College of Naturopaths of Ontario

Council of the College of Naturopaths of Ontario

Meeting #56

Draft Agenda & Supporting Materials

November 25, 2026 (2026/27-04)

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

Location: Zoom

[1] Pre-registration is required.

Excerpt from the Health Professions Procedural Code
Regulated Health Professions Act.

COLLEGE

College is body corporate

2. (1) The College is a body corporate without share capital with all the powers of a natural person.

Corporations Act

(2) The *Corporations Act* does not apply in respect to the College. 1991, c. 18, Sched. 2, s. 2.

Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

Objects of College

3. (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

   4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

(2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

College of Naturopaths of Ontario

COUNCIL MEETING #56
November 25, 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 September 30, 2026	7	B Lessard-Rhead
			ii.	Disclosures	14	
			iii.	Committee Reports	15	
			iv.	Information Items	27	
	3. Approval of Agenda and Conflicts of Interest					
5	3.1	Adopt	Review of Main Agenda		3	B Lessard-Rhead
	3.2	Discussion	Declarations of Conflict of Interest		72	
-	**4. Monitoring Reports**					
5	4.1	Accept	Report of the Council Chair		74	B Lessard-Rhead
5	4.2	Accept	Report on Regulatory Operations at October 31, 2026		75	A Parr
5	4.3	Accept	Mid-Year Report on Operations		91	A Parr
10	4.4	Accept	Q2 Unaudited Financial Report		129	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 Council CEO Linkage & Ends Policies		136	
-	**6. Regular Business**					
5	6.1	Adopt	Appointment of Council & CEO Review Panel		137	B Lessard-Rhead
	7. In-Camera (Pursuant to paragraph (b) and (d) of section 7(2) of the HPPC)					
1	7.1	Procedural	To move in to an in-camera session		--	B Lessard-Rhead
15	7.2	Adopt	Enterprise Risk Management Plan Update		139	S. Burns
1	7.3	Procedural	To move out of the in-camera session		--	B Lessard-Rhead
-	**8. Council Education**					
60	8.1	Education	Evidence-informed Decision Making		--	A Parr
5	8.2	Education	Program Briefing – Quality Assurance Program		201	J. Quesnelle
-	**9. Other Business**					
3	9.1	TBD			--	
-	**10. Evaluation and Next Meeting**					
5	10.1	Discussion	Meeting Evaluation		--	B Lessard-Rhead
1	10.2	Discussion	Next Meeting (Via Zoom) – January 27, 2027		--	
-	**11. Adjournment (1 minute)**					
1	11.1	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.

College of Naturopaths of Ontario

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.

College of Naturopaths of Ontario

Council Meeting
September 30, 2026

Video conference
DRAFT MINUTES

Council		
Present		**Regrets**
Dr. Amy Armstrong, ND (3:3)		Ms. Marjia Pajdakovska (0:3)
Dr. Felicia Assenza, ND (3:3)		Dr. Jacob Scheer, ND (1:3)
Ms. Naomi Bussin (3:3)		
Mr. Dean Catherwood (3:3)		
Ms. Lisa Fenton (3:3)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (3:3)		
Dr. Denis Marier, ND (3:3)		
Mr. Paul Philion (2:3)		
Mr. Timothy Dobson (1:1)		
Dr. Erin Walsh, ND (3:3)		
Dr. Kathy Van Zeyl, ND (3:3)		
Staff support		
Ms. Audrey Ralison, Executive Coordinator		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services		
Mr. Jeremy Quesnelle, Deputy CEO, Regulation		
Guests		
Ms. Rebecca Durcan, Legal Counsel		
Ms. Julie Maciura, Steinecke Maciura LeBlanc (SML)		

1. Call to order and welcome

1.01 Call to order

The Chair, Dr. Brenda Lessard-Rhead, ND (Inactive), called the meeting to order at 9:15 a.m. and welcomed all attendees. The Chair also welcomed Mr. Timothy Dobson, who was newly appointed as a public member of Council on August 6, 2026, and noted regrets from Ms. Marija Pajdakovska.

The Chair then welcomed Ms. Rebecca Durcan, Legal Counsel, to the meeting.

The Chair noted the attendance of one guest presenter Ms. Julie Maciura of Steineke Maciua LeBlanc (SML), for Item 7.1.

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 and encouraged Council members to reflect on its commitment to peace, friendship, and respect for Indigenous Peoples. In recognition of the National Day for Truth and Reconciliation, Council observed a moment of reflection to honor residential school Survivors and the children who never returned home.

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:	Kathy Van Zeyl
SECOND:	Erin Walsh
CARRIED.	

3. Main agenda

3.01 Review of the main agenda

A draft of the main agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The Chair asked if there were any items to be added to the agenda. There were none.

MOTION:	To approve the main agenda as amended.
MOVED:	Paul Philion
SECOND:	Amy Armstrong
CARRIED.	

3.02 Declarations of conflicts of interest

The Chair reminded the Council members of the updated declarations of conflict-of-interest process. A summary of annual conflict of interest questionnaires completed by Council members was included in the Council package to support transparency and accountability and to align with the College Performance Measure Framework report (CPMF) launched by the Ministry of Health.

The Chair noted updates to the summary, including declarations from Mr. Timothy Dobson and Ms. Naomi Bussin. It was clarified that the declaration of Ms. Bussin regarding her membership on the Board of Jewish Immigration Aid Services (JIAS) had not been reflected in the summary and will be added for the next Council meeting. Council members were then invited to declare any conflicts of interest related to items on the meeting agenda. There were none.

