Few would dispute that a regulator should discipline registrants who engage in overtly racist behaviour. However, beyond overt acts, racism also includes unconscious bias, micro-aggressions, and disparate outcomes for patients/clients. In addition, registrants themselves experience racism from their colleagues and clients. What is the role of a professional regulator in addressing this?

To provide some context, the UK regulator for nurses and midwives has recently posted the following information:

> Overall, inequities are directly linked to worse clinical outcomes, including higher mortality, greater disease burden, delays in care, and reduced patient safety. For example:
>
> - Black women are 2.3 times as likely to die from pregnancy-related causes during childbirth or within six months postpartum as White women. Asian women are 1.3 times as likely
> - Black babies are more than twice as likely to be stillborn as White babies; Asian babies around one and a half times as likely
> - Racist stereotypes – such as the false belief that Black women "don't feel pain" or have a "higher pain threshold," or that sickle cell patients seeking pain relief are "drug-seeking" – continue to shape clinical decisions and cause avoidable harm
> - People from racially minoritised groups with learning disabilities face a 190% increased risk of premature death compared to their white counterparts
> - A higher prevalence of racially minoritised service users' being sectioned under the *Mental Health Act*.

Racism and other forms of discrimination not only affect people receiving care, but also many midwifery and nursing professionals who provide it.

Spotlight, the NMC's annual insight report, shows that 40% of nursing

> and midwifery professionals who responded to a survey said they had experienced discrimination in the previous year, most often on grounds of ethnicity or age.

In the UK, an independent report entitled *Lord Mann review of antisemitism and other forms of racism in the NHS and healthcare regulatory system* provides some guidance. Lord Mann is the UK government's independent advisor on antisemitism. However, in conducting this review, Lord Mann addressed all forms of racism in the health care sector.

Mann cites research that "shows racism is deeply pervasive and has reached the stage where it has become normalised in the NHS [National Health Service]. This includes interactions between NHS staff and with patients, their relatives and members of the public." In the case of Jewish patients, Mann "found a specific unaddressed issue of antisemitism within the NHS that is making Jewish patients uneasy about accessing care and Jewish NHS staff feeling that discrimination against them is not being addressed. This means a real fear in seeking care, considering removing religious symbols before seeking treatment, or being uneasy about asking for kosher meals. An environment that allows this fear to persist is never acceptable, and needs real, demonstrable and visible action to address this." Similar concerns were reported by Muslim and Black communities.

Mann says:

> …the central tenets of the approach to tackling racism across health and social care should be:
> - calling out racism, including antisemitism, wherever it occurs
> - supporting its victims
> - treating with kindness those that report having suffered it

Call for a Coordinated Response

The central theme of Mann's review is that all partners in the health care system (especially health administrators, employers and regulators) must coordinate their anti-racism activities. Mann says:

> Employers should be the first line of defense and best understand the context in which patients and professionals are operating. Where behaviour is concerning but may not reach the level of concern that might warrant regulatory action, the employer can and should take appropriate action, which may range from informal interventions to serious disciplinary action. Where an employer or NHS contractor fails to act, or where the complainant remains dissatisfied with the outcome, a referral to the regulator will always remain an option…
>
> If, having considered the issue, an employer believes there to be a case for regulator involvement, they should, and in many cases do, refer the case to the relevant regulator. Strong relationships between regulators and employers are essential to both protecting the public and ensuring consistent approaches and action.

One of Mann's recommendations is that:

> …health and care system and professional regulators should establish a taskforce to clarify and reinforce the appropriate mechanisms, including the emerging concerns protocol, for sharing information about local areas of concern, racist incidents, thematic issues related to antisemitism and other forms of racism, and best practice for employers and regulators to address them. Health and care system and professional regulators

> should co-ordinate actions where more than one regulator has a role to play in responding to issues or incidents…

Inappropriate Resort to Regulators

Mann notes that individuals, employers, and third-party organizations are increasingly referring concerns to professional regulators even where they are more appropriately dealt with at the local level. This is problematic because "[h]igher caseloads may result in delays in cases being heard, increased pressure on regulators and a growing lack of confidence in the regulatory system and the decision making of tribunals." In addition, employers sometimes decline to address concerns that are suitable for local resolution because they are pending before the regulator.

Mann recommends that there should be:

> …a clear, single set of national guidance for employers (in England), clearly defining employers' responsibilities in tackling discrimination incidents and providing guidance and examples of the types of incidents that may require a regulatory referral, to build consistency.

Regulatory Reform

In addition to better coordination, Mann suggests that a current proposal for regulatory reform to introduce "accepted outcomes" should proceed. Accepted outcomes would enable the complaints-screening body to impose disciplinary outcomes (e.g., conditions, suspensions, and even removal) where the registrant consents (thus avoiding a discipline hearing).

Mann considers additional aspects of regulatory and governance reform arising out of his review of evidence submitted by Jewish and Muslim associations. The themes from these submissions included concerns that there is a perceived "hierarchy of discrimination" that results in "unequal outcomes faced by under-represented groups in disciplinary and regulatory processes." Further themes included the need for transparency, particularly for complaints closed at an early stage, stronger accountability mechanisms (i.e., appeals) of individual decisions, and improved education and understanding by decision-makers about racism, particularly about antisemitism and anti-Muslim hostility.

Mann suggests that the oversight body, the Professional Standards Authority (PSA), should have the right to appeal interim orders (e.g., terms, conditions and limitations, suspensions) to the courts where they do not adequately protect the public interest. The PSA should also have the power to compel regulators to provide information that would assist the PSA in performing its oversight functions.

Additional Strategies

Apart from its specific disciplinary role, regulators should also, collectively, support employers in dealing with all forms of discrimination including those not amenable to regulatory disciplinary action. Regulators should also have a more active role in educating registrants who are not part of the public health care system (e.g., chiropractors).

Mann also says that regulators and other system partners should engage with community organizations to understand how racism is experienced, develop policies and procedures, and help design educational programs for all participants. This engagement should include adopting consistent, clear definitions of racism and religious hatred to help individuals and organizations know how to respond effectively to incidents of discrimination. The same applies to "guidance for reporting and

investigating incidents of racism and religious hatred."

> The UK health and care system and professional regulators currently use multiple definitions of racism. This is not a sustainable or acceptable approach, and this inconsistency should be addressed.

Further, Mann calls for coordination amongst regulators to ensure consistency in decision making. The PSA:

> …should convene fitness to practise staff across health and care professional regulators to probe their approach to cases involving racism, including antisemitism and discrimination. With complaints potentially arising from staff, patients, volunteers, contractors, students and members of the public, consistency is required.

In addition, Mann suggests that regulators secure "expert advice on relevant fitness to practise decisions, particularly where they involve matters relevant to those with protected characteristics, to support cultural awareness and learning among relevant decision makers."

Mann also recommends that training programs for registrants should not only include anti-racism instruction in the curriculum, but that they must model such behaviour within their institutions including disciplinary sanctions for both educators and students exhibiting racist behaviour.

On a related note, Mann says that "health and care professional regulators should work with patient representative groups to develop material that is clear, brief, and helpful for navigating the system."

System partners need to collect data on workforce indicators of inequality "such as workplace discrimination, career progression, bullying and harassment, and entry into disciplinary processes. Organisations are expected to use this data to develop and implement actions to address identified workforce race inequalities." In addition, organizations should be rated on their race equality and staff experience metrics, which results should be made public.

Freedom of Expression

Mann discusses how the freedom of expression of registrants fits into anti-racism guidance. He indicates that limitations are justifiable:

> What is acceptable or allowable by employers for staff in other settings is not automatically transferable to the NHS. The risk factor is both higher and more critical. A patient failing to present for or seek care because of their avoidable perception of an NHS service, of a perceived bias of a medical practitioner or other employee, is not acceptable.

Mann recommends that all employers publish consistent and precise policies as to what types of expression are acceptable in the health care setting. This could include not wearing health care uniforms on political marches or using the NHS logo or brand in association with third party organizations. Similarly, political badges, clothing or other identifiers should not be permitted in the health care context. However, a uniform policy should not inhibit religious expression.

In terms of political expressions in one's personal life, Mann says:

> This is not to say that healthcare professionals should be discouraged from or cannot express political beliefs in their personal life, but they must be particularly mindful of doing so lawfully and in a way that does not undermine public confidence.

Needless to say, it will be challenging to implement policies that appropriately balance the freedom of expression with the rights of patients, colleagues and other members of the public. Mann's suggestions require delicate application.

Racism by Patients

Mann's discussion on protecting health care workers from racist actions by patients is comparatively brief. He supports guidelines for "when staff face violence or discrimination from patients or the public. This should include clear, context-specific guidance on how, in non-life threatening situations, [institutions] support staff to refuse access to services (to protect their safety and dignity)."

Conclusion

In Mann's view, regulators have an important role to play in combatting racism, even if the employer is considered the first line of defence. Most Canadian jurisdictions see anti-racism initiatives as part of the mandate of regulators, with the notable exception of Alberta. Lord Mann's review provides suggestions as to what role regulators can play where anti-racism is viewed as part of their mandate.

FOR MORE INFORMATION
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GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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Case Study on Intimate Partner Violence

Rebecca Durcan

September 2026 - No. 318

Regulators are called upon to assist registrants to identify and intervene appropriately when they encounter intimate partner violence (IPV) in their practice. The November 2025 report of the Domestic Violence Death Review Committee (under the auspices of the Ontario Office of the Chief Coroner) made several recommendations, including the following:

- While education of registrants about IPV has been a recurring recommendation, 16 regulatory Colleges were urged to "develop and distribute comprehensive educational materials on recognizing and responding to risks associated with IPV and access to firearms. Further, these materials should also include the links between aging, declining physical, cognitive, and mental health, access to firearms and IP homicide."

- Several regulatory Colleges were urged to "ensure risk assessment tools are being utilized for all IPV situations within their respective sectors…."

- Some regulatory Colleges were urged to require their registrants to "undertake at least 16 hours of professional development on family violence and coercive control dynamics in family law given the critical nature of these issues in mother and child safety and then four hours on an annual basis thereafter, provided by experts in the field."

Several regulators have already taken at least some action on these recommendations. For example, the Ontario College of Social Workers and Social Service Workers have posted an information update and a reminder to its registrants of their professional obligations related to IPV, including ensuring that "they have the competence to complete intimate partner homicide risk assessments and develop client safety plans." The posting is accompanied by several resources, including training options, a risk assessment tool, and guidance from the Information and

Privacy Commissioner (IPC) on sharing information about clients at risk of harm with and without their consent. The IPC guidance, primarily for health practitioners, is particularly useful, and includes flow charts for decision making and an example scenario. It should be kept in mind that the test for disclosing client information without consent is likely different for other professions, such as lawyers. The test is also different where there are children in need of protection.

The risk assessment tool emphasizes the value of obtaining the "victim's" perceptions: "Results have shown that victims' perceptions of risk can have similar predictive validity for future violence to certain risk assessment tools and that when victims' perceptions of risk are included in risk assessments, the predictive validity of the assessment substantially improves."

The risk assessment tool also mentions the value of interventions with the perpetrator: "An evaluation of the program revealed that perpetrators who participated in the second-responder program were significantly less likely to be arrested for another offense two years after the interventions compared to perpetrators who did not participate in the program. Specifically, the rates of re-arrest and arrest for domestic-violence-related offenses were twice as high for perpetrators who did not participate in the program compared to perpetrators who did participate." This, of course, has implications for regulators advising registrants who are providing services to perpetrators.

The College of Nurses of Ontario (CNO) has also posted a resource page including a list of signs that a client may be experiencing IPV, such as where the client:

- "has unexplained bruises or questionable explanations for injuries
- acts differently when their partner is around (for example, doesn't speak up, doesn't speak for themselves)
- tries to change the subject if they are questioned about their partner's behaviour
- appears to be controlled by their partner and seems reluctant to make decisions by themselves
- withdraws from their friends and family
- is pressured to have their online activity monitored by their partner
- has an uncharacteristic change in risk-taking behaviours (for example, doing drugs, drinking alcohol)
- experiences a drop in school or work performance
- is humiliated or criticized by their partner in front of others
- is frequently contacted by their partner wanting to know where they are and what they are doing
- has poor physical health, cognitive impairment, low income and functional dependence specifically in older adults."

The CNO also provides a link to the Ontario Network of Sexual Assault / Domestic Violence Treatment Centres.

The CNO, along with other health College regulators, will be providing an education session for their registrants on IPV later this month.

A recent, groundbreaking, family law decision highlights the complexity of IPV. In *Mitchell v. Mitchell*, 2026 ONSC 4259 (CanLII), the Court awarded $400,000 in compensatory damages and $25,000 in

punitive damages to the victim using the new tort of IPV. The facts were horrific, involving decades of physical abuse and coercive control perpetrated by the husband on his wife. Even an untrained observer would recognize that any risk assessment would have generated a high score, especially given the threats that were found to have been made, the criminal charges and convictions including failing to comply with a release order, frequent hospital visits of the wife for injuries, financial control, and, not least of all, the husband's gun collection.

Two registered health practitioners gave evidence about the cause and impact of the IPV on the wife. The wife's family physician and naturopathic doctor both gave opinion evidence that the IPV contributed to her mental (e.g., depression, insomnia) and physical (e.g., high cholesterol and blood pressure) conditions.

Notable observations from this proceeding, from a regulatory point of view, include the following:

- While the decision does not recount all the interactions between the registrants and the wife, the registrants appeared to have taken an informed supportive role. The wife accepted some of the registrants' recommendations, but not all (e.g., she declined a referral for therapy). It is not clear whether the registrants considered additional reports to authorities (with or without the wife's consent) given the high risk involved, but they were aware of already existing police involvement.

- Registrants should anticipate the possibility of having to testify about the IPV and should conduct adequate assessments and note taking to support that responsibility.

- The wife advised the naturopathic doctor not to testify, for fear that the husband would harm the naturopathic doctor. Regulators may wish to address the risk to registrants in their resources.

- This proceeding did not involve a registrant who treated the husband. However, as noted above, the professional responsibilities of registrants treating perpetrators in such circumstances warrants encouragement and regulatory guidance.

- The Court discussed the possible litigation abuse by the husband. Many regulators already receive frequent complaints about the role of registrants who testify in family law proceedings. Regulators may wish to plan for such complaints flowing from IPV civil proceedings.

- The new tort of IPV, including through coercive control, provides another option for those experiencing IPV. There may be a role for regulators to explore informing some complainants, who have experienced IPV, of this option.

It is still early days with respect to regulators' providing guidance to registrants who deal with clients experiencing IPV. Learning from this court decision and future proceedings discussing IPV should assist in informing those initiatives.

FOR MORE INFORMATION

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WANT TO REPRINT AN ARTICLE?
A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

From Julie Maciura

In This Issue

Ontario Bills

(www.ola.org)

The Legislature is in recess.

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)

There were no relevant regulations posted this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Insurance Act - Life and Health (L&H) Managing General Agents (MGAs) The proposal to licence L&H MGAs, who recruit and supervise insurance agents, including those dealing with accident and sickness claims, is being reworked. The goal is to ensure accountability for those often dealing with patients of *RHPA* registrants (members) while not duplicating other regulatory schemes. Comments are duty by August 17, 2026.

Bonus Features

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

Another Good Faith Protection for Regulators*

Most regulators are not liable for damages unless they act in bad faith. The rationale for this qualified immunity is to enable regulators to avoid being so concerned about being sued that they minimize their public protection activities. Ontario's highest court provided a similar reassurance to regulators from being found in contempt of court.

It is not uncommon for regulators to interpret and apply court orders, such as a ban on publication, in circumstances where the regulator has a competing statutory duty (e.g., to conduct its proceedings in public). In *Association of Architectural Technologists of Ontario v Ontario Association of Architects*, 2026 ONCA 539, the Court of Appeal observed: "The underlying dispute in this case concerns a decades-long political battle between the Ontario Association of Architects (the "OAA") and the Association of Architectural Technologists of Ontario (the "AATO") over which organization can and should regulate architectural technologists in the province." The OAA had agreed, through a court order on consent, to stop staff, on their own, from registering architectural technologists. However, in accordance with its Act, it agreed to accept and process applications from former licensees which resulted in hearings before the Registration Committee. In certain situations, the Registration Committee exempted licensing requirements and directed the Registrar to register the former licensees, albeit with limitations. The lower Court determined that this amounted to contempt of the consent order, even though the OAA honestly believed it could legally apply the statutory process.

The Court of Appeal said that this "provides a textbook illustration of the inappropriate use of the Superior Court's contempt power." The Court of Appeal found that the lower Court focused on an issue that was not before it (namely, whether the licenses that the Registration Committee directed the Registrar to issue were valid.) The Court of Appeal indicated that even if the regulator had exceeded its jurisdiction (which the Court of Appeal did not determine one way or the other), that did not amount to contempt of court. Rather, to make a finding of contempt of court, three criteria must be met:

> (i) the order the alleged contemnor breached must be clear and unequivocal; (ii) the alleged contemnor must have actual knowledge of the order; and (iii) the alleged contemnor must have intentionally disobeyed the order.