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:	Lisa Fenton
SECOND:	Kathy Van Zeyl
CARRIED.	

4.02 Report on Regulatory Operations at August 31, 2026, from the Chief Executive Officer (CEO)

The Report on Regulatory Operations at August 31, 2026, from the CEO was circulated in advance of the meeting. Mr. Andrew Parr, CAE, CEO 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 August 31, 2026, from the CEO.
MOVED:	Timothy Dobson
SECOND:	Naomi Bussin
CARRIED.	

4.03 Variance Report & Unaudited Financial Statement at Q1

The variance report & unaudited financial statement at Q1 were included within the materials distributed in advance of the meeting. Ms. Erica Laugalys, Deputy CEO, Registrant and Corporate Services provided a thorough review of these materials and explained the information contained therein highlighting specific areas of financial variance that occurred during the first quarter. She responded to questions that arose during the discussion that followed.

MOTION:	To accept the variance report and the unaudited financial statement at the end of Q1.
MOVED:	Paul Philion
SECOND:	Denis Marier
CARRIED.	

5. Council Governance Policy confirmation

5.01 Review/Issues Arising

5.01(i) 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(ii) 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.

5.01(iii) Ends Policies

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

5.02 Detailed Review (as per GP08) – Executive Limitations Policies (Part 2)

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 2 – EL09 through EL16) review and highlighted their directive.

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

The Council reviewed and approved the proposed amendments to EL12 – Operation of the Register, EL13 – Treatment of Registrants, and EL14 – Support to Council.

MOTION:	To adopt the recommended policy changes as amended.
MOVED:	Denis Marier
SECOND:	Kathy Van Zeyl
CARRIED.	

5.03 GP37 – Use of Artificial Intelligence

Dr. Armstrong, ND, presented the new governance process policy, GP37 – Use of Artificial Intelligence , which was developed by the CEO and reviewed by the Governance Committee, for Council's approval.

Council members were invited to discuss the policy, and Dr. Armstrong, ND, responded to questions raised during the discussion.

MOTION:	To adopt the GP37 – Use of Artificial Intelligence as amended.
MOVED:	Denis Marier
SECOND:	Amy Armstrong
CARRIED.	

6. Business

6.01 Strategic Planning Review

The Chair presented the briefing note regarding the proposed strategic planning review. Council members discussed the scope of the review, the scope of participants that may be engaged in the process and the potential use of a survey for seeking feedback from system partners and interested parties. The Chair and Mr. Parr responded to questions that were brought forward from Council members.

MOTION:	To adopt the recommendation to conduct a mini-strategic planning session on the afternoon of November 25, 2026, as presented.
MOVED:	Paul Philion
SECOND:	Dean Catherwood

CARRIED.	

6.02 Consolidation of Council/Committee Review Process

The Chair presented the briefing note regarding the consolidation of the Council and committee review processes. Council discussed the proposed approach and raised questions regarding its application to both Council and committee member reviews, the anticipated cost and efficiency benefits.

MOTION:	To adopt the six recommendations set out in the briefing relating to streamlining the Council and committee evaluation processes as presented.
MOVED:	Dean Catherwood
SECOND:	Erin Walsh
CARRIED.	

6.03 Committee Appointment

The Chair noted that Mr. Timothy Dobson, a newly appointed public member of Council, had expressed interest in serving on the Inquiries, Complaints and Reports Committee (ICRC). Council members discussed the proposed appointment and the value of additional public member representation on the Committee.

MOTION:	To adopt the recommendations and appoint Timothy Dobson to the Inquiries, Complaints and Reports Committee.
MOVED:	Kathy Van Zeyl
SECOND:	Paul Philion
CARRIED.	

6.04 Updated Meeting Planning Process

The Chair invited Mr. Parr to present an overview of the updated Council meeting planning process. Mr. Parr outlined the changes to the process and responded to questions raised by Council members during the discussion.

7. Council education

7.01 Understanding Public Interest

The Chair invited Ms. Julie Maciura, SML, to provide Council education on "Understanding the Public Interest." Ms. Maciura delivered an interactive presentation, engaging Council members in discussion on key concepts related to their public interest mandate, such as self-regulation, accountability, good governance, fiduciary duties, and conflicts of interest, and responded to questions raised throughout the presentation.

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

7.02 Program briefing – Quality Assurance Program

The Chair noted that the Quality Assurance Program briefing, to be presented by Mr. Jeremy Quesnelle, Deputy CEO, Regulation, was deferred to the next Council meeting.

8. Other Business

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

9. Meeting evaluation and next meeting

9.01 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.

9.02 Next meeting

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

10. Adjournment

10.01 Motion to adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 12:30 p.m.

MOTION:	To adjourn the meeting.
MOVED:	Kathy Van Zeyl
SECOND:	Erin Walsh

Recorded by: Audrey Ralison
Executive Coordinator
September 30, 2026

College of Naturopaths of Ontario

MANAGEMENT DISCLOSURES
Period September 1, 2026 to October 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
October 30, 2026	Financial	GST/HST Return	HST Filing for the period September 1-30, 2026.
October 30, 2026	Financial	EHT Notice of Assessment	This payroll tax covered the period from October 3-16 2026, with a pay date of October 29, 2026.
October 16, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from September 19-October 02, 2026 with a pay date of October 15, 2026.
October 2, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from September 5-18, 2026 with a pay date of October 1, 2026.
October 2, 2026	Financial	EHT Notice of Assessment	Notice of assessment and payment made for Employer Health Tax by Ministry of Finance (Ontario).
September 29, 2026	Financial	GST/HST Notice of Assessment	HST Filing for the period August 1-31, 2026.
September 18, 2026	Financial	CRA-Corporation Notice of Assessment	Notice of Corporation Income Tax Assessment for March 31, 2026 fiscal year end.
September 18, 2026	Financial	GST/HST Notice of Assessment	HST Notice of Assessment for the period of July 1-July 31, 2026.
September 17, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from August 22- September 4, 2026 with a pay date of September 17, 2026.
September 4, 2026	Financial	ADP Payroll taxes	This payroll tax covered the period from August 8-21 with a pay date of September 3, 2026.

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

College of Naturopaths of Ontario

MEMORANDUM

DATE: November 13, 2026

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

Please find attached the Committee Reports for item 2.01 (iii) of the Consent Agenda. The following reports are included:

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

College of Naturopaths of Ontario

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

Discipline Hearings

Discipline matter DC25-02 involving Corey Lapp

A full-day uncontested hearing for matter DC25-02 was held on September 22, 2026. The DC Panel is in the process of writing the Decision and Reasons.

Discipline matter DC26-01 involving Natalie Engelbrecht

A Pre-Hearing Conference is scheduled for November 18, 2026, to discuss the matter referred to the DC by the ICRC.

New Referrals

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

Committee Meetings and Training

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

Respectfully submitted,

Dean Catherwood
Chair
October 22, 2026

College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE REPORT
Period of September 1, 2026 to October 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
October 15, 2026

College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT
Period of September 1, 2026 to October 31, 2026

This serves as the Executive Committee Chair's Report for the period of September 1 to October 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
November 1, 2026

College of Naturopaths of Ontario

FINANCE, AUDIT & RISK COMMITTEE REPORT
Period of September 01, 2026, to October 31, 2026.

This report serves as the Chair's update for the Finance, Audit & Risk Committee (FARC) for the period of September 01 to October 31, 2026.

During this reporting period, the Finance, Audit and Risk Committee met on September 02, 2026, to review all the Financial Executive Limitation policies and the Q1 Unaudited Financial Report.

The review of the Financial Executive Limitation policies was accompanied with a Briefing note and a number of questions in which the Committee had thorough discussions. Following its review, the Committee provided recommendations to strengthen the policy framework, including the creation of two additional new limitation policies. The proposed revisions and the two new policies will be presented by the staff to the FARC at its next meeting.

The Committee also reviewed the Q1 unaudited financial report for the period April 1 to June 30, 2026. Following discussion of the College's financial performance and key financial matters for the first quarter, the Committee recommended acceptance of the Q1 unaudited financial report. The report was subsequently presented to Council at its September 29, 2026, meeting.

The next FARC is scheduled for November 4, 2026.

Respectfully submitted,

Dr. S. Burns, ND

Dr. Shelley Burns, ND
Chair

10 King Street East, Suite 1001, Toronto, ON M5C 1C3
T 416.583.6010 F 416.583.6011
collegeofnaturopaths.on.ca

College of Naturopaths of Ontario

GOVERNANCE COMMITTEE REPORT
Period of September 1, 2026 to October 31, 2026

During this reporting period, the Governance Committee did not meet. The next scheduled meeting is November 2, 2026.

Respectfully submitted,

Dr. Amy Armstrong, ND
Chair
October 2026

College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT
Period of September 1, 2026 to October 31, 2026

Between September 1, 2026 to October 31, 2026, the Inquiries, Complaints and Reports Committee held two regular online meetings – September 3 and October 1, 2026.

September 3, 2026: 14 matters were reviewed, ICRC members drafted 2 reports, 2 updated reports and approved 1 Decision and Reasons.

October 1, 2026: 19 matters were reviewed, ICRC members drafted 7 reports, 2 updated reports and approved 3 Decision and Reasons.

Respectfully submitted,

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

College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT

For the period September 1, 2026 to October 31, 2026

Meetings and Attendance

Since the date of our last report to Council in September, the Inspection Committee met on one occasion via videoconference on October 15th. The September meeting had been cancelled and moved ahead to this new October meeting date, due to a lack of quorum.

Activities

At this meeting, the Committee reviewed and made decisions with respect to a total of eight Inspection reports and six Type 1 Occurrence Reports.

Inspection Report Review Outcomes

Part I Inspections
Pass with recommendations- 2

Part II Inspections
Pass- 1
Pass with recommendations- 3

5 Year Inspections (Existing)
Pass with conditions and recommendations- 2

Type 1 Occurrences
A total of six Type 1 occurrence reports were reviewed, with the following decisions made:

No further action- 5
Follow- up requested- 1

Next Meeting Date
November 26, 2026.

Respectfully submitted by,
Barry Sullivan, Chair

November 5, 2026.

College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT
For the period September 1, 2026 to October 31, 2026.

During the reporting period the Committee had no meetings Scheduled.

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

Respectfully submitted,
Dr. Gudrun Welder, ND
Chair
October 2026

College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT

For the period September 1, 2026 to October 31, 2026

Meetings and Attendance

Since the date of our last report to Council in September, the Quality Assurance Committee met on one occasion, via videoconference on October 15th. The September meeting had been cancelled and moved ahead to this new October meeting date, due to a lack of 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.