In terms of the first criterion, in the lower Court's view, the regulator's interpretation of the consent order was not the most reasonable one. The Court of Appeal found that this did not constitute proof beyond a reasonable doubt that the terms of the order were clear and unequivocal.

In terms of the third criterion, the Court of Appeal found that the lower Court had not (and, indeed, could not) make a finding that the regulator intentionally breached the consent order when it followed its statutory process. For example, the Court of Appeal said: "Since the motion judge expressly acknowledged that the Registration Committee did not breach the Order in providing this direction to the Registrar, it is difficult to understand how this conduct could constitute an intentional breach of the Order."

The Court of Appeal also stated that even where the criteria were met, a court must exercise discretion in making a finding of contempt of court: "The court may decline to impose a finding of contempt where it would work an injustice in the circumstances of the case, including where less onerous remedies, such as a declaration that the party breached the order, would be sufficient to compel compliance…." That discretion was not exercised here.

The concluding words of the Court of Appeal should provide further reassurance to regulators wishing to exercise their mandate in uncertain circumstances:

> Reputation plays a central role in human societies, and it is well established that "reputation is one of the most valuable assets a person or a business can possess"…. Reputation is equally important to regulatory organizations such as the OAA, whose effectiveness ultimately depends upon public confidence that it is acting in the public interest.
>
> It is one thing for a court to determine, in an appropriate case, that an organization such as the OAA has fallen short of its statutory obligations and acted without jurisdiction. It is quite another to criticize the organization for: "perverting its core mandate"; being "unconscious to the seriousness of the breach"; engaging in an "absurd pretense"; conducting itself in a manner that "may be unprecedented in Canadian law"; using a statutory committee as "a false cover for issuing licences prohibited by the court order"; and being "prepared to compromise its public-protection mandate to perform an end run around the court order".
>
> It is difficult to conceive of the circumstances which would justify the use of such dismissive and derogatory language in describing the exercise of statutory powers by a professional regulator. Plainly, however, there was no basis for the use of such language in relation to the actions of the OAA in this case, since the organization appears to have

acted throughout in good faith and in a manner which it genuinely believed was in furtherance of its statutory mandate to protect and serve the public interest.

*In the interests of transparency, SML was legal counsel to the OAA Registrar in this matter.

The Importance of Engaging with the Issues

The importance of addressing the significant issues raised when screening complaints was reinforced in *Sarpong v Law Enforcement Complaints Agency*, 2026 ONSC 3525 (CanLII). There, the complainant was "sitting in his car in a hotel parking lot, when the [police] officers approached him, demanded that he produce identification, and threatened him with arrest, if he failed to do so." The complaint was dismissed on the basis that "there was insufficient evidence of misconduct on the part of the officers."

On judicial review, the Court noted that in screening complaints, it is not necessary to address every issue raised. However, the Court found that in this matter, the screening official, the Complaints Director, failed to address three "key issues and central arguments raised by" the complainant:

- The Complaints Director failed to grapple with the concern that the police demanded identification on the threat of arrest without legal authorization. It was not enough to say that the officers were investigating a possible trespass. Such an investigation did not authorize the demand made and detention of the complainant without reasonable suspicion that he had committed an offence.

- The Complaints Director did not explain why the police officers' use of allegedly insulting, disrespectful and unprofessional language (as framed by the complainant) was not "abusive" as defined in the legislation. The failure of the complainant to use the legislative term was not a basis for excluding the language at issue.

- The Complaints Director did not explain why certain statements made by the investigator to the complainant did not amount to an appearance of bias. The investigator's statements (which were recorded by the complainant) included the following:
    - that as he described the facts of his complaint to the investigator, the investigator interrupted him and said that he was not being honest and had made the whole incident up;
    - that the investigator suggested that he was 'looking to get a big chunk of money one day' by making the complaint;
    - that the investigator suggested that he could be charged with public mischief for making false allegations;

- that the investigator told him that if he refused to resolve his complaint informally, the investigation would go nowhere, and he would find the complaint to be unsubstantiated; and
- that the investigator said that he had done a background check on him and determined that he 'is not very credible.'

However, the Court did not find that the investigator's failure to permit the complainant to reply to the police officers' response to the complaint constituted procedural unfairness.

The matter was returned to the Complaints Director for redetermination.

An Excuse for Bare Bones Reasons

In an extraordinary decision from BC, an independent review tribunal condoned the dismissal of a complaint with "bare bones" reasons. The complaint included allegations that multiple practitioners had fabricated imaging records. The review tribunal said:

> The Record shows that, during its lengthy investigation, the College accumulated a significant volume of correspondence from the Complainant. This correspondence disparages the complaint process and perceived delays. It is filled with abusive, violent and coarse language and expletives, which would lead a reasonable person to be fearful for their safety and security. As such, what otherwise might be considered as an insufficient explanation for the outcome, is reasonable in all circumstances and serves the interests of justice.

See: *Complainant v. College of Physicians and Surgeons of British Columbia (No. 1)*, 2026 BCHPRB 69 (CanLII).

Prohibiting AI Glasses

Organizations are developing policies prohibiting the wearing of AI glasses in settings where they can compromise privacy or interfere with the administration of justice. For ideas of what to include in such a policy, see: https://www.workplaceprivacyreport.com/2026/07/articles/artificial-intelligence/ai-glasses-not-a-good-look-in-new-york-courthouses/.

Registrants Cannot Exploit Privacy Breaches

A Quebec court upheld an 180-day suspension for a mortgage broker who bought, in suspicious circumstances, a list of individuals with debts. The broker then approached those debtors offering his services. As it turned out, the list was derived from information hacked from a financial institution. The Court agreed with the tribunal that the mortgage broker ought to have known that the list was compiled without the debtors' consent. The mortgage broker was also suspended for 30 days for being less than forthcoming when interviewed by the regulator.
See: *Joncas v Frigon*, 2026 QCCS 2479 (CanLII).

From Julie Maciura

In This Issue

Ontario Bills

(www.ola.org)

The Legislature is in recess.

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)

There were no relevant regulations posted this month.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Personal Health Information Protection Act. "The proposed amendment would make changes to the existing *PHIPA* General Regulation provisions related to digital health identifier (DHI) activities in relation to Ontario Health (OH). The existing regulation contains provisions that only permit OH to enable patients to use a DHI in order to access certain types of personal health information from the provincial Electronic Health Record. The proposed amendment would establish a framework that would permit the DHI to be used for authentication purposes in relation to a broader range of patient-facing digital health tools." Comments are duty by October 21, 2026.

Trust in Real Estate Services Act, 2002. Following concerns about the regulation of trust funds (e.g., iPro) and the appointment of a Supervisor, proposed changes to the *Act* include:

A. Strengthening RECO's Compliance and Enforcement Tools
- Administrative penalties
- Freeze orders
- Compliance orders

B. Improving Brokerage Accountability and Oversight
- Requirements for brokerage policies
- New registration class for 'managing brokers'

C. Enhancing Trust Account Oversight and Financial Accountability
- Brokerage trust accounts
- Annual financial filings
- Trust reconciliation reporting

Comments are due by September 18, 2026.

Bonus Features

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

Incivility, and Sanctioning for It

At some point for most professions, rudeness can cross the line from simply being unseemly to constituting professional misconduct. For lawyers advocating fearlessly on behalf of their clients, that bar is set quite high.

At two criminal trials a lawyer made several belligerent comments attacking the integrity and impartiality of the Judges and Crown counsel. There were also concerns about the competence of the registrant. The Law Society hearing tribunal found the allegations were established and imposed a three-month suspension and a significant costs order.

In *Guiste v. Law Society of Ontario*, 2026 ONSC 4419 (CanLII), the Court on appeal upheld the findings, sanction, and (with a dissent) the costs order. Several aspects of the Court's reasoning are relevant to regulators generally.

The Court stated that a finding of "incivility" can be applied to a broad range of conduct, which generally falls into two categories: offensive communications and baseless allegations of impropriety. On the finding of incivility, some of the issues dealt with by the Court include the following:

- Specificity of the Notice of Hearing: The Court held that a notice of hearing in discipline matters does not need to be as precise as one would expect of a criminal charge. The allegations in the Notice of Hearing against the lawyer regarding incivility towards the Judges and Crown counsel contained examples prefaced by the word "including". The Court found that, given that the other examples upon which the Law Society relied were contained in the disclosure provided to the lawyer, it was not procedurally unfair, beyond the scope of the referral to discipline, or, outside of the jurisdiction of the discipline tribunal to consider those other examples of incivility.
- Basis for making allegations of impropriety against prosecutors and adjudicators: The Court noted that lawyers have a duty of resolute advocacy and that systemic racism within the legal system is an issue deserving of challenge. As such, disciplining a lawyer for incivility where the lawyer has raised issues of racism needs to be exercised cautiously. However, a finding of incivility can still occur where the manner in which the allegations of systemic racism asserted by the lawyer were unduly belligerent or "if there is *no* foundation for the allegation and *no* possibility that it will lead to a remedy". The comments also need to be made in bad faith. The Court concluded that there was a basis for the discipline tribunal to find that these criteria had been met. Of course, the criteria would be different in other circumstances, such as communications with clients, ordinary interactions with peers, and statements made to the general public: *Sullivan v. Ontario College of Teachers*, 2018 ONSC 942 (CanLII); *Ontario College of Veterinarians of Ontario v. Dr. Ackerman*, 2022 ONSC 4334 (CanLII).
- Considering comments in aggregate: Unfortunate remarks that may not amount to incivility on their own can still form part of a larger picture of incivility when combined with other statements.

On the issue of sanction, the Court noted the following:

- "It is entirely appropriate for a Hearing Panel to consider the penalties that were imposed in similar cases as long as it recognizes that no two cases are exactly alike and the penalty in each case must be decided based on that case's unique circumstances."
- Expert evidence from the registrant's therapist can be given less weight where the therapy was for a brief period of time, was only begun late in the hearing process, and where the therapist is unaware of some of the registrant's past conduct.
- Systemic racism can be a "mitigating factor" on sanction even where there is no direct causal link between such racism and the registrant's conduct. However, the tribunal can still require some connection between the systemic racism experienced by the registrant and their conduct.
- While a registrant's attitude and denial of the allegations is not an "aggravating factor" on sanction, it can still have an impact on some sanctioning considerations such as whether the registrant has learned from their pervious discipline experiences.

There was not unanimity on the defensibility of the order for the registrant to pay $225,000 in costs (of a total of $338,000). The dissenting panellist was of the view that the order did not apply the principle of proportionality given the registrant's financial hardship and was "excessive, unreasonable and effectively punitive". Also, the impact of any costs order that cannot be paid would effectively amount to the revocation of the registrant's licence. The majority of the Court, however, upheld the costs order on the basis that there is a high degree of discretion in tribunals ordering costs, because the registrant's conduct significantly lengthened the hearing, and because the hearing tribunal took into account the registrant's financial circumstances in making the award. On the issue of whether the size of the costs would create a barrier for other registrants to make full answer and defence to allegations against them, the majority of the Court said:

> In my view, the court should equally consider the adverse precedential value of a reduction in a costs award in his case. A member who has limited means should have the same incentive as do other members to keep the hearing process running smoothly, to follow pre-hearing directions, to avoid steps that are "improper, vexatious, and/or unnecessary," to avoid a six-day, unplanned examination-in-chief, and to ensure proceedings are not unnecessarily extended….

Even for lawyers advocating on behalf of their clients, unfounded attacks against the integrity of colleagues and adjudicators can constitute incivility resulting in serious sanctions and a hefty costs award. The bar for a finding of incivility is probably much lower for professions the hallmarks of which are collaboration and teamwork rather than adversarial combat.

Guidance on Guidelines

Courts have repeatedly indicated that guidelines can assist regulators when they are exercising discretion. Guidelines can ensure that decision-makers are reminded of the considerations that should go into the decision so as to facilitate consistent (and therefore, less arbitrary) decisions. However, in *Aubin v. Law Society of Ontario*, 2026 ONSC 4377 (CanLII), the Court identified three ways in which the use of guidelines can go awry.

A lawyer sexually harassed a vulnerable client and attempted to extort sexual favours from her in exchange for legal services. When she reported him to the Law Society, he publicly defamed her and threatened to kill her. The conduct resulted in a criminal conviction (with a four-year prison sentence) and a civil judgment in favour of the client for approximately $200,000. When the client could not collect on the judgment, the client sought compensation from the regulator's compensation fund. The regulator refused compensation on the basis that the claim was outside of the parameters of the guidelines it had established.

The legislation provided the regulator with extremely broad discretion as to when payment would be made from the fund. The breadth of this discretion highlighted the need for guidelines. In fact, the Court acknowledged the value of guidelines to assist in making compensation awards. However, in this matter, the regulator had "fettered its discretion". The Court said that "a decision-maker cannot abdicate a statutorily-imposed responsibility to exercise its discretion to guidelines or policies that do not have the force of law…."

First, while the guidelines did state in its preamble that it was not binding on the committee, the remainder of the document used inappropriately mandatory language. For example, it "defined" the loss for which compensation was available "to losses of money paid by the claimant to the lawyer which are not earned, accounted for or returned to the client." That description is narrower than what was permitted by the legislation.

Second, the language of the committee's decision and reasons indicated that it treated the guidelines as binding. The committee's use of language included a statement that compensation was "governed" by the guidelines and that it did not have "jurisdiction" to make the requested award.

Third, the committee did not address the factors available under the legislation that would support an award: "Such factors could (but do not have to) include the egregiousness of the lawyer's dishonest conduct, the causal connection between the misconduct and the loss, the extent to which the loss was connected to the lawyer's professional business, and the Law Society's duty, pursuant to s. 4.2 of the *LSA*, to "advance the cause of justice" and "protect the public interest" …." This defeated the purpose of developing a guideline to facilitate consideration of all relevant factors.

This fettering of discretion made the decision unreasonable. The matter was returned for a new decision in accordance with the Court's direction.

This decision will assist regulators in developing and applying guidelines appropriately.

Show Your Work: Coming up with a Number

When it comes to crafting discipline sanctions, there is no simple formula – especially for determining the length of a suspension or the duration of restrictions. Coming up with a number is not enough; the tribunal must provide the underlying rationale. Otherwise, there is a risk that the decision will be challenged on review. This is what recently occurred in *Shahnematollah-Yazde v. Registrar, Motor Vehicle Dealers Act, 2002*, 2026 ONSC 4586 (CanLII), where the Divisional Court emphasized the need for tribunals to explain the rationale for any number chosen and appropriately tie the sanction to the misconduct.

In *Shahnematollah-Yazde*, the registrant, a motor vehicle salesperson, paid for a truck through a private sale. The truck's owner was incapacitated, and the owner's brother had purported to sell it to the registrant. When the truck was not delivered to the registrant, he filed papers with the government asserting ownership of the truck, naming the owner (not the brother) as the vendor, and placed a lien on it. The Tribunal held that in doing so, the registrant had not established that the brother had the legal authority to sell the truck. It found that the registrant had therefore knowingly and improperly filed papers he knew or ought to have known to be invalid. On penalty, the regulator proposed to revoke the registrant's registration. However, at a hearing, the Tribunal concluded that the public would be protected adequately by an eight-month suspension and restrictions that would be in place for two years.

The Court was critical of the Tribunal's failure to explain why an eight-month suspension of the registrant's registration (and not some other period) was appropriate and questioned why the registrant had been subjected to restrictions that were unrelated to the finding of misconduct (and in fact related to an allegation not proven). The Court found the Tribunal's explanations of the rationale for the length of the suspension inadequate and confusing, noting that the Tribunal had both decided that the registrant needed to be sanctioned for his breach of public trust in registering the bill of sale, but also found that the registrant's actions constituted "an isolated event under most unusual circumstances and a momentary lapse of judgment that is unlikely to reoccur." While the Court found the sanction to be indefensible, the suspension had already been served, so no further intervention was warranted.

When discipline tribunals come up with a number, they need to show their work. In other words, there must be a clearly articulated justification for the number chosen. The key to demonstrating the appropriateness of a suspension length or the duration of restrictions is connecting it to the particular registrant, the conduct at issue, and the principles of sanctions. For example, the number could reflect the time it would take the registrant to reasonably learn from and remediate the concern. Or the number could signify the period necessary to maintain public confidence. Perhaps the number is required for there to be adequate deterrence of future similar misconduct. In most, if not all cases, the number should also be proportionate, reflecting the range of sanctions in similar matters. Where a sanction decision is adequately reasoned, it should be clear to the registrant and the public how the number was calculated and, as a result, should be less susceptible to challenge.

A Handy Refresher on Restraining Unauthorized Practice

A recent Divisional Court decision provides a useful overview of the principles that apply to regulators wanting to restrain unregistered individuals from engaging in unauthorized practice.

In *The College of Psychologists and Behaviour Analysts of Ontario v. Tate*, 2026 ONSC 4768 (CanLII), the regulator for psychologists (amongst others) sought a restraining order prohibiting an unregistered person from using protected titles (in this case, "psychologist" and "Doctor"), holding themselves out as a psychologist, performing controlled acts (in this case, communicating a diagnosis and providing psychotherapy) and creating a reasonably foreseeable risk of serious bodily harm. The uncontested evidence was that the individual had contravened the legislation by using the protected titles, referring to their psychological degrees, describing themselves as a "transpersonal psychologist" who integrated Indigenous practices with western psychological practices, including psychotherapy, and by communicating a diagnosis.