Additionally, the Committee reviewed and discussed a staff presentation on information from its 2025/26 Annual Report that had been submitted to Council in July. Similar data for each of the previous 3 years was also presented for comparative purposes.

The Committee also reviewed and reached a decision with respect to a Peer and Practice Assessment amendment request and, reviewed and accepted the 2027 meeting schedule, as proposed by staff.

Finally, after considering background information provided by staff on the operation of the Self-Assessment component of the QA Program, the Committee determined that for 2027/28, registrants would again be required to complete a total of **3 Self-Assessments,** including; **Record- Keeping** and **Delegation** as **two mandatory** Self-Assessment topics and, **one additional** topic to be chosen by the Registrant from the Self-Assessment topics list.

Next Meeting Date
November 26, 2026.

Respectfully submitted by,
Barry Sullivan, Chair

November 5, 2026.

College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
Period of September 1, 2026 to October 31, 2026

At the time of this report, the Registration Committee met twice, on September 15, 2026 and October 20, 2026.

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

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

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

Program Policy Review – Prescribing and Therapeutics Program and Examination Policy
The Committee reviewed amendments to the Prescribing and Therapeutics Program and Examination Policy, to address examination eligibility and attempts, incorporate PLAR-related provisions, clarify requirements for course approval, and streamline policy provisions by removing content addressed in the overarching Examinations Policy.

Program Policy Review – Intravenous Infusion Therapy (IVIT) Program and Examinations Policy
The Committee reviewed amendments to the Intravenous Infusion Therapy (IVIT) Program and Examinations Policy to streamline policy provisions by removing content addressed in the overarching Examinations Policy.

Registration Committee – 2027 Meeting Schedule
The Committee reviewed the proposed Registration Committee meeting dates for 2027.

Respectfully submitted,



Danielle O'Connor ND
Chair
October 20, 2026

College of Naturopaths of Ontario

STANDARDS COMMITTEE REPORT
Period of September 1, 2026 to October 31, 2026

During the reporting period the Standards Committee held one rescheduled meeting on September 2, 2026 where it continued its work on reviewing the current standards of practice and guidelines and considering the development and amendments to new materials as needed.

The Committee is next scheduled to meet on November 4, 2026.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair
October 2026

College of Naturopaths of Ontario

MEMORANDUM

DATE: November 13, 2026

TO: Council members

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Items Provided for Information of the Council

As part of the Consent Agenda, the Council is provided several items for its information. Typically, these items are provided because they are relevant to the regulatory process or provide background to matters previously discussed by the Council.

To ensure that Council members, stakeholders and members of the public who might view these materials understand the reason these materials are being provided, an index of the materials and a very brief note as to its relevance is provided below.

As a reminder, Council members can ask that any item included in the Consent Agenda be moved to the main agenda if they believe the items warrants some discussion. This includes the items provided for information.

No.	Name	Description
1.	Grey Areas (No. 319 & 320)	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 (September 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 Prescribing and Therapeutics Examinations policy. Copies are provided for Council's information.

No.	Name	Description
4.	MOH Memo re POA Signing	The Ministry of Health has advised of amendments to the Canadian Free Trade Agreement's labour mobility provisions, introducing a 30-day application decision standard, enhanced transparency requirements, and new reporting obligations for regulators. Ontario's legislative framework, including the Ontario Labour Mobility Act, 2009, has already been updated to align with these requirements. The notice is provided for Council's information.
5.	SED Report 2026-27	Following the completion of the annual Skills, Expertise and Diversity Self-Assessment by new Council members and updates from existing members, this report provides an updated overview of Council’s collective skills, expertise, and diversity profile as of September 30, 2026. A Copy is provided for Council’s information.

STEINECKE MACIURA LEBLANC

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

Risk-Based Regulation: A Case Study

Bernie LeBlanc

October 2026 - No. 319

Risk-based regulation is now the norm. While there are many ways of describing it, Julia Black, Professor of Law at the London School of Economics and Political Science terms it as:

> targeting regulation and regulatory effort on things which pose the greatest risks to society or to regulatory objectives…. Risk-based regulation at the operational level means targeting regulatory resources on those organizations or activities which pose the greatest risk to the regulator's objectives, which are usually legally defined.

However, implementing an effective risk-based regulatory approach is difficult. What are the best indicators that a registrant poses a risk of harm? How should those indicators be analyzed? Once analyzed, what regulatory tools are most appropriate for that particular risk? What resources should be allocated? Who should make these decisions? Who monitors and evaluates (and directs modifications to) the approach?

Some guidance might be gleaned from the sudden collapse of an association of UK law firms, known as PM Law, in February 2026. The BBC reported that over 600 staff learned they had lost their jobs from a paper notice posted on the office windows when they arrived for work. Tens of thousands of matters (including real estate transactions in the midst of closing, personal injury claims, and wills and estate matters) were interrupted. It was estimated that £39.5 million of trust funds were improperly removed or misused. The regulator, the Solicitors Regulation Authority (SRA), made £30 million in compensation payments.

The SRA retained the international law firm of Jenner & Block to provide a Serious Event Review of whether the SRA could have intervened earlier and, if so, to make recommendations for improvement. Many of the lessons from that Review can be extrapolated to other regulators' risk-based regulation approaches.

The Review found that the SRA could have identified and intervened earlier, reducing the resulting harm:

- The unconventional corporate structure of PM Law caused the SRA to not treat it as a single entity. While there were about a dozen entities, they were run on a centralized basis including IT and accounting functions. Two individuals, only one of whom was a lawyer, managed the group's compliance with its financial and legal obligations.