In granting the restraining order, the Court made the following explicit and implicit points:

- The authority to grant a restraining order is intended to protect the public.
- A restraining order will typically be granted where the regulator establishes that there has been a continued breach of the statute. The regulator need not prove harm, which is often required when a court grants an injunction in other contexts.
- In exceptional circumstances, which the responding individual must establish, a court may decline to grant the restraining order where it would be of questionable utility or inequitable.
- Using adjectives, such as "transpersonal" did not excuse the use of the protected title.
- Serious bodily harm can include harm to a person's mental health.
- While there is a narrow exception in this legislation for "aboriginal healers providing traditional healing services to aboriginal persons or members of an aboriginal community", the unregistered person had well exceeded the exception in this matter.

The Court also awarded the regulator $30,000 in costs because the regulator "attempted on several occasions to engage with the respondent, to no avail. The [regulator] was put to significant effort and expense to investigate and prosecute this matter."

A New AI Risk

A self-represented party filed a transcript of a hearing that was purportedly signed and certified by an actual court reporter. In fact, the transcript was generated by AI, including the signature and certification, and was materially misleading. The deception was only discovered by the diligence of counsel on the other side. The Court dismissed the substantive proceeding on the basis of this (and other) deceptions without considering the merits. Regulatory tribunals should be cautious when a party tenders a transcript (e.g., on closing argument).

See: *Arbuckle v. Tanner*, 2026 NSCA 62 (CanLII).

Accommodation Gone Awry

A teenage complainant in a criminal sexual assault trial testified through CCTV with a support dog, a dog handler, and a Victim Witness Assistance Program (VWAP) worker present. The complainant used a cell phone held in her lap while testifying. Eventually those in the room noticed what was happening but did not notify the parties until the end of the day. Police were directed to seize the phone and extracted its contents. The Court was critical of the VWAP worker's delay in notifying the parties and directed that the VWAP be advised to ensure an appropriate response in future cases. Further directions (including securing all the complainant's electronic devices at the resumption of the hearing) were given to ensure that there would be no repeat of the conduct during the complainant's continued testimony. However, the Court did not declare a mistrial because the content of the communications did not affect the content of the complainant's evidence and because defendant's counsel would have a full opportunity to cross-examine the complainant on her cell phone communications.

This scenario provides guidance on ensuring that accommodation measures are carefully structured. See: *R. v. Wasif*, 2026 ONSC 4064 (CanLII).

Casual Service of Notices of Hearing

A tribunal deemed a party to have received a notice of hearing (in a landlord and tenant matter) because the party did not diligently check the tribunal's portal. By error, the notice of hearing had not actually been sent out by email. The Court set aside the hearing outcome based on a lack of procedural fairness. Some thought-provoking quotes:

- "These authorities direct attention to a practical question: was the party reasonably able to participate in the hearing that occurred? The inquiry is not whether, in hindsight, additional investigative steps by a party might have been taken."
- "Nothing in the governing legislation shifts responsibility for notice from the LTB [tribunal] to the recipient. No supporting jurisprudence for the decision was cited in the decision; the review member effectively transformed a statutory entitlement to receive notice into an obligation to search for notice."
- "That approach improperly conflates notice of the existence of a proceeding with notice of the hearing itself. A party may know that an application was commenced without knowing when, where, or how that application will be adjudicated."
- "Moreover, the review member's apparent reliance on the fact that one of the appellants is a lawyer is misguided – there is no sliding scale of notice determined by a party's profession or level of education."
- "The evidence before the review member demonstrated a clear intention on the part of the appellants to participate in the proceeding. The appellants uploaded extensive

> documentary evidence, videos, and written submissions addressing the merits of the respondents' claim…. it makes little sense that parties would expend considerable effort preparing a defence only to intentionally absent themselves from the hearing at which that defence was to be advanced."

See: *Smith v. Japra*, 2026 ONSC 4281 (CanLII).

Intent/Purpose	To establish a policy governing the Clinical Sciences and Biomedical examinations ~~approved or~~ administered or approved 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 entry-to-practise 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.
	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 issuing of a mark, grade or statement of result or performance by the College.
	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 Sciences Examination	Means a Council approved entry-to-practise 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.
	CNME	Means the North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths 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.

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,~~ a religious requirement, a pregnancy or breastfeeding related needed as outlined in the College's Examination Accommodations Policy.
Examination Violation	Means a contravention of the College's Examination Rules of Conduct.
Modified Angoff Method	Means a criterion-referenced process that is used to set a pass score that accounts for the difficulty of the exam content, and the profile of what a Naturopathic Doctor can be expected to know and be able to do at an entry-to-practice level.
~~NPLEX~~	~~Means the Naturopathic Physicians Licensing Examination as developed by NPLEX Inc. and delivered by the North American Board of Naturopathic Examiners. For the purposes of this policy, NPLEX includes two parts, NPLEX Stage 1 (Biomedical Examination) and the NPLEX Stage II (Clinical Sciences examination and clinical elective in Acupuncture examination).~~
Prior Learning Assessment and Recognition (PLAR) program	Means a process used to determine the competency of individuals who do not have formal education from a CNME-accredited program in naturopathy.
Raw Score	Means the number of questions a candidate answers correctly from a range of 0-200.
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.~~.~~
RHPA	Means the *Regulated Health Professions Act, 1991*
Scaled Scores	Means the mathematical transformation of a candidate's raw score to a common scale which ranges from 200-800.

General	Guiding Legislation	All aspects of this policy will be managed in accordance with the ~~Regulated Health Professions Act, 1991~~RHPA, the ~~*Naturopathy*~~

		~~*Act, 2007*~~Act, the Registration Regulation~~,~~ and the Program and ~~Ontario Human Rights Code, the College's E~~Examination~~s P~~policies~~y~~ of ~~Policy of~~ the College.
	Entry-to-Practice Requirement	All applicants, except for those applicants who have been deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must successfully complete the Clinical Sciences examination and the Biomedical examination as set or approved by the Council in order to quality for registration with the College.
Clinical Sciences and Biomedical Examinations	Eligibility – General	A candidate is eligible to sit both the College's Clinical Sciences examination and the Biomedical examination provided they have successfully completed a CNME-accredited program in naturopathy prior to exam registration, as required by the Registration Regulation or have been deemed eligible to sit the examinations as part of the ~~Prior Learning Assessment and Recognition (~~PLAR~~)~~ program.
	Order of Exam Completion	Candidates sitting the Clinical Sciences exam and the Biomedical exam outside of the PLAR program may sit these exams in an order of their choosing. Order of exam completion for PLAR candidates will be managed in accordance with the College's PLAR Program Policy.
	Accommodations	To ensure candidates are provided with a 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.
	Examination Attempts	Candidates are provided three attempts to successfully complete the examinations required by this policy. A candidate who has made a second unsuccessful attempt of the exam(s) may ~~failed an examination for a second time will have their examination results referred to a panel of the Registration Committee (the Panel) and may~~ be required to complete additional education or training, as determined by ~~the~~ a panel of the Registration Committee~~Panel~~, in order to qualify to attempt the examination(s) for a third and final time.
	Deferrals	Any candidate who is registered for an examination, except for the Jurisprudence examination, which is offered on a continuous basis may seek a deferral ~~. All deferral requests are managed~~ in accordance with the College's Examinations Policy and Examinations Rules of Conduct.
	Withdrawals	Any candidate who is registered for an examination as required by this policy may seek to withdraw. All withdrawal requests are

		managed in accordance with the College's Examinations Policy.
	Exam Appeals	Appeals of an examination as required by this policy are handled in accordance with the College's Examination Appeals Policy
	Examination Violations	All candidates are required to comply with the Examination Rules of Conduct as outlined in the College's Examinations Policy and Exam Rules of Conduct. Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy and ~~Examinations Code~~ Rules of Conduct.
	Passing Requirements-Scaled Score	To be deemed to have passed the Clinical Sciences exam and the Biomedical exam, candidates must achieve a minimum scaled score of 550 on each of the exams.
~~Recognition of the NPLEX taken by Candidates~~	~~Exam Transition Policy~~	~~Recognition of a candidate's successful completion of the NPLEX, as fulfilling one or more of the entry-to-practise requirements under the College, will be managed in accordance with the College's Exam Transition policy.~~

DATE APPROVED	DATE LAST REVISED
April 24, 2019	

Intent/Purpose	To provide a policy governing matters relating to the transition of the College's registration and clinical examinations to CANRA's Qualifying Examinations for entry to practise in Ontario.	
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.
	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.
	CANRA	Means the Canadian Alliance of Naturopathic Regulatory Authorities.
	CANRA-QE	Means the Council approved CANRA Qualifying Examinations, consisting of an Objective Structured Clinical Examination (OSCE) and two written, multiple-choice examination testing clinical sciences and biomedical knowledge, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	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 and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical Examinations	Means the College's Clinical (Practical) Examinations.
	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.
	Disability	Means that as defined in section 10(1) of the OHRC
	Exam Accommodations	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, a religious requirement, or a pregnancy or breastfeeding related need, as outlined in the Examination Accommodations 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.
	OHRC	Means the Ontario Human Rights Code, R.S.O. 1990.
	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 Examinations	Means the College's Biomedical and Clinical Sciences Examinations.
	Registration Regulation	Means Ontario Regulation 84/14.
	RHPA	Means the *Regulated Health Professions Act, 1991*.
Policy	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 in order to qualify 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 a person must successfully complete in order to qualify for registration with the College.
	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the OHRC and the College's Examinations Policy.
	Guiding Rationale	The transition to CANRA's entry to practise examinations ensures national consistency in assessing naturopathic competencies, reduces duplication for multi-jurisdictional applicants, and supports a streamlined, standardized entry-to-practice process.
Examinations for Entry to Practise	General	The clinical and registration examinations administered by the College for entry to practise in Ontario are: 1. Clinical examinations a) The College's Clinical (Practical) Examinations 2. Registration examinations a) The Clinical Sciences Examination b) The Biomedical Examination
	Transition & Recognition	Effective April 1, 2027 the College will cease administration of its clinical and registration examinations. All applicants, except for those applicants who have been deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must successfully complete the CANRA -QE as set or approved by the Council in order to qualify for registration with the College. All previously issued College examination results, indicating successful completion, shall continue to be recognized in accordance with the validity period of two years, as set out in the Examinations Policy. Candidates who: • have successfully completed some but not all of the clinical and registration examinations by April 1, 2027, and • whose examination results for these successfully completed exams are still considered valid, in accordance with the validity period noted above will be required to complete only the corresponding CANRA- QE that remain(s) outstanding. For clarity purposes, the Ontario Clinical (Practical) Examinations are considered successfully completed only if a candidate has received a passing score on all three of its component examinations.

Unsuccessful Prior Attempts	A candidate who has attempted the College's clinical and registration examinations, or any part thereof, and was unsuccessful, shall not have such attempts considered as an attempt of the CANRA-QE for the purpose of registering with the College. As such, a candidate who has made one but not more than two unsuccessful attempts of any of the clinical or registration examinations, shall have the maximum amount of three attempts at the CANRA-QE. Candidates who have made three unsuccessful attempts of the College's clinical or registration examinations must satisfy s.5(5) of the Registration Regulation before being eligible to attempt the CANRA-QE.
Appeals at Transition	The College will continue to process all appeals received for the College's clinical or registration examinations in accordance with the College's Examination Appeals Policy, with the exception that a granted appeal may result only in a full or partial refund of the examination fee.
Deferrals at Transition	Candidates seeking to defer sitting the final administration of any of the College's clinical or registration examinations will be refunded the examination fee, provided the request and supporting documentation have been received within the timeframe set out in the deferrals section of the Examinations Policy.
Exam Remediation at Transition	Candidates who have made two unsuccessful attempts of any of the clinical or registration examinations at the time of exam transition will be required to undergo a review by the Registration Committee and complete any Committee mandated remediation, in accordance with section 5(4)(b) of the Registration Regulation, before being eligible to attempt the CANRA-QE.
Exam Accommodation at Transition	The College will receive and process requests for exam accommodation for the CANRA-QE, in accordance with the Examination Accommodations Policy. Candidates who have: • been granted exam accommodation by the College, • have not successfully completed the clinical or registration examinations as of April 1, 2027, • have supporting documentation that is still within the window of validity as set out in the Examination Accommodations Policy; and • are seeking exam accommodation for the CANRA-QE will be required to submit a new exam accommodation request with supporting documentation to ensure that exam format differences between the clinical and registration exams and the CANRA-QE can be properly factored into any exam accommodation granted.by the College.

Intent/Purpose	To establish a policy governing the CANRA QE set or approved 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.
	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.
	CANRA	Means the Canadian Alliance of Naturopathic Regulatory Authorities.
	CANRA-QE	Means the Council approved CANRA Qualifying Examinations, consisting of an Objective Structured Clinical Examination (OSCE) and two written, multiple-choice examinations testing clinical sciences and biomedical knowledge, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Clinical Exams	Means the Ontario Clinical (Practical) Exams until April 1, 2027, and the CANRA-QE OSCE after April 1, 2027.
	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 practice 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.
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs

		that is recognized by the College.
	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.
	Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, a religious requirement, a pregnancy or breastfeeding related need as outlined in the College's Examination Accommodations Policy.
	Exam Cancellation	Means a granted withdrawal from an examination session.
	Examination Violation	Means a contravention of the College's Examination Rules of Conduct.
	Prior Learning Assessment and Recognition (PLAR) program	Means a process used to determine the competency of individuals who do not have formal education from a CNME- accredited program in naturopathy.
	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 Examinations	Means the College's Biomedical and Clinical Sciences Examinations until April 1, 2027, and the CANRA-QE MCQs Part I and II after April 1, 2027.
	Registration Regulation	Means Ontario Regulation 84/14.
	RHPA	Means the *Regulated Health Professions Act, 1991*.
General	Guiding Legislation	All aspects of this policy will be managed in accordance with the RHPA, the Act, the Registration Regulation, the College's Examination Policies, and CANRA's Examination Policies.
	Entry-to-Practice Requirement	In accordance with the College's Examination Transition Policy, as of April 1, 2026, all applicants, except for those applicants who have

		been deemed to have satisfied subsection 7(1) of the Registration Regulation (labour mobility), must successfully complete the CANRA-QE. Effective as of this date, these exams will replace the College's Clinical (Practical) Examinations, the Clinical Sciences Examination and the Biomedical Examination as the registration and clinical examinations, established under s.5(1)(b) and 5(2) of the Registration Regulation, required for entry to practise in Ontario.
CANRA-QE	Eligibility - General	A candidate is eligible to sit the CANRA-QE provided they have successfully completed a CNME-accredited program in naturopathy as required by the Registration Regulation or have been deemed eligible to sit the examinations as part of the PLAR program.
	Eligibility - Acupuncture	In addition to the general eligibility requirements, candidates must have completed at least 220 hours of didactic and at least 30 hours of clinical training in acupuncture and traditional Chinese medicine.
	Order of Completion	In accordance with CANRA's Examination Administration Policy, candidates sitting the CANRA-QE outside of the PLAR program may sit these exams in an order of their choosing. Order of exam completion for PLAR applicants will be managed in accordance with the PLAR Program Policy.
	Exam Accommodation	All requests for accommodation will be managed by the College in accordance with the College's Examination Accommodations Policy.
	Examination Attempts	Candidates are provided three attempts to successfully complete the CANRA-QE. A candidate who has made a second unsuccessful attempt of any of the clinical or registration exams which makes up the CANRA-QE may be required to complete additional education or training, as determined by a panel of the Registration Committee, to qualify to attempt the examination for a third and final time. Candidates who have made three unsuccessful attempts of any of the clinical or registration exams that makes up the CANRA-QE must satisfy s.5(5) of the Registration Regulation before being eligible to make any further exam attempt(s).
	Exam Results	Examination results are valid for a period of two years, as outlined in the College's Examinations Policy.
	Cancellations & Refunds	Requests to cancel one's examination registration and/or seek a refund of the examination fee are handled in accordance with

	CANRA's General Examination Administration Policy.
Exam Appeals	Appeals of an examination, as required by this policy, are handled in accordance with CANRA's Appeal Policy.
Examination Violations	All candidates are required to comply with CANRA's Examination Conduct Policy. Any allegation of an examinations violation will be handled by CANRA in accordance with their policy.
Passing Requirements	Passing requirements for the CANRA-QE are established by CANRA in accordance with their General Examinations Administration Policy.

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Phone: 416-986-0576

FOR IMMEDIATE RELEASE: Beaverton, Ontario – Friday, June 12, 2026 – The Health Profession Regulators of Ontario (HPRO) has re-elected Officers, serving again for our 2026-2027 year:

- **Maureen Boon, College of Massage Therapists of Ontario – Chair**
- **Craig Roxborough, College of Physiotherapists of Ontario – Vice-Chair**
- **Carole Hamp, College of Respiratory Therapists of Ontario – Treasurer**

In addition to the Officers, the following were elected as members of the Management Committee:

- **Fazal Khan, College of Opticians of Ontario**
- **Gillian Slaughter, College of Occupational Therapists of Ontario**
- **Nicole Zwiers, College of Chiropodists of Ontario**

And, HPRO's Past Chair will continue to serve on the Management Committee:

- **Daniel Faulkner, Royal College of Dental Surgeons of Ontario – Past Chair**

We thank **Melanie Woodbeck, College of Dietitians of Ontario**, for her contributions during her term as Management Committee member

HPRO advocates for ongoing regulatory improvement that supports the public interest, helping Ontario's 26 health regulatory Colleges fulfill their mandate. Colleges govern almost 400,000 health professionals, interacting with millions of Ontarians each year.