- "As an institution, the SRA held a substantial body of information about the PM Law Group before the intervention." This included two forensic investigations, an anti-money laundering inspection, a random compliance inspection, categorization of PM Law as adopting an aggressive growth strategy (that made it a "High Risk" entity for a period of time), and several complaints against registrants and firms within the group. However, that knowledge "was distributed across different teams, systems and individuals, and was never drawn together into a single, composite picture of the risk [that PM Law] presented." Also, "[t]hat failure of aggregation is, in our view, the central finding of this [Review]."

- Several individual concerns were closed because they were treated in isolation.

- Because there was no clear picture of the risk PM Law created, concerns were frequently not escalated, and when they were, regulatory actions were delayed and conducted with insufficient rigour. There were few failures by individual SRA staff. "What was missing was the ability to convert that engagement into timely and effective regulatory action." For example, senior management and the Board were unaware, before PM Law collapsed, of information "which might suggest financial instability and accounting rules concerns…."

- There were instances in which the SRA investigators, inspectors, and auditors took PM Law's explanations at face value when the overall risk picture suggested that verification of data was indicated.

- Some key departments in the SRA had significant capacity concerns preventing it from allocating adequate resources to high-risk registrants.

The Review made the following recommendations for improving the SRA's risk management approach (some of which are already underway):

- The SRA "needs the technological capability to aggregate intelligence across workstreams so that decision-makers see a complete picture of an entity at the point of decision." This might include "a risk assessment matrix that would allow for quantitative assessment of the risk of each individual case."

- Some of the SRA staff need better training and supervision when doing complex regulatory work, such as forensic inspections and risk assessments.

- The SRA "needs fully defined escalation criteria so that the accumulation of very serious concerns reaches the appropriate level in the organisation without depending on the initiative of individual officers."

- These recommendations do not mean that the Board (or even the CEO) should manage individual high-risk matters. What is needed is a risk-based regulation system that provides meaningful assurance that

risks are being identified, assessed, and addressed appropriately.

Interestingly, a few days before the Review was released, Ontario developments reflected similar themes. The Real Estate Council of Ontario (RECO) has also recently faced the collapse of a large industry entity that resulted in a significant loss of trust funds. There is a consultation proposal on several suggested changes that would facilitate enhanced risk-based regulation, including:

- Creating a new category of registration for those who manage or supervise a brokerage.
- Requiring brokerages to establish policies covering the conduct of their staff and agents in high-risk situations.
- Clarifying and expanding trust account requirements.
- Requiring brokerages to submit annual financial filings with RECO and to prepare monthly trust account reconciliation statements that can be produced to RECO upon request.
- Allowing the issuance of compliance orders, which can take effect immediately in urgent circumstances, without an application to court.
- Permitting the imposition of a freeze order (to protect monies) at a more preliminary stage than is currently authorized.
- Permitting the imposition of administrative monetary penalties for violations of regulatory requirements. The amount of the penalty would increase with the degree of risk of harm to the public from the conduct.

These proposals would provide additional useful risk indicators and permit a proportionate and timely risk-based response to concerns.

Similarly, the Law Society of Ontario has recently implemented a requirement for law firms to provide an irrevocable authorization for the Society to verify trust fund information with the law firm's financial institution. This additional measure addresses the concern about taking registrants' explanations at face value.

Risk-based regulation is becoming more sophisticated.

FOR MORE INFORMATION

This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please visit our website to subscribe: https://sml-law.com/resources/grey-areas/

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STEINECKE MACIURA LEBLANC

GREY AREAS NEWSLETTER

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

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

International Approaches to the Corporate Practise of Professions Part 1

Anastasia-Maria Hountalas

November 2026 - No. 320

Regulators are grappling with how to respond to increasing corporate or private equity influence on the practice of professions.

The traditional methods of public protection are to prohibit corporations from practising the profession (or, at least, corporations not owned by registrants) and requiring registrants to retain control over professional decisions (i.e., exercise professional judgment without being influenced primarily by monetary considerations). However, increasingly creative business structures threaten to compromise professional autonomy. These include:

- Using management services organizations for administrative tasks that effectively influence professional autonomy.
- Contractual arrangements (e.g., leases) with provisions that affect professional decision-making (e.g., advertising of the facility in which registrants work; financial incentives such as payments based on professional billing or profits).
- Hiring a registrant for a leadership position whose role includes making policies, procedures, and setting performance measures that influence professional autonomy.

One observer gives this example:

> … contractual promises of clinical independence only matter if they are reflected in the actual day-to-day operations of the practice. It's also how I get to ask my favorite question: you're in the dental chair, your dentist has a quota for crowns to hit every month, and it's the end of the month. You probably need a filling. Do you

> want them to have that quota in their head?

He goes on to say:

> Organizations will generally say that the clinician has complete independence. The difficult questions are in the gray areas. Staffing, scheduling, bonus structures, referral restrictions, utilization management, marketing, and algorithms can all influence clinical decisions that affect the patient…. Take any one of those things individually and it may simply be good business management. But collectively, they can start to affect what is in the patient's best interest.

Conversely, there has been a push in many jurisdictions to allow corporate ownership or private equity investments in professional practices based on the view that the advantages (e.g., investment in technology, economies of scale, efficient processes, access to services) outweigh any disadvantages. For example, Forbes suggests that the private equity takeover of US law firms feels inevitable.