HPRO's members work to provide the people of Ontario with safe, competent, and ethical health care, holding healthcare professionals accountable for their conduct and practice. HPRO also focuses on helping the public understand why the regulation of healthcare professionals is important. To assist with those efforts, we have a public-facing website that provides information and shares helpful links to Colleges' websites. See ontariohealthregulators.ca to learn more and discover how HPRO's members effectively support safe healthcare in Ontario.

We thank our many volunteers and system partners as we look forward to another successful year.

– 30 –

For more information, contact:

Beth Ann Kenny, Executive Director
Phone: 416-986-0576
Email: bakenny@regulatedhealthprofessions.on.ca
Website: regulatedhealthprofessions.on.ca

HEALTH PROFESSION REGULATORS OF ONTARIO (HPRO) 2025–2026 ANNUAL REPORT

Collaborating for Better Regulation. Protecting the Public Interest

At a Glance

HPRO serves as Ontario's forum for health regulatory Colleges, bringing together the province's health profession regulators to collaborate, learn, and address shared challenges. During 2025–2026, HPRO strengthened relationships with Government, expanded communities of practice through its Networks, invested in governance excellence, and continued leadership in the regulatory sector.

Metric	By the Numbers	
Regulatory Colleges	26	All *RHPA* Colleges are active members of HPRO, each providing unique perspectives.
Health Professions	30	Colleges take their role as protectors of the public interest seriously; four Colleges regulate two professions.
Governance Conference Attendance	100+	Speakers shared governance expertise with College Board/Council and Committee Members, and staff for a full day of learning and networking.
Communicators' Day Conference Attendance	35	Staff from 20 Colleges met for a half-day at the College of Physiotherapists of Ontario, engaging with Network members and learning about ways to advance their communications work.
Affiliates	2	Ontario College of Social Workers and Social Service Workers (OCSWSSW) and the Health and Supportive Care Providers Oversight Authority (HSCPOA)
Network Meetings	25+	Direct interaction with other network members is a valued benefit of HPRO.
Network Outreaches	100+	Sharing information is a key feature of HPRO's networks, allowing these communities of practice to find resources and inspiration from others.
Participants Engaged	500+	Nine networks, plus subgroups across 26 Colleges and 2 Affiliates – along with guests – boost engagement.
Ministry Meetings	10+	HPRO appreciates the Ministry's willingness to engage with HPRO on behalf of *RHPA* Colleges and recognizes the importance of ongoing partnership in advancing effective regulation and public protection.
Board Meetings	25	With four in-person meetings, and Bi-Weekly check-ins, HPRO's Board stays connected.

Message from HPRO Leadership

Ontario's health profession regulators share a common purpose: protecting the public through effective, accountable, and responsive regulation. Throughout 2025–2026, HPRO continued to bring together Ontario's 26 health profession regulatory Colleges to address shared challenges, identify opportunities for improvement, and support excellence in health profession regulation. HPRO exists to strengthen that work.

- This year was characterized by collaboration, engagement, and growth.
- Working closely with the Ministry of Health, HPRO advanced discussions on regulatory modernization, labour mobility, governance, public appointments, and performance measurement. Through our government relations initiatives, HPRO strengthened its role as a trusted voice on issues affecting Ontario's health regulatory system.
- At the same time, HPRO continued to invest in the professional development of College staff and Board/Council members through governance education, Network activities, and conferences that foster knowledge sharing across the sector.
- Our Equity, Diversity and Inclusion (EDI) initiatives continued to mature, helping regulators strengthen their understanding of inclusive regulatory practices and supporting meaningful conversations across the regulatory sector.
- The accomplishments highlighted in this report reflect the dedication of HPRO's members, Board of Directors, committees, network leads, volunteers, and the Executive Director and CAG Coordinator. We thank every individual who contributed their expertise, time, and leadership throughout the year.
- Together, we continue to strengthen professional regulation in Ontario and support the public interest.

Maureen Boon, HPRO Chair

Who We Are

- HPRO is a not-for-profit organization that brings together Ontario's health profession regulatory Colleges under the *Regulated Health Professions Act (RHPA)*.
- HPRO's member Colleges regulate nearly 400,000 healthcare professionals across 30 health professions throughout Ontario.
- HPRO supports its members through collaboration, advocacy, education, information sharing, and regulatory leadership.
- Our work is guided by three strategic priorities.

Strategic Priorities

Government Relations

HPRO cultivates and maintains positive, collaborative relations with the Government, informing decision-making and change in support of regulatory excellence.

Equity, Diversity, Inclusion (EDI)

HPRO commits to and promotes the principles of Equity, Diversity, and Inclusion, supporting Colleges in their EDI journeys.

Excellence in Member Services

HPRO provides its members with the services Colleges need to support their work.

Statement of Purpose: HPRO advocates for ongoing regulatory improvement that supports the public interest

Year in Review

2025–2026 AT A GLANCE

Highlights from June 23, 2025, to June 4, 2026, included:

- Ongoing engagement with the Ministry of Health on key regulatory priorities
- Continued development of HPRO's government relations strategy
- Advancement of legislative modernization initiatives
- Delivery of HPRO's Governance and Communicators' Day Conferences
- Training programs re. governance and discipline orientation
- Growth and strengthening of HPRO Networks
- Continued leadership in EDI
- Enhanced support for member Colleges through information sharing and collaboration
- Expansion of online collaboration through digital resources

HPRO Board Meeting – June 23, 2025

Strategic Priority: GR

Strengthening HPRO's Voice

Government relations (GR) remained a central strategic priority throughout the year. HPRO appreciates the Ministry's willingness to engage with regulators and recognizes the importance of ongoing partnership in advancing effective regulation and public protection.

HPRO maintained regular engagement with Ministry of Health leadership, including quarterly meetings and ongoing discussions. HPRO's approach remains collaborative and solutions-focused. We continue to position health profession regulators as trusted partners in strengthening Ontario's healthcare system.

HPRO advanced constructive dialogue regarding:

- Labour mobility and "As of Right" initiatives
- Public member appointments
- Governance modernization opportunities
- Regulatory efficiency
- Red Tape Reduction proposals
- Performance measurement and accountability

HPRO's 2025 AGM Attendees with Hon. Sylvia Jones, Minister of Health

Strategic Priority: EDI

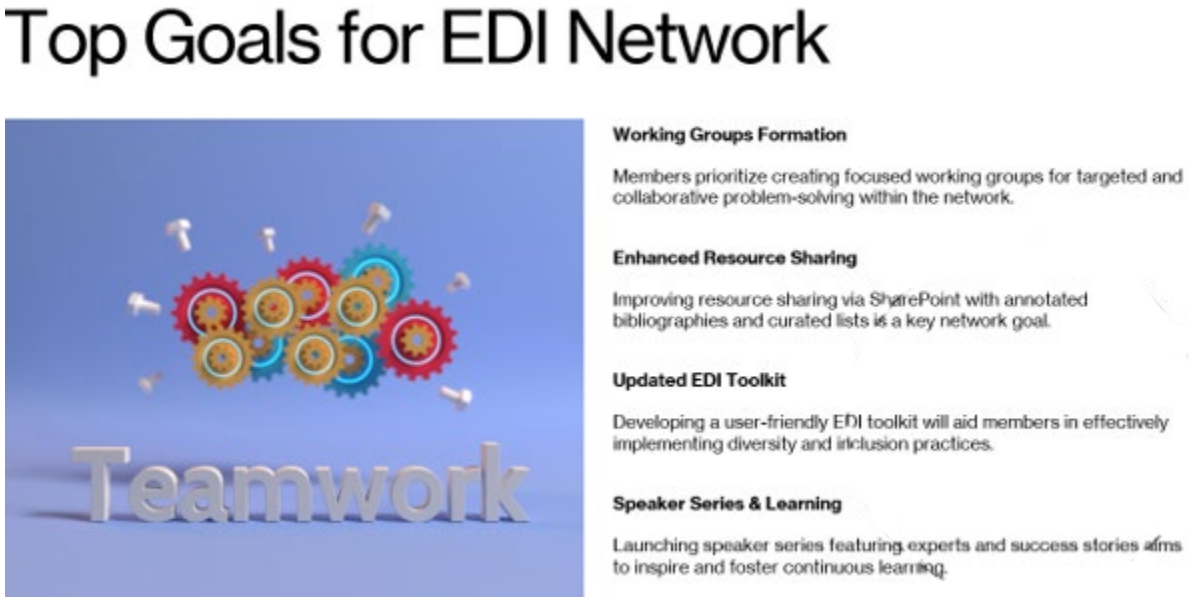
Supporting Inclusive Regulation

HPRO's EDI Network continued to provide leadership, education, and collaboration opportunities across Colleges.

Throughout the year, Network members shared promising practices, resources, and lessons learned, helping strengthen inclusive approaches across Ontario's health profession regulators. Four working groups were formed to focus on areas of interest:

- Data Collection
- Governance through an EDI Lens
- Indigenous Cultural Competencies
- Tool Development

HPRO remains committed to supporting regulators in creating equitable and accessible systems that serve the diverse populations of Ontario.



Strategic Priority: Excellence in Member Services

Supporting Regulatory Excellence

HPRO's greatest strength remains its ability to connect regulators and facilitate learning across organizations. Through conferences, education and training programs, Networks' communities of practice, and regular networking opportunities, HPRO supported member Colleges in addressing common challenges and sharing expertise.

Highlights from 2025-2026:

- The active Citizen Advisory Group (CAG) with a dedicated Committee and CAG Coordinator, providing public input into College work
- Governance Conference that brought together Board members, Council members, committee members, and College staff to discuss current issues in professional regulation, including regulatory case law, building consensus among decision-makers, conflict of interest management, government relations in health regulation
- Governance training to support effective decision-making and Board performance across the sector
- Discipline Orientation Workshops to provide foundational and advanced learning opportunities

HPRO's Governance Conference – May 1, 2026

Networks in Action

HPRO Networks remain one of our most valued services. During the year, active communities of practice continued to support collaboration among professionals working in specialized regulatory functions.

These Networks provide practical opportunities for members to exchange ideas, identify emerging issues, share resources, and strengthen regulatory practice across Ontario.

HPRO Networks Communications

- Corporate Services
- Deputy Registrars
- EDI
- Investigations and Hearings
- Patient Relations
- Policy and Governance
- Practice Advisors
- Quality Assurance
- Registration

HPRO's Communicators' Half-Day Conference – November 19, 2025

Transitions & Looking Forward

Transitions

- **College of Occupational Therapists of Ontario (COTO): Elinor Larney** retired July 11, 2025. **Kimberley Woodland** was Acting Registrar July 11 - August 7, 2025, and **Gillian Slaughter** was appointed Registrar & CEO.
- **Ontario College of Pharmacists (OCP): Susan James** Acting Registrar to November 17, 2025, when **Jay O'Neill** assumed the role of Registrar & CEO

Looking Forward

HPRO remains committed to supporting excellence in regulation. Priorities for the coming year include:

- Continuing constructive engagement with Government
- Advancing regulatory modernization initiatives
- Strengthening member services and educational offerings
- Supporting communities of practice through active Networks
- Continuing leadership in EDI
- Exploring emerging issues including artificial intelligence and workforce challenges
- Working with system partners in Ontario and across Canada, including the Canadian Provincial-Territorial Network of Health Profession Regulators (CPTNOHPR)
- Supporting governance excellence across member Colleges

HPRO is the place where Ontario's health profession regulators come together to solve common problems, strengthen regulation, and support the public interest.

Canadian Provincial-Territorial Network of Health Profession Regulators (CPTNOHPR)

Thank You

HPRO extends sincere appreciation to:

- Member Colleges
- Board of Directors
- Management Committee
- Committees and Networks
- Citizen Advisory Group
- Affiliates
- Ministry of Health and other Government Partners
- Conference and training planners and speakers

Your commitment, expertise, and leadership make HPRO's work possible.

HPRO's Education Committee

HPRO Member Colleges

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
College of Chiropodists of Ontario (COCOO)
College of Chiropractors of Ontario (CCO)
College of Dental Hygienists of Ontario (CDHO)
College of Dental Technologists of Ontario (CDTO)
College of Denturists of Ontario
College of Dietitians of Ontario
College of Homeopaths of Ontario (CHO)
College of Kinesiologists of Ontario (CKO)
College of Massage Therapists of Ontario (CMTO)
College of Medical Laboratory Technologists of Ontario (CMLTO)
College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)
College of Midwives of Ontario (CMO)
College of Naturopaths of Ontario (CoNO)
College of Nurses of Ontario (CNO)
College of Occupational Therapists of Ontario (COTO)
College of Opticians of Ontario
College of Optometrists of Ontario
College of Physicians and Surgeons of Ontario (CPSO)
College of Physiotherapists of Ontario (CPO)
College of Psychologists and Behaviour Analysts of Ontario (CPBAO)
College of Registered Psychotherapists of Ontario (CRPO)
College of Respiratory Therapists of Ontario (CRTO)
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)
Ontario College of Pharmacists (OCP)
Royal College of Dental Surgeons of Ontario (RCDSO)

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.
Naomi Bussin	Lawyer Member, Consent and Capacity Board	Adjudicate matters relating to consent and capacity (within jurisdiction of board).

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
Naomi Bussin	ADR Chambers - Managing Director, Dispute Resolution Partnerships Consent and Capacity Board - Lawyer Member	ADR Chambers - employee Consent and Capacity Board - OIC appointee

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	Sept 14, 2026	Yes
Dean Catherwood	May 27, 2026	May 1, 2026	None
Timothy Dobson	August 6, 2026	August 18, 2026	None
Lisa Fenton	May 27, 2026	April 30, 2026	None
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: September 17, 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.

REDACTED

COUNCIL CHAIR REPORT
Period of July 1, 2026 to August 31, 2026

This is the first Chair's Report of six for the current Council cycle, covering the period from July 1 to August 31, 2026.

July and August were quieter months compared to earlier in the cycle. The CEO Review Panel met twice during this period to complete and finalize the CEO Performance Review for 2025 – 2026.

In addition to the Review Panel's work, Andrew (CEO) and I held our regular Chair/CEO check-ins, and I held our Council Chair/Vice-Chair check-in with Dean (Vice-Chair).

I also met with a few Council members - a continuation of ongoing governance work from the prior cycle - to reinforce our Governing Style policy and remind members of our role in protecting the public interest.

I continue to be grateful to Andrew and his senior leadership team, as well as all Council members, for their continued support this cycle.

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)
Council Chair
September 9, 2026

Regulatory Operations Report and Operational Updates

July 1, 2026 to August 31, 2026

1.0 Regulatory Operations

1.1 Registration Program

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

Class	Subclass	Current	Last Report	Change	Line
All Classes	All subclasses	1974	1969	+5	1
General		1755	1756	-1	2
	In good standing	1738	1739	-1	3
	Suspended	17	17	--	4
Inactive		186	181	+5	5
	In good standing	176	171	+5	6
	Suspended	10	10	--	7
Emergency		0	0	--	8
Life		33	32	+1	11

During this period, there were two resignations (L16) and eight class changes (L20-23) of which one was a move of a registrant to the Life Registrant class (L23).

There were two new Certificates of Authorizations for Professional Corporations (L38) and one dissolution (L46) and 23 renewals of the certificates (L44).

1.2 Entry-to-Practice Program

A total of five new applications for initial registration (L49) were received in this reporting period, and seven certifications of registration were issued (L50). One application was referred to the Registration Committee (L54) and the Committee disposed of the referral in the same month with the outcome being to direct the CEO to issue a certificate (L57)

1.3 Examinations Program

Two examinations were scheduled for this reporting period. In July, the Ontario Clinical (Practical) Examinations were held with a total of 69 candidates sitting the examination (L78). In August, the Ontario Clinical Sciences Examination was delivered and also had a total of 69 candidates sitting the examination (L70). No examination appeals were received (L88-102).

1.4 Patient Relations Program

No new requests were received for funding during this reporting period. A total of $400 was paid to the on-going file.

1.5 Quality Assurance Program

During this reporting period, no new deferrals of peer & practice assessments were received (L114); however, the Quality Assurance Committee did order 10 additional assessments (L115) meaning that the pool of assessments for this year is again at 130 (L113). Thus far, 16 assessments have been completed (L117). None of these assessments were referred to the Committee (L118).

1.6 Inspection Program

No new premises were registered under the inspection program during this reporting period (L129) and two premises were de-registered (L130). No Part I new premises inspections were undertaken (L132) and three Part II new premises inspections were undertaken (L133), one of which was passed (L138) while the other is still pending before the Inspection Committee. Two five-year anniversary inspections were completed (L136), all of which passed the inspection (L142).

During the period, one new Type 1 occurrence report was received due to the administration of an emergency drug following the administration of IVIT.

1.7 Complaints and Reports Program

During this reporting period, six new complaints (L157) were received, and one new report (L158) was initiated while three complaint files were closed (L160). Of those closed files, one registrant was issued a Letter of Counsel (L169), one was issued an Oral Caution & SCERP (L173) and one registrant was referred to the Discipline Committee for a hearing (L176).

Bearing in mind that any complaint may raise one or more concerns, the top three areas of concern during this reporting period were competence/patient care, advertising/social media and communication.

1.8 Unauthorized Practitioners

No cease-and-desist letters were issued during this reporting period.

1.9 Hearings Program

As noted above, one registrant was referred to the Discipline Committee for a hearing in this reporting period (L222); however, no pre-hearing conferences were undertaken (L232) and no hearings were conducted, either under the Discipline Committee (L236) or the Fitness to Practise Committee (L226).

Nonetheless, there are presently two matters that have been referred for hearings, CoNO v. Lapp and CoNO v. Englebrecht. The CEO and Professional Affairs team continue to work on these files in conjunction with legal counsel.

1.10 Regulatory Guidance and Education Programs

Regulatory guidance activities remain active although lower than in the past. A total of 45 emails (L247) were received and 22 telephone calls (L248) during this reporting period. Fees and billing (L260) were the highest topic of inquiry, followed by scope of practice (L252) and record keeping (L251). These are consistent with overall annual numbers.

The Regulatory Education Program (REP) held a session in July with 304 attendees (L274) and 434 registrations were received for the recorded sessions (L276).

1.11 Health Professions Appeal and Review Board appeals

No new appeals were filed with the Health Professions Appeal and Review Board (HPARB) during this reporting period either registration or ICRC decisions. No decisions from HPARB were issued during this period meaning that a total of six matters remain active, two for Registration Committee decisions (L278) and four for ICRC decisions (L288).

2.0 Operational Updates

During this period, the following are highlights of non-regulatory operational activities that have been undertaken.

- New templates were created for operations implementing the updated brand identify of the College as refined by C(Group on our behalf.
- A new Style Guide was completed by MDR Strategy Group on our behalf and disseminated to the staff. It has also been uploaded to the Council Orientation Manual for reference of the Council.
- A Guideline for Committee Management has been developed and released to all staff which includes implementation of new automated processes for the dissemination of committee meeting materials using Smartsheet.
- Four meetings of the Senior Management Team of the College were held and one meeting of the Executive Team. The Chair and CEO met twice during this period for our regular meetings and communicated extensively via email.
- Several interactions with HPRO were undertaken by email, informal meetings and Board meetings and a one-on-one meeting was held with the CEO of the College of Registered Psychotherapists of Ontario.
- Bi-weekly meetings were also held with MDR Strategy Group for the purposes of planning and executing College communications.
- Regular meetings were held by the Deputy CEO, Registrant and Corporate Services on the program intending to launch an updated website later this fall.
- We were also pleased to announce the appointment of Audrey Ralison as our new Bilingual Executive Coordinator supporting the Executive team and our communications work. Ms. Ralison will also replace Monika Zingaro as the liaison for Council meetings, allowing Ms. Zingaro to devote her time to her role as Human Resources Coordinator.
- Other staff changes during the period included:
    - The announcement of her retirement by Dr. Mary-Ellen McKenna, ND (Retired)
    - The appointment of Daniella Daley as Acting Manager, Quality Assurance & Inspections
    - The appointment of Daniela Russo as Administrative Assistant, Quality Assurance & Inspections
    - The promotion of Shailja Desai to Coordinator, Professional Conduct.

3.0 Executive Limitations Compliance Disclosures

The following table sets out the Executive and details whether any of the limitations have been breached and if so, the circumstances surrounding the breach.

Limitation		Compliance	Explanation/Notes
EL01	Global Executive Constraint	Yes	
EL02	Emergency CEO Replacement	Yes	
EL03	Communications and Council Support	Yes	
EL04	Treatment of Staff	Yes	

EL05	Financial Condition and Activity	Yes	This policy is currently under review by FARC.
EL06	Financial Planning and Budgeting	Yes	This policy is currently under review by FARC.
EL07	Financial Transactions	Yes	This policy is currently under review by FARC.
EL08	Asset Protection	No	At the start of each month, the College requires $120,000 to $160,000 to cover salaries, rent and other accounts payable. Any amount greater than $100,000 is not insured under CDIC. Nonetheless, all College assets are held in a bank under Schedule 1 of the Banking Act and the risk of bankruptcy of RBC is minimal. This policy is currently under review by FARC.
EL09	Workplace Violence	Yes	
EL10	Workplace Harassment	Yes	
EL11	Administration of Statutory Committees and Panels	Yes	
EL12	Operation of the Public Register and Information Registries	Yes	
EL13	Treatment of Members	Yes	
EL14	Support to Council	Yes	
EL15	Program Administration	Yes	
EL16	Treatment of the Public	Yes	
EL17	Reserve Funds	Yes	This policy is currently under review by FARC.

Andrew Parr, CAE
Chief Executive Officer
September 18, 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)													**1974**	1
General Class (Total)													**1755**	2
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*1738*	3
Suspended	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*17*	4
Inactive Class (Total)													**186**	5
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*176*	6
Suspended	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*10*	7
Emergency Class (Total)													***0***	8
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*0*	9
Suspended	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*0*	10
Life Registrants													*33*	11
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*33*	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)													**64**	14
Suspensions	13	9	0	0	0								22	15
Resignations	1	0	0	0	2								3	16
Revocations	1	7	0	0	0								8	17
Reinstatements	13	1	1	0	0								15	18
Class Changes (Total)													**16**	19
General Class to Inactive Class	1	1	1	3	3								9	20
Inactive Class to General Class (<2yrs)	2	1	1	1	0								5	21
Inactive Class to General Class (>2 yrs)	1	0	0	0	0								1	22
Any Class to Life Registrant Status	0	0	0	0	1								1	23
Emergency Class to General Class	0	0	0	0	0								0	24

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Life Registrant Applications (Total)													**2**	25
Applications from prior period													0	26
New applications received	0	0	0	0	1								1	27
Applications decided	0	0	0	0	1								1	28
CEO Decisions													1	29
Application approved by CEO	0	0	0	0	1								1	30
Application referred by CEO to RC	0	0	0	0	0								0	31
Registration Committee Decisions													0	32
Application approved by RC	0	0	0	0	0								0	33
Application denied by RC	0	0	0	0	0								0	34

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Professional Corporations (Total)													**152**	35
Certificates of Authorization in place													148	36
Suspended Certificates of Authorization	0	0	0	0	0								0	37
New Certificates of Authorization Issued	2	1	1	2	0								6	38
Certificates of Authorization Reinstated	0	0	0	0	0								0	39
Certificates Resigned/Desolved	0	0	0	0	1								1	40
Certificates Revoked	0	0	1	0	0								1	41
PC Renewals in 2025-26														42
Not Yet Renewed in this program year													91	43
Renewed	9	11	12	12	11								55	44
Revoked	0	0	1	0	0								1	45
Resigned/Dissolved	0	0	0	0	1								1	46

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Total ETP Applications On-Going													**12**	47
On-going applications from prior period(s)														48
New applications received	10	13	6	0	5								34	49
Certificates issued	6	8	10	4	3								31	50
Certificates declined	0	0	0	0	0								0	51
Applications Currently before the Registration Committee													**0**	52
Referrals from prior period													0	53
New referrals	0	2	0	1	0								3	54
Decisions Issued	0	2	0	1	0								3	55

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Registration Committee Outcomes													**3**	56
Approved	0	2	0	1	0								3	57
Approved – TCLs	0	0	0	0	0								0	58
Approved – Exams required	0	0	0	0	0								0	59
Approved – Education required	0	0	0	0	0								0	60
Denied	0	0	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	0								0	64
Decisions rendered on applications	0	1	0	0	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	1								1	69
Number of candidates sitting exam	0	0	0	0	69								69	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	0								0	73
Number of candidates sitting exam	0	0	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	1	0								1	77
Number of candidates sitting exam	0	0	0	69	0								69	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	0	0								1	81
Number of candidates sitting exam	47	0	0	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	0	0								1	85
Number of candidates sitting exam	0	18	0	0	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	0								0	89
Appeals Denied	0	0	0	0	0								0	90
Ontario Biomedical Examination Appeals (Total)													0	91
Appeals Granted	0	0	0	0	0								0	92
Appeals Denied	0	0	0	0	0								0	93
Ontario Clinical Practical Examination Appeals (Total)													0	94
Appeals Granted	0	0	0	0	0								0	95
Appeals Denied	0	0	0	0	0								0	96
0ntario Therapeutic Prescribing Examination													0	97
Appeals Granted	0	0	0	0	0								0	98
Appeals Denied	0	0	0	0	0								0	99
Ontario Intravenous Infusion Examination Appeals (Total)													0	100
Appeals Granted	0	0	0	0	0								0	101
Appeals Denied	0	0	0	0	0								0	102

Exam Questions Developed (Total)													**0**	103
CSE questions developed	0	0	0	0	0								0	104
BME questions developed	0	0	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	0	0								1	108
Funding application declined	0	0	0	0	0								0	109
Number of Active Files													**2**	110
Funding Provided	$0	$1500	$0	$400	$0								$1,900	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	0	0								10	114
Assessments ordered by QAC, i.e. outside of random	0	0	0	0	10								10	115
Total Number of Assessment for the Year.													130	116
Completed (Y-T-D)	0	0	0	0	16								16	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	0								0	119
Ordered Outcome (SCERP, TCL, etc.)	0	0	0	0	0								0	120
Referred to ICRC	0	0	0	0	0								0	121
CE Reporting														122
Number in group	0	0	0	0	0								0	123
Number received	0	0	0	0	0								0	124
Number of CE Reports with deficiencies	0	0	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)													**173**	127
Total Registered from prior year (as of April 1)													172	128
Newly registered	1	1	3	0	0								5	129
De-registered	0	0	2	1	1								4	130
Inspections of Premises														
New Premises														131
Part I Completed	2	1	0	0	0								3	132
Part II Completed	6	0	1	0	3								10	133
5-year Anniversary Inspections														134
Premises requiring 5-year inspection (5 yr anniversary)	0	0	1	1	2	3	0	3	1	0	1	2	14	135
Completed	0	0	4	1	1								6	136
Inspection Outcomes														
New premises-outcomes (Parts I & II)														137
Passed	2	0	9	0	1								12	138
Pass with conditions	0	0	1	0	0								1	139
Failed	0	0	0	0	0								0	140
5-year Anniversary Inspection Outcomes														141
Passed	0	0	1	0	5								6	142
Pass with conditions	1	0	2	0	0								3	143
Failed	0	0	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)													**7**	145
Patient referred to emergency	3	2	1	0	0								6	146
Patient died	0	0	0	0	0								0	147
Procedure performed on wrong patient	0	0	0	0	0								0	148
Emergency drug administered	0	0	0	0	1								1	149
Type 2 Occurrence Reports (Outstanding)													**-11**	150
Total Reports Required to be filed.													172	151
Reports Received	83	39	0	0	0								183	152
1.7 Regulatory Activity: Complaints and Reports														153
Complaints and Reports (Total On-going)													**37**	154
Open Complaints incl. carried forward from prior yrs													24	155
Open Reports incl. carried forward from prior yrs													7	156
New Complaints	6	1	0	3	3								13	157
New Reports	0	1	0	0	1								2	158
Complaints completed	1	2	3	3	0								9	160
Reports completed	0	0	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	0								0	164
Files resolved by ADR	0	0	0	0	0								0	165
Files not resolved by ADR	0	0	0	0	0								0	166
ICRC Outcomes (files may have multiple outcomes)														167
Take no further action	0	0	1	0	0								1	168
Letter of Counsel	1	1	2	1	0								5	169
Oral Caution	0	1	0	0	0								1	170
Specified Continuing Education and Remediation	0	0	0	0	0								0	171
Letter of Counsel & SCERP	0	0	0	0	0								0	172
Oral Caution & SCERP	0	0	0	1	0								1	173
Acknowledgement & Undertaking	0	0	0	0	0								0	174
Referral to Fitness to Practise Committee	0	0	0	0	0								0	175
Referral to Discipline Committee	0	0	0	1	0								1	176
Frivolous & Vexatious	0	0	0	0	0								0	177
Resolved through ADR	0	0	0	0	0								0	178
Withdrawn by Complainant	0	0	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	0								0	182
New Interim Orders - Suspended	0	0	0	0	0								0	183
Interim Orders Removed	0	0	0	0	0								0	184
Summary of concerns (files may have multiple concerns)														185
Advertising/Social Media	5	2	0	0	3								**10**	186
Billing and Fees	0	0	0	0	0								0	187
Communication	0	0	0	3	0								3	188
Competence/Patient Care	2	0	0	3	1								**6**	189
Fraud	0	0	0	0	0								0	190
Professional Conduct & behaviour	0	2	0	2	1								5	191
Record Keeping	0	0	0	1	0								1	192
Sexual Abuse/Harassment/Professional Boundaries	0	0	0	0	0								0	193
Delegation	0	0	0	0	0								0	194
Unauthorized Practice/Scope of Practice	0	1	0	0	1								2	195
Failure to comply with an Order	0	0	0	0	0								0	196
Inappropriate/ineffective treatment	2	0	0	0	0								2	197
Conflict of Interest	0	1	0	1	0								2	198
Lab Testing	0	0	0	0	0								0	199
QA Program Compliance	0	0	0	0	0								0	200
Cease & Desist Compliance	0	0	0	0	0								0	201
Failure to Cooperate	0	0	0	0	0								0	202
Practising while Suspended	0	0	0	0	0								0	203
Unprofessional/Unbecoming Conduct	0	0	0	0	0								0	204
Breach of Privacy	0	0	0	0	0								0	205
1.8 Regulatory Activity: Unauthorized Practitioners														206
Cease and Desist Letters (Unsigned/Outstanding)														207
Letters Issued	2	0	0	0	0								2	209
Letters signed back by practitioner	1	1	0	0	0								2	210
Letters unsigned or outstanding	1	0	0	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	0								0	215
Applications approved by the Court	0	0	0	0	0								0	216
Applications denied by the Court	0	0	0	0	0								0	217
1.9 Regulatory Activity: Hearings														218
Matters Referred by ICRC														219
Referrals to the Discipline Committee (Total)													**2**	220
Referrals from prior period													1	221
New referrals	0	0	0	1	0								1	222
Matters concluded	0	0	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	0								0	226
Matters concluded	0	0	0	0	0								0	227
Disciplinary Matters														228
Pre-hearing conferences														229
Outstanding from prior year													**0**	230
Scheduled	0	0	0	0	0								1	231
Completed	1	0	0	0	0								1	232
Not needed on consent	0	0	0	0	0								0	233
Discipline hearings Held														234
Contested hearing completed	0	0	0	0	0								0	236
Uncontested heartings completed	0	0	0	0	0								0	237
Outcomes of Contested Matters														238
Findings made	0	0	0	0	0								0	239
No findings made	0	0	0	0	0								0	240
FTP Hearings														241
Finding of incapacitated	0	0	0	0	0								0	242
No finding made	0	0	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)													**200**	246
E-mail	28	23	33	26	19								129	247
Telephone	19	17	13	16	6								71	248
Most Common Topics of Inquiries														249
Telepractice	1	1	4	3	2								11	250
Record Keeping	6	5	1	3	3								**18**	251
Scope of Practice	5	6	7	5	1								**24**	252
Injections	1	0	3	1	0								5	253
Patient Visits	1	0	2	2	1								6	254
Delegations and Referrals	4	5	4	3	1								**17**	255
Laboratory Testing	4	1	2	2	0								9	256
Consent and Privacy	1	4	2	3	2								**12**	257
Conflict of Interest	0	0	2	2	1								5	258
Prescribing/Selling Drugs	2	1	1	0	0								**4**	259
Fees and Billing	5	5	4	2	6								**22**	260
Inspection Program	2	2	0	2	1								7	261
Endorsements	0	0	0	0	0								0	262
Graduates working for NDs	0	2	0	1	0								3	263
Continuing Education	3	1	1	1	0								6	264
Advertising	1	0	2	2	0								5	265
Notifying Patients when Moving	2	2	4	4	1								13	266
Completing Forms and Letters for Patients	2	0	0	0	0								2	267
Registration and CPR	0	0	0	0	2								2	268
Complaints	1	0	0	0	1								2	269

Regulatory Education Program														270
Live Sessions														271
Session Delivered	0	1	0	1	0								2	272
Registrations	0	97	0	398	0								495	273
Attendees	0	71	0	304	0								375	274
Recorded Sessions														275
Registrations	16	19	23	130	304								492	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													**2**	278
Appeals carried forward from prior period													2	279
New appeals filed with HPARB	0	0	0	0	0								0	280
Files where HPARB rendered decision	0	0	0	0	0								0	281
														282
HPARB Decisions on RC Matters														283
Upheld	0	0	0	0	0								0	284
Returned	0	0	0	0	0								0	285
Overturned	0	0	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	0	0								1	290
Files where HPARB rendered decision	0	0	0	0	0								0	291
HPARB Decisions on ICRC Matters														292
Upheld	0	0	0	0	0								0	293
Returned	0	0	0	0	0								0	294
Overturned	0	0	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	0								0	298
Matters where HRTO rendered a decision	0	0	0	0	0								0	299
HRTO Decisions on Matters														300
In favour of applicant	0	0	0	0	0								0	301
In favour of College	0	0	0	0	0								0	302
Matter settled/resolved	0	0	0	0	0								0	303

Financial Report-Q1

(April 1, 2026, to June 30, 2026)

Executive summary

This financial report provides an overview of the College's financial position, performance, and compliance. It is based on the Balance Sheet, Income Statement and Financial Executive Limitations for the period ending June 30, 2026. The results reflect the College's continued commitment to sound financial management, transparency, and responsible stewardship of resources.