This article provides a compilation of some ideas and reflections we have come across (which are far from exhaustive) from around the world on the topic.

Canada

In Canada, corporate ownership of professional practices is usually either prohibited or severely restricted. In addition, registrants have a professional obligation to ensure that their business structure does not interfere with their professional obligations. For example, in *Spirou v College of Physiotherapists of Ontario*, 2024 ONSC 964 (Div Ct), the Divisional Court upheld that registrants were accountable for the business practices (e.g., billing) of the entity that they owned or managed.

Consolidation of practices of some professions does seem to be gaining steam.

For instance, there have been reports of pharmacy registrants being pressured by some entities to meet targets for costly services that may not always be needed.

A concern about insurers only covering the dispensing of medications from preferred providers (which would potentially skew access to services) resulted in legislation prohibiting the practice.

Similarly, practical restrictions on the community pharmacy sale of veterinary drugs have been addressed through regulatory means.

The regulator for dentistry in Ontario conducted a major review of the issue and developed an action plan to educate and support dentists to ensure that their business practices preserve their professional judgment while leaving room for pilot projects for innovative approaches.

In British Columbia, recent legislation provides regulators with greater power to act against professional corporations that harm the public interest. However, it does not address management service organizations.

Another proposal suggests that unregistered owners of health clinics be

regulated and be required to receive training in health privacy law, billing rules, and mandatory reporting requirements.

In Quebec, concerns have long been expressed that simply restricting ownership of professional corporations is insufficient. Modest proposals have been developed that would permit, but still regulate, registrants to practise through non-profit corporations.

Other provincial regulators are experimenting with "sandboxes" which condone the provision of services (under terms and conditions) to those who would not otherwise receive them.

In short, regulatory responses in Canada have been tentative and are mostly directed at specific concerns that have arisen.

United Kingdom

The UK seems farther along the corporate ownership / management continuum than Canada, especially for law firms. A private equity advocate argues that the advantages of such structures include making investment in AI achievable, enhancing the use of technology, organizational efficiency, and succession planning.

However, a recent survey by the UK optometry regulator notes significant pressures on registrants arise from the commercialization of their practice.

> Respondents were asked to indicate whether they had experienced specific types of time and commercial pressure over the last 12 months. The results highlight some notable concerns around commercial pressures that may compromise patient care. The most common issue was insufficient time for conducting sight tests, with 48% of optometrist respondents reporting that the standard time allocated for conducting a sight test was sometimes or frequently insufficient to provide safe patient care. Similarly, 38% of all respondents reported feeling pressured to see a high volume of patients every day, also impacting their ability to deliver safe care.
>
> A third (33%) of respondents said they sometimes or frequently felt pressured to sell certain types of glasses or contact lenses, while 30% reported feeling pressured to meet commercial targets at the expense of patient care. A quarter (25%) had sometimes or frequently experienced being asked to overbook clinics, and 22% had felt pressured to sell products or services they believed were not needed by the patient.

As we have previously noted, a report by the UK's Competition and Markets Authority (CMA) has broad implications for UK regulated professions with private equity investment (even though the focus of the report relates to veterinary practices).

Over the last dozen years, six large veterinary groups in the UK have increased their representation within the veterinary world from 10% to 60%, mostly through the acquisition of existing practices. Some also operate related businesses such as online pharmacies, specialist centres, crematoria, and out-of-hours providers. "These large groups are ultimately owned or significantly

controlled by corporate and financial entities."

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

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

The CMA observed:

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

The CMA proposes the following strategies for addressing these concerns:

- Larger groups will be required to provide enhanced disclosure. This will include information about all entities that form part of a group, out-of-office care arrangements, and detailed prices for a standard list of services.

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

It appears that this initiative by the CMA may soon be applied to other sectors such as the private dentistry sector and care homes. In addition, it appears that another regulator, the UK Financial Conduct Authority, is also considering a review of consumer credit activities by these entities.

Conclusion

The information we have gathered to date is piecemeal. Discussions and interventions tend to deal with specific concerns or individual professions, with few (the UK being a possible exception) comprehensive proposals.

There is little consensus as to the nature and extent of the concerns with the

corporate practise of professions. There are also divergent views on the best solutions to the issues. Part two of this series will look at reflections and approaches taken in the United States and Australia.

FOR MORE INFORMATION

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The College of Naturopaths of Ontario	Policy Type EXAMINATIONS	PROGRAM POLICIES
	Title IVIT Program & Examinations Policy	Policy No. EX03.~~05~~ 06
		Page No. 1

Intent/Purpose	To establish a policy governing the Intravenous Infusion Therapy (IVIT) program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the *Naturopathy Act, 2007.*
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General Class, emergency class or Inactive Class, which demonstrates to the public that the holder is a registrant of the College, registered in the class set out on the Certificate and identifies whether there are any terms, conditions, or limitations (TCLs) placed on the Certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code which is Schedule II of the RHPA and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is Schedule 2 to the RHPA.
	College	Means the College of Naturopaths of Ontario as established under the *Naturopathy Act, 2007* and governed by the RHPA.
	Compounding	Means reconstituting, diluting, mixing, preparing, packaging or labeling two or more prescribed substances specified in Table 5 of the General Regulation or drugs designated in Table 2 of the General Regulation to create a customized therapeutic product for the purposes of administration to the registrant's patient by intravenous infusion therapy
	Council	Means the Council of the College as established pursuant to section 6 of the Act.
	~~Deferral~~	~~Means a granted postponement of a candidate's attempt at one or more examinations.~~
	Emergency Class	Means a registrant authorized to practise in Ontario, who has met the registration requirements as set in section 5.1 of the Registration Regulation.
	~~Examination Accommodation~~	~~Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, health condition, religious requirement, a pregnancy or breastfeeding related need as outlined in the College's Examination Accommodations Policy.~~

~~Examination Violation~~	~~Means a contravention of the College's Examination Rules of Conduct.~~
General Class	Means a registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.
General Regulation	Means Ontario Regulation 168/15.
Good Standing	Means the status assigned to a registrant when they are current on dues and payments and are current with the registration requirements assigned to their class of registration.
Inactive Class	Means a registrant not authorized to practise in Ontario, as set out in section 8 of the Registration Regulation.
Intravenous Infusion Therapy (IVIT) Examination	Means a three-part examination approved by the Council of the College that includes written, calculation and demonstration components which test a registrant's competencies to perform IVIT safely, competently and ethically.
IVIT Procedures	Means administering IVIT and compounding for the purposes of administering for IVIT.
Laminar Air Flow Hood	Means an enclosure in which air flow is directed so as to prevent contamination of sterile materials by airborne organisms or particles.
Premises	Means any place where a registrant performs or may perform an IVIT procedure.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for setting plans of exam remediation and all registration matters as set out in the Code.
Registrant	Means an individual as defined in section 1(1) of the Code.
Registration Regulation	Means Ontario Regulation 84/14.
RHPA	Means the *Regulated Health Professions Act, 1991*.
Standard of Practice for IVIT	Means the standard as defined in section 5(5) of the General Regulation meaning the education and examination requirements necessary to demonstrate competency in the practise of IVIT.
Standard of Practice for Prescribing	Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined I section 9(5) of the General Regulation.

	TCL	Means a term, condition, or limitation (TCL) placed upon a certificate of registration which limits or restricts a registrant's activities within the practice of the profession.
General	Regulation	Determinations of whether a registrant has met the Standard of Practice for IVIT, or whether an IVIT training course is approved, will be made in accordance with the General Regulation and this policy. Registration staff and registrants will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.
	Eligibility Requirements for Meeting the Standard of Practice for IVIT	To be deemed to have met the Standard of Practice for IVIT, and be permitted to perform IVIT procedures, registrants must: • Have successfully completed an IVIT training course, approved by Council, that covers the core competencies for the practise of IVIT, and the IVIT examination, as set out in this policy. • Have met the Standard of Practice for Prescribing as outlined in the Prescribing and Therapeutics Program & Examination Policy. • Hold $3 million per claim and $3 million aggregate level in professional liability insurance in addition to the $2 million coverage required of all registrants holding a General Class Certificate of Registration, in accordance with section 19 of the College by-laws. • Hold a General Class certificate of registration without any TCLs which restrict the registrant from engaging in direct patient care. • Be in good standing with the College. • Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to IVIT.
	Performance of IVIT Procedures	Registrants who have met the Standard of Practice for IVIT are expected to be actively practising IVIT to ensure currency of requisite skills. IVIT procedures may only be performed in an IVIT premises registered with the College which has undergone an inspection and received an outcome of a pass or a pass with conditions.
	Verifying Performance of IVIT	In instances where a registrant's declared practise information raises questions as to their maintaining currency through the performance of IVIT, the College at its discretion may request evidence of IVIT practise. Evidence may include, but is not limited to: • Letter of employment, including number of IVIT treatments provided per year. • Confirmation of services provided, such as invoices,

~~and/or letters from patients for whom IVIT treatments~~ were provided;

- Patient records or case notes,

Skills Atrophied

Registrants who have not practised IVIT for more than two years, whether by virtue of non-practise or through holding an Inactive Class certificate of registration or a General Class certificate of registration with a non-clinical TCL, are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of IVIT.

Core Competencies for the Practise of IVIT

Registrants practising IVIT possess the knowledge, skill, and judgment in the following core competencies to ensure safe and effective practise:

- Clinical rationale, including knowledge of indications and contraindications related to the practise of IVIT, related science to the practise of IVIT, and the ability to assess when IVIT is or is not an appropriate treatment option.
- Patient assessment, including health history and allergies, physical examination and informed consent requirements, appropriate tests and labs, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to IVIT treatment.
- Record keeping, including knowledge of documentation, charting and labeling requirements, appropriate IVIT related medical abbreviations, patient education documents and incident report filing requirements.
- Infection prevention and control, including knowledge of appropriate infection prevention and control practice requirements, aseptic and clean techniques, biohazard disposal requirements, personal protective equipment (PPE) and devices, and policies, regulations and provincial legislative requirements around infection control.
- IVIT substances, including knowledge of types of solutions and their clinical applications, appropriate routes of administration, storage and quality assurance measures, recommended dosages, potential allergy concerns, potential adverse reactions and appropriate treatment.
- IVIT complications and emergencies, including knowledge of how to assess and respond to common emergency situations and adverse reactions, how to use emergency equipment and crash cart supplies, how to administer emergency substances, cautions and contraindications, dosages and route of administration for emergency substances, Health Canada reporting requirements and knowledge of emergency referral indicators and procedures.
- IVIT equipment and devices, including knowledge of safe and proper use of IVIT equipment, storage and disposal requirements for IVIT equipment, how to use various types

and gauges of needles and how to respond to common equipment issues.