This report includes the following sections:

1. The Statement of Financial Position at June 30th, 2026
2. Statement of Operations for Q1 (April 1st, 2026, to June 30th, 2026)
3. Capital Expenditures for Q1 (April 1st, 2026, to June 30th, 2026)
4. Executive Limitations Compliance related to Finance.

At Q1, total revenue exceeded budgeted amounts by $61,868 (*Actual: $4,276,481 vs Budget: 4,214,613*). Of this, $470,750 was allocated to the Investigations and Hearings reserve fund, as per the December 10, 2025, decision of Council. The operating revenue (i.e., total revenue, less the re-allocation to the reserve fund) exceeded budget by $61,118 (*Actual: $3,805,731 vs. Budget: $3,744,613*).

For the purposes of transparency, this report will provide information on variance related to operating revenue, however a special entry has been made under the Statement of Operations to reflect the reserve fund allocation from total revenue amounts, as noted above.

Expenses in Q1 were $178,894 below budget *(Actual: $1,081,652 vs. Budget: $1,260,546)*. The variance in expenses is primarily due to timing differences in expenditures. These expenses are expected to occur between Q2 and Q3. *(Refer to page 4 for the Q1 Statement of Operations.)*

Year-to-date (YTD), with the College's operating revenue exceeding budget by $61,118 and expenses being below budget by $178,894, there is a favorable variance of $240,013 compared to the approved YTD budget as of June 30, 2026. While expenses are expected to increase and align with budget projections by year-end, the College remains financially stable and well-positioned to deliver on its commitments.

Summary of YTD (Q1) results

		Fiscal 2026-2027 YTD Results (Q1)			
	Approved Fiscal Budget 2026-2027	YTD Budget (Q1)	YTD Actuals (Q1)	Variance	Q1 Variance
	$	$	$	$	%
TOTAL OPERATING REVENUES	4,481,186	3,744,613	3,805,731	61,118	2%
TOTAL EXPENSES	4,537,918	1,260,546	1,081,652	(178,894)	-14%
EXCESS OF REVENUES OVER EXPENSES	(56,732)	2,484,067	2,724,080	240,013	10%

Statement of Financial Position

STATEMENT OF FINANCIAL POSITION
As of June 30, 2026 (Q1)

	NOTE	Fiscal 2026-27 as at June 30, 2026	Fiscal 2025-26 as of June 30, 2025	Change in Financial Position	Variance %
ASSETS		$	$	$	%
Chequing / Savings					
Bank - Operating Funds		575,220	53,335	521,885	979%
Bank - Savings		1,432,275	1,074,706	357,569	33%
Petty Cash		335	500	-165	-33%
Total Chequing / Savings	*1*	*2,007,830*	*1,128,541*	*879,288*	*78%*
Accounts Receivable					
Accounts Receivable		1,335,408	1,171,040	164,368	14%
Allowance for Doubtful Accounts		-63,962	-49,706	-14,256	29%
Ordered DC Costs		0	0	0	
Loan Receivable-CANRA		153,884	175,000	-21,116	-12%
Total Accounts Receivable	*2*	*1,425,330*	*1,296,333*	*128,996*	*10%*
Other Current Assets					
Prepaid Expenses	3	119,554	20,758	98,796	476%
Investment in Mutual funds	4	1,780,248	1,745,721	34,526	2%
Accrued Interest	4	0	8,376	-8,376	-100%
Investment in GIC	4	0	562,117	-562,117	-100%
Total Other Current Assets		*1,899,802*	*2,336,973*	*-437,171*	*-19%*
Fixed Assets					
Computer Equipment		125,503	111,471	14,032	13%
Furniture and Fixtures		157,257	157,257	0	0%
Accumulated Amortn - Computers		-100,729	-138,677	37,948	-27%
Accumulated Amortn - Furniture		-146,701	-85,697	-61,003	71%
Total Fixed Assets	*5*	*35,330*	*44,354*	*-9,024*	*-20%*
TOTAL ASSETS		**5,368,291**	**4,806,201**	**562,090**	**12%**
LIABILITIES AND EQUITY					
Accounts Payable					
Accounts Payable	6	70,569	62,500	8,068	13%
Credit cards		-706	3,780	-4,486	-119%
Total Account Payable		*69,863*	*66,280*	*3,582*	*5%*
Other Current Liabilities					
Accrued Liabilities	6	183,829	149,626	34,203	23%
Deferred Income-Registration	7	0	0	0	
Deferred Income-Exams	7	84,650	110,870	-26,220	-24%
Deferred Income-Inspection	7	6,250	12,500	-6,250	-50%
Deferred Income-QA	7	3,150	0	3,150	
HST Payable	8	190,772	151,074	39,698	26%
Total Current Liabilities		*538,514*	*490,350*	*48,163*	*10%*
Equity					
Retained Earnings		-431,563	-81,859	-349,704	427%
Patient Relations Fund	9	91,375	90,385	990	1%
Business Continuity Fund	9	1,114,684	1,114,684	0	
Investigations and Hearning Fund	9	1,281,202	810,452	470,750	58%
Succession Planning Fund	9	50,000	52,110	-2,110	-4%
Profit for the year		2,724,080	2,330,079	394,001	17%
Total Equity		*4,829,777*	*4,315,851*	*513,927*	*12%*
TOTAL LIABILITIES AND EQUITY		**5,368,291**	**4,806,201**	**562,090**	**12%**

Statement of Financial Position Notes

The Statement of Financial Position provides a snapshot of the financial standing of the College at June 30, 2026.

1. **Cash** - Total cash balance is $2,007,830, which includes the $470,750 of restricted reserve funds. The net difference are funds received less normal operating YTD expenses (April 1st – June 30, 2026). Bank statements were reconciled and reviewed for completeness.

2. **Accounts Receivable** - Accounts Receivable has a balance of $1,425,330, which is primarily made up of registration fees owed in the pre-authorized payment plan. An allocation of $63,692 has been made for the allowance of doubtful accounts and the loan receivable from CANRA in the amount of $153,884.

3. **Prepaids** - Prepaid balance of $119,554 includes a standing rent deposit of $15K, BFL Insurance of $34.5K, HPRO and CANRA memberships for $26.2K, contract fulfillment including exam maintenance, communications and hotel pre-booking fees for the May in person Council meeting for $11.2K and the remaining balance is for miscellaneous software applications and operational expenses.

4. **Investments –** Manulife Money Market fund increased by $7,957 to $1.780M since March 31st, 2026. Discussions are underway with the bank regarding the College's current investment portfolio.

5. **Fixed assets** – Total net book value of fixed assets is at $35,330.

6. **Accounts Payable and Accrued Liabilities** - ***Accounts Payable*** is $69,863 of normal operating expenses as budgeted. ***Accrued liabilities*** is $183,829 which includes employee vacation accruals ($31.6K), and payroll accrual at the end of June 2026 ($124.4K).

7. **Deferred income** –In the amount of $94,050, is for Exams, Inspections and QA related fees that were collected in Q1 for related activities that will be executed and recognized as revenue in Q2.

8. **HST payable** - In the amount of $190,772 will be remitted to CRA for registration funds received through the pre-authorized monthly payment plan. This balance is determined by the total in accounts receivable at the end of the period.

9. **Reserved funds –** At the end of the fiscal year 2025-2026 an adjustment was made to the reserve funds in the amount of $2,110 to adjust the cap set for the Succession Planning Reserve Fund. These monies were moved to the Patient Relations reserve funds. At the end of Q1, an allocation of $470,750 was made to the Investigations and Hearing reserve fund increasing the reserve from $810,452 to $ 1,281,202.

Q1 Statement of Operations

STATEMENT OF OPERATIONS
As of April 01 2026 - June 30, 2026 (Q1)

	Notes	Approved Fiscal Budget 2026-2027	Fiscal 2026-2027 YTD Results - (Q1) YTD Budget (Q1)	YTD Actuals (Q1)	Variance	Q1 Variance	Fiscal 25-26 25-26 Actuals (Q1)
		$	$	$	$	%	$
REVENUES							
Registration and member renewal fees		4,148,795	4,040,520	4,076,134	35,614	1%	3,387,555
Examination fees		395,310	80,465	72,875	(7,590)	-9%	37,635
Assessment fees		19,750	2,000	1,450	(550)	-28%	0
Incorporation fees		141,337	32,429	31,569	(860)	-3%	11,477
Ordered costs recovered		11,674	0	56,913	56,913	100%	0
Inspection fees		148,250	34,850	19,200	(15,650)	-45%	21,500
Complaints-Admin Fee		3,000	3,000	0	(3,000)	-100%	0
Operation-Admin Fee		4,875	1,750	1,600	(150)	-9%	0
Interest		21,075	5,269	8,784	3,515	67%	2,528
Investment Income		56,920	14,230	7,957	(6,273)	-44%	10,723
Miscellaneous		200	100	0	(100)	-100%	0
TOTAL REVENUES	10	4,951,186	4,214,613	4,276,481	61,868	1%	3,471,418
Reserve Fund Allocation		(470,000)	(470,000)	(470,750)			
TOTAL OPERATING REVENUE		**4,481,186**	**3,744,613**	**3,805,731**	**61,118**	**2%**	3,471,418
EXPENSES							
Salaries and benefits		$ 2,904,309	743,726	722,992	(20,735)	-3%	645,202
Rent and utilities	11	$ 197,468	53,117	45,724	(7,393)	-14%	51,121
Office and general	12	$ 275,934	86,376	46,255	(40,120)	-46%	42,454
Consulting fees							
Consultants - general	13	$ 15,750	5,975	4,048	(1,927)	-32%	19,999
Consultants - complaints and inquiries	14	$ 121,000	34,000	17,538	(16,462)	-48%	37,092
Consultants - assessors/inspectors	15	$ 65,100	4,800	3,776	(1,024)	-21%	4,173
Exam fees and expenses		$ 241,350	61,228	57,059	(4,169)	-7%	90,647
Legal fees							
Legal fees - general		$ 83,750	8,550	8,566	16	0%	8,565
Legal fees - complaints	16	$ 87,000	23,000	42,117	19,117	83%	36,449
Legal fees - discipline	17	$ 40,000	40,000	18,499	(21,502)	-54%	31,946
Council fees and expenses	18	$ 163,521	59,814	45,407	(14,407)	-24%	88,732
Hearings (Discipline, Fitness to Practise)	19	$ 3,695	3,695	1,050	(2,645)	-72%	4,432
Amortization/Depreciation		$ 18,984	0	0	0	0%	0
Insurance		$ 42,192	9,585	8,949	(636)	-7%	8,415
Equipment maintenance		$ 58,588	14,647	14,167	(480)	-3%	13,024
Audit fees		$ 18,600	0	0	0	0%	0
Public education	20	$ 191,465	103,805	43,246	(60,559)	-58%	58,637
Education and training	21	$ 7,690	7,690	1,860	(5,830)	-76%	338
Postage & Courier	22	$ 1,522	539	400	(139)	-26%	113
TOTAL EXPENSES		4,537,918	1,260,546	1,081,652	(178,894)	-14%	1,141,339
EXCESS OF REVENUES OVER EXPENSES		(56,732)	2,484,067	2,724,080	240,013	10%	2,330,079

Q1 Statement of Operations Notes

The Statement of Operations provides a report of all operating revenues and expenses for the fiscal year.
The notes will focus on the revenues and expenses that varied from the budget by 10%.

10. **Total revenues** – At the end of Q1 total revenue was $4,276,481. From this balance $470,750 has been removed from total revenues and allocated to the Investigations and Hearings restricted reserve fund (highlighted in blue). The actual operating revenue remaining is $3,805,731, with a total of $61,118 in operating revenue exceeding budgeted amounts.

    - One peer and practice assessment was completed during Q1 (deferral from the previous fiscal year); related revenue is anticipated to be received between Q2 and Q3.
    - Inspection revenue was below budget, with three new premises and four five-year inspections completed out of the 11 budgeted (five new premises and six five-year inspections), with the remaining inspections expected to occur between Q2 and Q3.
    - Ordered costs were received in the amount of $56,913 for Divisional Court costs ordered.
    - There were no administrative fees issued by the Complaints department for monitoring.
    - Interest income exceeded the budget due to both the savings and operating funds accounts now bearing interest at different rates.
    - Investment income was below budget expectations due to the College reviewing its investment profile with the bank.
    - Miscellaneous income remained minimal, as there were no significant activities or revenue collected from this category during this quarter.

    At Q1, the College achieved 85% (Actual Operating Revenue $3,805,731 vs Operating Budget Revenue of $4,481,186) of its total budgeted revenue for the fiscal year.

11. **Rent and utilities** (14% below budget) – At the end of Q1 the College typically receives a year end adjustment for taxes, maintenance and insurance of approximately $5,000 in addition to regular payments. On November 1, 2025, there was a change to the landlord and no year end adjustment to date has been received.

12. **Office and general** (46% below budget) **–** This line item is comprised of various office expenses including costs associated with staff recognition, credit card and banking fees, photocopying, translation costs, software licenses and office supplies. The variance in this section is primarily due to the timing of credit card processing fees; this is dependent on when renewal fees are remitted.

13. **Consultant fees – general** (32% below budget) – This account covers costs associated with activities completed by third party consultants and is comprised of Operations, Patient Relations, Registration, Professional Corporations, Risk Programs, Health and Safety and Regulatory Education. This quarter Registration and Operations were the only two programs to expense costs for programming of our database and for the completion of a PLAR assessment.

14. **Consultant fees – complaints and inquires** (48% below budget) – This account covers costs associated with investigation activities as related to complaints and Registrar (CEO) investigations.

This quarter the College opened seven new complaints, closed six complaints, and initiated one Registrar's (CEO) investigation.

15. **Consulting fees – assessors/inspectors** (21% below budget) –This account covers costs associated with activities conducted by assessors and inspectors for the College. One Peer and Practice assessment was completed this quarter (deferred from last fiscal year). For inspections, a total of 11 were budgeted: five new premises and six 5-year inspections. In Q1, three new premises were inspected, and four 5-year inspections were completed. Of these eight completed inspections, 25% of the inspectors did not submit their expenses within this quarter.

16. **Legal fees – complaints** (83% above budget) - This quarter the College opened seven new complaints, closed six complaints and initiated one Registrar's (CEO) report investigation. This quarter the number of complaints and reports on which legal advice was required was higher than anticipated.

17. **Legal fees – discipline** (54% below budget) **-** This account represents legal costs related to discipline matters, including prosecution expenses and fees for independent legal counsel. During the quarter, legal counsel was engaged to follow up on the Divisional Court decisions, conducted preparatory work for an ongoing discipline matter, and participated in a pre-hearing conference.

18. **Council fees and expenses** (24% below budget) – This expense allocation is the combination of Council and all its statutory and non-statutory committees. Cost savings this quarter were realized as there were no meetings held by the Executive Committee and the Exam Appeal Committee. This in addition to both the timing of volunteer per diem submissions and that budget assumptions are based on every Council and committee member attending each meeting.

19. **Hearings** (72% below budget) Costs incurred in Q1 were in relation to transcription and pre-hearing fees.

20. **Public education** (58% below budget) – In this quarter, the amount budgeted for communications consulting was consolidated into the first quarter. Actual costs are being billed month over month for services rendered. The College's website is currently under re-development; translation costs for web content will be deferred to Q3 and Q4 in line with website project timelines.

21. **Education and training** (76% below budget) – Every year the College budgets for an online cyber training platform and staff professional development, with most of the budget allocated to Q1 when performance appraisals are completed. However, the timing of when staff undertake approved professional development activities varies throughout the fiscal year. In Q1, costs were incurred for the annual renewal of the online cyber training platform.

22. **Postage and courier** (26% below budget) – The postage machine is replenished on an as needed basis, with the majority of College communications being sent electronically. Costs this quarter were incurred for postage replenishment.

Capital Expenditures at Q1

Capital Expenditures at Q1
(April 1 2026 - June 30, 2026)

	Approved Fiscal Budget 2026-2027	YTD Actuals (Q1)	Variance	Q1 Variance	Remaining Balance
	$	$	$	%	
Computer Equipment	8,800	1,255	(7,545)	-86%	7,545
Funiture & Fixtures	1,000	0	(1,000)	-100%	1,000
Total Capital Expenditure	9,800	1,255	(8,545)	-87%	8,545

In Q1 the College replaced its firewall security appliance hardware due to the existing firewall hardware reaching its end of life.

Executive Limitations Compliance (Finance)

Policy no.	Policy name	Compliance
EL01.02	Global Executive Constraint	Yes
EL05.05	Financial Condition and Activity	Yes
EL06.04	Financial Planning and Budgeting	Yes
EL07.03	Financial Transactions	Yes
EL08.05	Asset Protection	No*
EL17.03	Reserve Funds	Yes

EL.08. # “Deposit monies in an insured chequing account”

- At the start of each month, the College requires a capital of $120,000-$160,000 to cover wages, rent and additional accounts payable. Any amount greater than $100,000 is not insured by the bank and is insecure. However, all College assets are with a bank under Schedule 1, in which the risk of bankruptcy is minute.

The Finance, Audit and Risk Committee received this financial report on September 2, 2026**,** with a recommendation for its acceptance and subsequent presentation to Council.

End of report

MEMORANDUM

DATE: September 18, 2026

TO: Council members

FROM: Mr. Barry Sullivan
Vice Chair, Governance Committee

RE: Proposed Amendments
Executive Limitations Policies – Part 2 (EL09-EL16)

The Governance Committee (GC) last met on August 31, 2026, and completed its' review of the Executive Limitations Policies – Part 2 (EL09-EL16), 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

EL12 – Operation of the Public Register and Information Registries

Recommendation: Remove Clause 3(iii) references "issues as set out in paragraph 4(ii)" as there is no related sub-item.

EL13 – Treatment of Registrants

Recommendation: reword line item #6 to now read as "Ensure conditions exist that allow reasonable access to the College by people who require accommodation(s)."

EL14 – Support to Council

Recommendation: to remove line items 5 and 6, as they are addressed in other policies.

Respectfully submitted.

The Chief Executive Officer (CEO) is solely responsible for the on-going operation of the public register (the "Register") and other data published on the College's website (Information Registries).

Accordingly, the CEO shall not fail to perform the following duties and responsibilities.

1 Ensure that the Register is up-to-date and accurate in accordance with the *Regulated Health Professions Act, 1991* and the by-laws of the College.

2 Ensure that an in-depth audit of the Register and Information Registries is conducted bi-annually and reported to Council.

3 Publish an Information Registry that includes the following.

i. Information regarding cease & desist letters issued by the College, that includes the following details.
   a. The name of the individual addressed in the letter.
   b. The clinic name, if the individual was the only individual operating out of that location.
   c. The address, if the address is already in the public domain.
   d. The alleged infraction, that is, misuse of title, holding oneself out as a ND and/or performing a controlled act.
   e. The date the letter was sent.
   f. The date the letter was signed back by the individual, if applicable.
   g. The last date of monitoring by the College.

ii. A list of the names and addresses of individuals against whom the College has initiated legal proceedings to prosecute an individual for a provincial offence (contravention of the *Regulated Health Professions Act, 1991* and/or the *Naturopathy Act, 2007*) or to seek an injunction to cease and desist (a) holding themselves out as people who are qualified to practise in Ontario as a naturopath, (b) using the title "naturopath", and (c) performing the authorized controlled acts as set out in the *Naturopathy Act.*

iii. ~~A list of the names and addresses of individuals against whom the courts have granted an injunction to the College or whom the courts have found guilty of a provincial offence for issues as set out in paragraph 4(ii).~~

4. Establish and maintain an operating policy on the publication of findings of guilt of Registrants on the Register that is acceptable to the Council.

5. Publish, as part of the Register, a list of premises registered with the College as premises where compounding for and IV Infusion Therapy are performed, including the following details.

i. The name and address of the premises.
ii. The date and purpose of the inspection, if one has been performed.
iii. The status of the inspection, including but not necessarily limited to whether it is pending, has been conducted and a report is pending, the report has been received by the College and is under review by the Inspection Committee.

iv. The names of the Registrants performing procedures with the premises and their qualifications.
v. The results of the inspection.
vi. A summary of the reasons for the results of an inspection where a premises either failed or passed with conditions.
vii. A summary of any deficiencies identified by the inspectors.
viii. Any conditions that apply to the premises.
ix. Whether a subsequent inspection is necessary and, if so, the estimated date that inspection will be conducted.

6. Establish and maintain an operating policy with respect to the publication of charges against Registrants on the Register that is acceptable to the Council.

7. Publish on the Register charges laid against Registrant and findings of guilt against Registrants in accordance with the accepted operating policy set out in paragraph 6.

8. Publish, as a part of the Register, a list of Naturopathy Professional Corporations, including the following details.
   i. The name and address of the corporation.
   ii. The names of the shareholders of the corporation.
   iii. The status of the corporation.

9. Remove from the website the information published pursuant to subsection (i) of paragraph 3, in either of the following circumstances.
   i. Upon the individual named having been issued a Certificate of Registration by the College.
   ii. On the second anniversary of the individual signing back the cease & desist letter when no further action has been required by the College.

With respect to interactions with Registrants, the Chief Executive Officer (CEO) shall not cause or allow conditions, procedures, or decisions that are unsafe, undignified, unnecessarily intrusive, fail to provide appropriate confidentiality or privacy or that are not in compliance with the Regulated Health Professions Act, 1991 or the College Regulations.

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

1 Ensure that Registrants reasonable requests or concerns raised are responded to in a timely manner.

2 Use methods of collecting, reviewing, transmitting or storing information that protect against improper access to the information elicited.

3 Provide a mechanism for the regular communication of College and Council business to Registrants.

4 Take reasonable steps to communicate individual rights under the RHPA and College Regulations to current, potential and past Registrants.

5 Inform and educate Registrants about their professional responsibilities and the consequences of non-compliance.

6 Ensure conditions exist that allow reasonable access to the College by people who require accommodation(s)~~with special needs~~.

The Chief Executive Officer (CEO) shall not fail to provide support and services to the Council.

Accordingly, the CEO shall not fail to undertake the following duties and responsibilities.

1 Supervise and administer the Election of Council and the Executive Committee as set out by College By-laws.

2 Provide all administrative services to Council as may be required for the Governance process such as correspondence, keeping of records, distribution of notice of meetings and other administrative details as may be required.

3 Notify Council members in advance of the expiration of their terms of office.

4 Communicate with the Council Chair on a regular basis.

~~5 Obtain the approval of the Council Chair or Council Vice-Chair for the amount and purpose of the CEO's business expenses.~~

~~6 Pay the per diem and expenses due to Council, Committee members or non-Council volunteers, in accordance with GP18, in a timely manner.~~

The Council is committed to maintaining the privacy of its registrants and the public and ensuring compliance with the confidentiality provisions set out in section 36 of the Regulated Health Professions Act, 1991. This policy therefore establishes principles governing the responsible, ethical, and secure use of artificial intelligence (AI) tools by Council and Committee members in the execution of their governance and regulatory duties.

Definitions	Artificial Intelligence (AI)	Means any software system or tool that uses data, algorithms, or machine learning to generate content, insights, analysis, or decisions (e.g., generative AI platforms, predictive analytics tools, automated summarization systems).
	Confidential information	Means any information obtained by or for the College for use in the administration of the *Regulated Health Professions Act, 1991*, the *Naturopathy Act, 2007* or the regulations made under those statutes.

Accordingly,

1. It is the fiduciary duty of Council and Committee members to protect confidentiality, maintain integrity in decision-making, and ensure compliance with legal and regulatory obligations. As such, use of AI will be undertaken with extreme care and caution.

2. Council and Committee members remain fully responsible for decisions made, including regulatory and governance related decisions, regardless of AI involvement.

3. When engaging in activities on behalf of the College, Council and Committee members shall never:
   a) Input or upload confidential or proprietary information of the College to AI, including but not necessarily limited to Council materials, strategic plans, financial data, complaint information, investigation files, registration applications, personal information, personal health information, legal advice, privileged documents and confidential information.
   b) Delegate decision-making authority to AI or rely on AI to make regulatory decisions, including but not limited to determining complaint outcomes, recommending discipline sanctions, assessing witness credibility, and registration decisions.
   c) Use AI in a manner that could misrepresent authorship or accountability,
   d) Rely solely on AI-generated content for governance decisions without independent judgement.

4. Council and Committee members may use AI in the following ways, provided they do so with the understanding that outputs must be reviewed by the College[1] prior to use for accuracy, bias and relevance:
   a) Drafting notes or reports provided they do not include the use of confidential or personal information.
   b) Conducting preliminary research or trend analysis provided such materials are properly referenced and can subsequently be accessed by the College.
   c) Preparing questions for management or auditors provided the input or uploading of financial information of the College has not been required.
   d) Enhancing their own understanding of complex topics.

5 AI shall not "attend" closed meeting through automated agents and shall not be used to generate summaries, recordings or a record of a meeting, including the taking and finalizing of meeting minutes.

6 Whenever AI has been used in accordance with this policy, its use shall be disclosed to the Council, Committee members and staff of the College either through notations on any written documents or in Committee/Council discussions where it shall be noted in the minutes.

[1] Materials are submitted to the Manager responsible who will engage the Executive team as needed.

BRIEFING NOTE
COUNCIL OF THE COLLEGE
Strategic Planning

ISSUE

Question:	The Council's approach to strategic planning as it nears the end of its current plan.
Nature:	☑ Strategic ❒ Regulatory processes & actions ❒ Other
Access:	☑ Public ❒ Withheld per section 7(2) of the Code
COI	Known conflicts of interest ❒ Yes ☑ No
Steps:	1. Overview presented by the Chair 2. Discussion with questions and answers 3. Motion
Desired Outcome:	That the Council agrees with the Chair's recommended approach.

BACKGROUND

General background

The current strategic plan approved by the Council was intended to cover the four-year period from April 1, 2023, to March 31, 2027. This plan concludes at the end of the current program year.

The strategic plan sets out the College's overall objectives and priorities for the period. It guides the CEO and senior staff in developing the Operational Plan and the annual operating and capital budget, which are presented to the Council in March annually.

Council needs to determine its approach to strategic planning and establish a timeline that supports the development of the necessary operational planning documents.

Prior related decisions and/or history

The current strategic plan was created through a series of important steps.

- The Council retained Carolyn Everson, a governance and strategic planning consultant to guide the process and facilitate the planning.
- Ms. Everson met with a variety of system partners and interested parties to collect feedback on the College's work and the perceived priorities for the profession and the College.
- Ms. Everson and the CEO conducted various analyses of the College's position within the regulatory environment including SWAT and PESTLE analyses.
- The Council met over three half-day meetings to review the Vision, Mission, Objectives and Priorities.
- Following these meetings, the CEO drafted the current strategic plan and revised the Ends Statements and Ends Priorities policies. Council approved the documents in March 2023.

Relevant legislation, regulations, standards, policies, and by-laws

Although there are no relevant legislation, regulations, standards, policies or by-laws directly impacting this discussion, it is a principle of good governance that Council will undertake strategic planning on a regular basis.

Additionally, many of Council's governance policies refer to the Ends Statements and Ends Priorities policies which are due for Council review in November according to the Annual Planning Cycle.

DISCUSSION POINTS

Primary considerations

There are several primary considerations at issue with respect to strategic planning, including:

- Whether the Council wishes to undertake a comprehensive strategic planning process similar to the last process that includes system partners and interested party interviews as well as detailed environmental scans and starting with a new approach.
- Whether the Council wishes to engage an external consultant to lead the planning process and if so, how it wishes to seek and select this consultant.
- The timeline for completing the planning process, recognizing that a more extensive process will require additional time and may affect operational planning for the next fiscal and program year.
- Several individuals have joined the Council since the last planning was undertaken resulting in a potential disconnect with the current plan.

Timing of decision

Council is being asked to decide at its September meeting how to approach strategic planning to enable both the preparations for and execution of the planning process.

Consultations

The Council Chair and CEO met to discuss this matter and developed the proposed approach outlined as follows.

Supporting documentation

- Strategic Plan
- Ends Statements policy
- Ends Priorities policy

Options

Based on the discussions, the following options were considered.

1. **Full planning process** — Undertake a full strategic planning process, including interviews with system partners and interested parties, environmental scans, and a series of meetings to develop an updated plan.
2. **Mini-planning process** — Hold a half-day strategic planning meeting in November following the regular Council business meeting to review and update the current plan.
3. **No planning at all** — Extend the current plan or allow it to expire while continuing to use its objectives and priorities to guide operations.

Impact

There are several impacts from this decision including:

- **Costs —** If proceeding with a full planning process, the College will incur the costs of an external consultant, the development of the environmental scans, and the per diems of added meetings of the Council. These costs are significantly reduced if a mini-planning process is undertaken and they are eliminated if no planning is done at all.
- **Timing —** Time is of the essence on this matter as the current plan will conclude at the end of March and at that time, there may be no guideline for the CEO to develop the Operational Plan and budgets if a full planning process is committed to but not completed. This is a likely outcome given the need to retain a consultant, document the plan, make arrangements for interviews etc. On the other hand, a mini-planning process in November using internal resources will facilitate creation of the Operational Plan and budgets in good time.
- **Council availability —** Full planning will require several half-days or more of added meetings to the schedule which may be challenging in terms of Council's availability. A mini-planning process in November is open time as Council members are expected to hold the full day until the draft agenda is released or the meeting duration is confirmed by the CEO.

Legal review

As there are no legislative requirements, nor any requirements in the by-laws or Council policies that mandate strategic planning, legal review has not been sought. Regardless, the principles of good governance, public interest, and leadership would suggest a need for strategic planning to be undertaken.

ANALYSIS

Risk assessment

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

- Hazard risk:
    - **Net income loss —** Engaging in a full planning process in the current fiscal year would impact the College's net income in the current fiscal year as it has not been included in the current fiscal year budget.
- Operational risks:
    - **Process risk —** Engaging in a full planning process that concludes before the end of the fiscal year creates a risk to the outcome given the speed with which the consultant, College and Council would need to act. On the other hand, the mini-planning process creates a risk that there will not be sufficient external voices heard as part of the process and it will not create optimal outcomes.
    - **External events —** Engaging in a full planning process creates a risk that the external supplier will not be able to deliver on the timing being sought for the process.
- Financial risks:
    - **Market risk —** The added costs for the external consultant if a full planning process is undertaken creates an increase in expenses which impacts current and future savings and reserves.
    - **Price risk —** This briefing has estimated the costs of the consultants based on a similar process in 2022-23 with costs adjusted for inflation. The three years since the last process creates a price risk as we do not currently know what the costs will be.
- Strategic risk:
    - **Reputation risk —** As with most matters brought before the Council, there is a reputational risk that whichever approach is taken the costs and processes and outcomes may impact Council and the College's reputation. This can be mitigated by honest and transparent communications surrounding the decision making.

Privacy considerations

There are no privacy considerations in relating to this decision.

Transparency

The transparency assessment is based on the document Understanding the College's Commitment to Transparency, a copy of which is included in the Resources for Council. Only those transparency principles that are relevant have been identified and addressed.

- Information to foster trust
- Improved patient choice and accountability
- Relevant, credible, and accurate information
- Timely, accessible and contextual
- Confidentiality when it leads to better outcomes
- Balance
- Greater risk, greater transparency
- Consistent approaches

Financial impact

A full planning process can be anticipated to have the following impact:

- Full planning process
  - Consultant $40,000 - $50,000
  - Per diems - $1,575
- Min-planning process
  - Consultant - $0.00
  - Per diems - $525
- No planning — $0.00

Public interest

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

- Strategic planning is an important part of good governance and good governance is an important aspect for the College in the public interest.

Equity, Diversity, Inclusion and Belonging

The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB has been considered in the following ways:

- As the Council moves further towards its goals of a more diverse Council, ensuring all Council members have had input into the strategic plan is important.
- A full planning process would likely include a survey of registrants which opens the Council up to broader perspectives and views from diverse backgrounds.

RECOMMENDATIONS

It is recommended that the Council agrees to a mini-planning process that would include the following:

- A half-day session on the afternoon of November 25, 2026, from 1:00 p.m. to 4:00 p.m.
- The session would be facilitated by Andrew Parr, Chief Executive Officer as part of his current duties and responsibilities.
- The College's Deputy CEOs Jeremy Quesnelle and Erica Laugalys would fully participate in the planning discussions.

- Three or four other key volunteers with knowledge of the College, regulation and the profession would be invited to also participate bringing in external and potentially more diverse perspectives.
- The expected outcome would be an updated version of the current plan rather than a fully redeveloped plan.

COMMUNICATIONS

MDR Strategy Group is currently developing the College's Strategic Communications Plan. This plan would include communicating the outcomes of the November planning process.

Key messages might include:

- The importance of strategic planning to good governance, leadership and therefore the public interest.
- The overall comfort of the Council with the current plan and a recognition that work remains to be done towards the goals and priorities it establishes.
- The Council's balancing of the need to plan while ensuring sound financial stewardship of the College.
- The updates to the plan based on the November discussions.

Dr. Brenda Lessard-Rhead, ND (Inactive)
Andrew Parr, CEO

September 2026

BRIEFING NOTE
COUNCIL OF THE COLLEGE
Review of Council Evaluation Process

ISSUE:

Question:	Whether some changes should be made to the processes relating to the evaluation of the Council and committees.
Nature:	❒ Strategic ❒ Regulatory processes & actions ☑ Other
Access:	☑ Public ❒ Withheld per section 7(2) of the Code
COI	Known conflicts of interest ❒ Yes ☑ No
Steps:	1. Review of issue and suggested changes by Chair 2. Discussion by the Council and Q&A 3. Decision
Desired Outcome:	Modification to the upcoming 2027 Council and Committee Review process as well as the Council member performance review process.

BACKGROUND:

General background

- One of the principles of good governance is that the Council (or any Board of Directors) has established evaluation processes, both on the individual performance of its members (Council and committees), and of the group.
- Several years ago, the Council of the College of Naturopaths of Ontario established a Governance Evaluation process that includes:
    - An evaluation the Council and each committee as units within the organization,
    - An individual evaluation process for each Council and committee member that includes:
        - A self-evaluation by each Council and committee member,
        - A peer evaluation of each Council and committee member by each of their peers on the Council and each committee to which they are appointed,

- A one-one-one coaching session with an external party overseeing the process to provide guidance and assistance in considering the self assessment and the peer assessments as summarized.

Prior related decisions and/or history

- After completing the Governance Evaluation process for about two years, the Council decided to complete the full evaluation every other year and in the interim years, to only conduct an evaluation of the Council itself. This was because the full evaluation process was onerous on volunteers.
- Last year, as part of the changes to the election process, the Council approved a second evaluation process whereby the Council & the CEO Review Panel would conduct a Performance Assessment evaluating the performance of each Council member. That evaluation would include:
  - A self-assessment by each Council member,
  - An assessment by the Panel,
  - Combining the two assessments into a single assessment provided to the Council member,
  - A meeting, if requested by the Council member, to discuss the final assessment.

Relevant legislation, regulations, standards, policies, by-laws

- College Performance Measurement Framework

DISCUSSION POINTS:

Primary considerations

- With respect to the Governance Evaluation process for Council and committees, which is set out in GP16, several issues have arisen since implementation including, the amount of work it requires from volunteers, several instances of negative/offensive feedback, increasing levels of non-participation and concerns surrounding the report/presentation received by Council and committees. As a result, several changes are being proposed:
  - That the Council members no longer complete the self-assessment and peer assessment portions of the Governance Evaluation process. Council evaluations would be a part of the Council Performance Assessment process. This would be in effect for the upcoming evaluation cycle.
  - That greater guidance be provided by the CEO and senior staff about the intention of the peer assessments for committee members emphasizing the opportunity to provide positive feedback on successes as well as constructive, helpful feedback to guide people to improved outcomes. This would be in effect for the upcoming evaluation cycle.

    - That volunteers no longer be required to complete a peer evaluation on every individual but only those individuals for whom they have feedback to give.
    - That Satori Consulting (or any subsequent consulting agency engaged by the College for this process) be asked to submit their evaluation reports to Council and committees in advance of the meeting where it was discussed and that mutually agreed upon measures of important changes be established, i.e. a benchmark for a level of change that is significant. This would be in effect for the upcoming evaluation cycle.
    - That the staff develop and release a Request for Proposals (RFP) for the Governance Evaluation Process. This would be in effect for the following the next evaluation cycle.
- With respect to the Council Member Performance Assessment process, which is set out in GP34, while no significant issues have come about in the first instance of implementation, it does in some ways duplicate the evaluation process set out in the Governance Evaluation policy.
    - The proposed changes to the Governance Evaluation remove the duplication of the two processes.
- It has also been noted that the performance assessment process does not include any opportunities for input from peers and solely relies on the opinions of the Council & CEO Review Panel members.
    - It is suggested that in light of removing the peer-assessment process for Council members in the Governance Evaluation process GP16, we enable a process whereby Council members who wish to do so can provide feedback (accolades and constructive feedback) on any other Council member which will go to the Council & CEO Review Panel for consideration.

Timing of decision

- The decision is being sought in the September meeting of the Council for several reasons.
    - These changes can be implemented in time for the upcoming evaluation cycle for both the Governance Evaluation and performance assessments.
    - The decision to go to an RFP at the end of the current contract allows for sufficient time for the RFP to be developed, issued, proposals received and evaluated by staff and Council well in advance of the start of the new contract.

Consultations

No consultations have been undertaken as these are internal processes of the Council.

Supporting documentation

- GP16.05 – Governance Evaluation
- GP34.01 – Council Member Performance Evaluation

Impact

Generally, the impact is anticipated to be positive in that the changes will reduce duplication, reduce the amount of work that is required by Council and committee members and reinforce the need for positive or constructive feedback protecting our volunteer resources. The changes also give the College more room to address individuals who may take a more negative approach.

The impact with Satori consulting is unknown as they have not been engaged and would be only after Council provides direction. It is possible that the changes may be mutually beneficial as the processes and evaluations are more standardized. Changes for the coming year may result in reduced costs due to the lower number of individual coaching sessions with the removal of Council members from part of the process.

The notion that an RFP would be issued after 6 years of service should not be particularly surprising or concerning as it is very common in these situations to issue an RFP to ensure value for money.

Legal review

As there are no legislative requirements, nor any requirements in the by-laws or Council policies that mandate strategic planning, legal review has not been sought. Regardless, the principles of good governance, public interest, and leadership would suggest a need for strategic planning to be undertaken.

ANALYSIS:

Risk Assessment

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

- Operational risk:
    - Process risk: There is a risk that the proposed change might weaken the Governance Evaluation process; however, if this were to occur, the Council could revert back or add other processes to mitigate the risk.
    - External events: There is a risk that Satori Consulting might find the changes unpalatable and untenable and withdraw their services. This risk is low.
- Financial risk:
    - Price risk: there is a risk that issuing an RFP would result in higher costs; however, this is likely to be the case as the contract with Satori ends following the next evaluation cycle.

Strategic risk:

- Reputation risk: There would likely be reputational damage to the College if the evaluation process were to be stopped completely; however, the Council could take other interim measures if need be.

Privacy Considerations

The peer evaluation process within the Governance Evaluation policy relies on confidentiality of who provided feedback as well as the privacy of the individual being evaluated as this information is not brought forward to the College.

Transparency

The transparency assessment is based on the document Understanding the College's Commitment to Transparency, a copy of which is included in the Resources for Council. There are no immediate transparency issues related to this matter.

Financial Impact

The immediate financial impact may be positive in that the modified process for the next year may require less work for Satori consulting and thus a reduction in price. After the following year, the Council can anticipate higher costs for the Governance Evaluation process which requires a third party to be involved.

Public Interest

The public interest assessment is based on the document Understanding the Public Interest, a copy of which is included in the Resources for Council. The public interest aspect to this matter is the need for an evaluation process for the Council and committees as such an evaluation is part of the principles of good governance and good governance of the College is in the public interest.

Equity, Diversity, Inclusion and Belonging

The Council and the College have made a commitment to equity, diversity, inclusion and belonging generally and to ensuring that its policies and programs do not include any elements of racism and promote EDIB principles. With respect to this matter, EDIB may not have an immediate impact; however, ensuring that these principles are embodied in any review process is important as different individuals may see feedback in different ways

RECOMMENDATIONS:

The following recommendations are made:

1. That the Council members no longer complete the Self-assessment and Peer Assessment portions of the Governance Evaluation process. This would be in effect for the upcoming evaluation cycle.

2. That greater guidance be provided by the CEO and senior staff about the intention of the peer assessments for Council and committee members emphasizing the opportunity to provide positive feedback on successes as well as constructive, helpful feedback to guide people to improved outcomes. This would be in effect for the upcoming evaluation cycle.
3. That volunteers no longer be required to complete a peer evaluation on every individual but only those individuals for whom they have feedback to give.
4. That Satori Consulting (or any subsequent consulting agency engaged by the College for this process) be asked to submit their evaluation reports to Council and committees in advance of the meeting where it was discussed and that mutually agreed upon measures of important changes be established prior to any presentations, i.e. a benchmark for a level of change that is significant. This would be in effect for the upcoming evaluation cycle.
5. That the CEO develops and release a Request for Proposals for the Governance Evaluation Process. This would be in effect for the following the next evaluation cycle.
6. That a process be established whereby Council members who wish to do so can provide feedback (accolades and constructive feedback) on any other Council member which will go to the Council & CEO Review Panel for consideration.

COMMUNICATIONS:

MDR Strategy Group is currently developing the College's Strategic Communications Plan. That plan would include as one component communicating the outcomes of the Governance Evaluation process. Key messages might include:

- The importance of evaluations to good governance and therefore the public interest.
- The Council's balancing of the need to evaluate while ensuring sound financial stewardship of the College.

Andrew Parr, CAE
Chief Executive Officer
September 2026

MEMORANDUM

DATE: September 18, 2026

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Updated Council Meeting Planning and Delivery Processes

The College recently updated the planning and delivery process for Committee meetings in order to streamline efforts, make better use of automation and make processes consistent across all Committees.

As a result of these changes, we are updating the process for planning and delivering the Council meetings to align with the Committee process.

Process for Planning & Delivering Council Meetings

No.	Activity	Description
1.	Notice of Meeting	Approximately five weeks ahead of the planned meeting, you will receive an automated Notice of Meeting from Smartsheet which will remind you of the next meeting date and time. It will provide a link to an on-line form and ask you to confirm your attendance. Please complete the link provided in this notice as quickly as possible as it will alert us to any potential quorum concerns. *Note 1: If you do not complete the meeting confirmation, you will be presumed to not be planning to attend, and no meeting link will be provided.* *Note 2: You may want to save this email under after the meeting in case you wish to change your attendance. This link can be used at any time prior to the meeting to change your plans for attending.*

No.	Activity	Description
2.	Attendance of Confirmation	Shortly after you complete the on-line form, you will receive one of two confirmations. If you indicated that you will be attending, you will receive an automated email confirming your attendance and providing you with a link to the virtual meeting. If you indicated that you will not be attending, you will receive a confirmation which will indicate you are not attending and that the Chair has been notified. If the Chair has any questions, they will contact you directly.
3.	Meeting Materials Alert	Approximately 12 to 14 days in advance of the meeting, you will receive an automated notice that the meeting materials are now available for download from the Smartsheet. This is to allow you to review the materials over the next two weekends in advance of the meeting.
4.	Meeting Reminder and Link	On the morning of the virtual meeting, if you confirmed that you will be attending, you will receive a reminder of the meeting, and the link will be provided to you again in case you misplaced the initial confirmation.
5.	Alert of New Materials Added	Following the meeting, you can anticipate that within the first 14 days, you will receive an automated alert that new materials have been added to the Council Meeting Materials Smartsheet. This is likely the addition of the minutes but may also be the uploading of slides used as part of the education portion of the meeting.

Frequently Asked Questions

What if I am not receiving the automated emails?
Please check your junk or spam mailbox for an email from Smartsheet Automation automation@app.smartsheet.com. This email address must be “whitelisted” as permissible. To do this, in your junk or spam folder, right click on the email and select “never block sender’s domain”.

What if my attendance plans change?
If your plans change, i.e., you can now attend when you thought you could not or you can no longer attend although you confirmed that you would, use the original Notice of Meeting to resubmit the new attendance status. College staff will reset the system and ensure the Chair is aware of the attendance change.

Why am I receiving Meeting Materials Notifications when I am not attending?
The meeting confirmation process and alert that materials are available have been kept separate. This is simply because even if you cannot attend the meeting, your fiduciary responsibilities continue to apply. As such, you are expected to review the materials in advance of the meeting date. If you have questions or concerns, you are expected to have contacted the Chair or CEO by telephone or email.

Why can I no longer make notes on the Council meeting materials?
College operations have been adjusted to follow Council's policies. GP24 - Council Records places an obligation on Council members to refrain from making notes on meeting packages and instead to keep those notes separate.

What do I do if I cannot find the meeting link a day or two before the meeting?
Be patient. The system is designed to resend the meeting confirmation notice and the virtual meeting link on the morning of the meeting at 7:00 am. Allowing for email processing time, you should have that email no later than 8:00 am.

How will the process differ for the May In-person Meetings
Since the in-person meetings require organizing meeting space and accommodations, the College will have communicated earlier to determine attendance for these purposes, however, the formal process noted above will continue to be followed except that rather than providing a virtual link, it will indicate "in-person at (venue name)". You will continue to be required to confirm attendance, and meeting materials will continue to be made available via the Meeting Materials Smartsheet.

Who do I call if I have questions or need clarification?
As of August 18, 2026, the College appointed Audrey Ralison to the position of Bilingual Executive Coordinator. Audreys role now includes providing executive support to the Executive Team of the College and the Council. Audrey is your primary point of contact for administrative matters. Her contact information is:

Audrey.ralison@collegeofnaturopaths.on.ca
416-583-6014

Overall, instituting these changes will reduce the amount of staff interventions in the planning process; however, there may be some bumps as we transition to this new process. Your patience, understanding and support are greatly appreciated.

Respectfully submitted,

BRIEFING NOTE
Educational Briefing – Quality Assurance Program

BACKGROUND

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

The College achieves its mandate by performing four key functions.

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

2. **Setting Standards –** The College sets and maintains standards of practice that guide our Registrants to ensure they provide safe, ethical and competent patient care, and guide patients to understand the standard of care that they can expect from a naturopath.

3. **Ensuring Continuing Competence –** The College creates and manages a variety of continuing education and professional development programs to help assure the provision of safe, competent and ethical naturopathic care.

4. **Providing Accountability through Complaints and Discipline –** The College holds Ontario naturopaths accountable for their conduct and practice by investigating complaints and concerns, and determining appropriate solutions, including disciplining naturopaths who have not upheld the standards.

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

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

Other elements that will arise within the regulatory framework include "right touch regulation", using the approach that is best suited to the situation to arrive at the desired outcome of public protection, and risk-based regulation, focusing regulatory resources on areas that present the greatest risk of harm to the public. Both of these will be further elaborated upon in later briefings.

The focus of this briefing is on the Quality Assurance program and processes of the College.

Quality Assurance Program

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

The Quality Assurance program promotes ongoing improvement and development through:

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

The Quality Assurance Committee takes a very transparent approach to administering the QA program. All materials related to the QA program, including the tools, resources, and checklists used during peer assessments, are publicly available and accessible on the College's website. The program is not designed to catch Registrants off guard, but to support continuous quality improvement by helping them understand expectations and proactively identify opportunities to strengthen their practice.

Self-Assessment

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

When the Quality Assurance program was originally created and implemented in 2015, the self-assessment component required Registrants to complete a Core Competency Practice Reflection, a Standard of Practice Self-Assessment Questionnaire (for each standard) and a Learning Plan. As a part of its ongoing review of the program components, the Quality Assurance Committee, modernized the original process by introducing online self-assessments based on the College's Standards of Practice and Guidelines. The online self-assessments use a combination of questions and practice-based scenarios to help registrants assess and update their practice where necessary. Following completion of the online self-assessments, Registrants will receive a letter of completion which is to be retained as a part of their professional portfolio.

Continuing Education

Continuing education and ongoing learning is an important part of the College's QA program. Registrants are required to complete 70 continuing education credits during each 3-year reporting cycle and submit a summary of their activities at the end of that period. The 70 credit requirement is divided into two categories:

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

At the end of their 3-year cycle, based on the initial date of registration with the College (and previously with the BDDT-N), Registrants are required to submit a summary of their continuing education activities. This year, the College introduced an online CE reporting module. This module allows registrants to record and track their continuing education activities throughout their 3-year reporting cycle. Once we have confirmed their reported continuing education activities, Registrants will receive a letter of completion that is to be retained as a part of their professional portfolio.

Peer and Practice Assessment

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

Each year, the Quality Assurance Committee (QAC) determines the number of Registrants who will undergo a peer and practice assessment. This determination is made considering the College's proposed budget, staff and volunteer resources. The QAC may randomly select up to 20% of Registrants who hold a General Class certificate of registration with the College. Registrants are selected using a randomized process through Microsoft Excel.

Once the group is identified, Registrants are notified by email and asked to complete an online pre-assessment questionnaire. This questionnaire collects information relating to the practice setting, scope of practice, and any potential conflicts of interests. This information assists the College in assigning a trained assessor who best aligns with the Registrants practice. Registrants also receive a comprehensive peer and practice assessment package that includes information about the process and any worksheets that the Registrant will need to complete before the assessment. Once an assessor is assigned, the Registrant and assessor will schedule a mutually convenient time to conduct the assessment which includes:

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

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

Powers of the Committee

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

- Require a Registrant to undergo an ordered peer and practice assessment, at their own cost, when they fail to comply with the self-assessment or continuing education components of the program.

- Require a Registrant, after undergoing a peer and practice assessment, whose knowledge, skill and judgment are deemed to be unsatisfactory to participate in a SCERP (Specified Continuing Education and Remediation Program).
- Direct the Registrar to impose or remove terms, conditions or limitations on a certificate of registration.
- Disclose the name of the Registrant and allegations to the Inquiries, Complaints and Reports Committee if a Registrant has failed to participate in the QA Program or if the Registrant may have committed acts of professional misconduct, may be incompetent or incapacitated.

Importance of this Program

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

Respectfully submitted,

Jeremy Quesnelle
Deputy CEO - Regulation