- Sterile compounding for IVIT, including knowledge of how to use and maintain a laminar airflow hood, appropriate garbing, and appropriate aseptic technique.
- Anatomy and IVIT technique, including knowledge of body fluid composition, renal, cardiovascular, lymphatic, nervous, musculoskeletal, and endocrine systems, proper set-up, administration, and termination requirements for IV drips and pushes, appropriate site selection based on patient anatomy, and appropriate measure to mitigate and manage patient harm.

IVIT Training Courses	Approval	In order for the Council to approve a course, and for that course to be recognized by the College for IVIT training, and qualification of candidates for the IVIT examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council. In reviewing an application for approval, the Registration Committee will base their decision on the following criteria: 1. Course material must be fully referenced. 2. Course is a minimum of 32 hours and covers all core competencies necessary for the practise of IVIT. 3. Course material must adhere to Ontario legislation and regulation, College policy, standards and regulation, and must align with other regulated health profession industry standards for IVIT, emergency response and infection prevention and control. 4. Substances covered in the course must cover all and only the substances outlined in the list of substances to be administered by injection in the General Regulation. 5. Labs covered in the course should a) reflect those laboratory tests relevant to the practise of IVIT, and b) be discussed in the context of those which are and those which are not authorized to the profession under the *Laboratory and Specimen Collection Centre Licensing Act*, the General Regulation and the Standards of the College. 6. All participants who successfully complete the course must be provided with a certificate of completion or similar proof of course completion issued by the course provider. 7. The course must contain six to eight hours of dedicated emergency procedures content, including one hour of emergency procedures role play, which addresses the following: • How to assess and respond to: infiltrations and extravasations, phlebitis and thrombophlebitis, catheter related venous thrombosis, allergic and anaphylactic reactions, ecchymosis and

~~hematoma, cardiac arrest, circulatory overload~~, syncope, speed shock, and IV-line issues (e.g. line obstructions and tubing disconnects).
- Prevention protocol, treatment options and emergency referral indicators for adverse reactions and emergency scenarios.
- Discussion and demonstration of PPE and devices (including safety engineered needles), and emergency equipment (including oxygen tanks, oxygen masks, AED and pulse oximeters).
- Documentation and reporting requirements around adverse reactions.

8. Course must have a practical component which:
   - Requires participants to perform at least one successful infusion with proper insertion and termination.
   - Requires participants to perform at least one successful IVIT push with proper insertion and termination.
   - Requires participants to perform at least seven angiocath insertions, and at least three butterfly insertions.
   - Requires participants to compound a bag for IVIT using a laminar air flow hood, demonstrating proper infection control measures and garbing protocol.
   - Discusses and demonstrates sterile compounding for IVIT, including use and maintenance of a laminar air flow hood and proper aseptic technique.
   - Discusses and demonstrates the use of safety engineered needles (SENs) including both sliding and hinged varieties.
   - Demonstrates chevron technique and the use of transparent dressings (e.g., transparent adhesive dressings) for catheter securement, and discusses appropriate use of each.
9. Course must have a calculation requirement which requires participants to complete at least ten osmolarity calculations (including the calculation of drip rate) in class, and complete at least twenty calculations prior to course completion.
10. Course instructors must be in Good Standing with their regulatory body.

Course Audits	The Registration Committee reserves the right to audit the course and all related content and references at its discretion, and at the cost of the course instructor.
Revocation of Course Approval	The College reserves the right to review and/or revoke course approval in the following instances: • Failure to adhere to the training course requirements and the course outline approved by the Registration Committee; • Unsafe or unsanitary practices occurring during the training course.

- ~~Known plagiarism of course content.~~
- IVIT complaints and discipline related matters involving course instructors.
- Failure of an inspection of the IVIT Premises where the course is offered under the auspices of the Inspection Program.

	Course Updates	Course material must be updated on an on-going basis to reflect applicable changes to College regulations, policies and standards, Ontario legislation and regulations, and to regulated health profession industry standards concerning IVIT, and such changes are subject to a review and approval by the Registration Committee. Any updates must be submitted to the Registration Committee prior to implementation.
	Course Changes	Changes to course material and/or references must be reviewed and approved by the Registration Committee. Any changes must be submitted to the Registration Committee prior to implementation.
IVIT Examination	General	In order to have been deemed to have met the Standard of Practice for IVIT, a registrant must successfully complete an IVIT examination administered or approved by Council.
	Eligibility	A candidate is eligible to sit the College's IVIT examination provided they: • hold a General Class certificate of registration without any TCLs that restricts the registrant from engaging in direct patient care and are in good standing with the College at the time of application for the IVIT exam, or; • are a registered ND in another regulated Canadian jurisdiction, and; • have successfully completed a Council approved Ontario IVIT training course no more than two years prior to the date of the exam.
	Exam Registration	Exam registration priority will be given to registrants. Those seeking to sit the examination from other regulated Canadian jurisdictions will have exam spots confirmed following close of exam registration.
	Course Validity	Examination attempts must be made within two years of the date of a candidate's successful completion of the IVIT training course. A candidate who has exceeded the two year window from their date of successfully completing the IVIT training course will be required to re-take a Council approved Ontario IVIT training course prior to being eligible to re-attempt the IVIT examination.
	Examination Attempts	Three initial attempts are provided to candidates to successfully complete the IVIT examination.

	A candidate, who has failed the IVIT examination for a second time, will be required to complete additional education or training as determined by a panel of the Registration Committee, in order to qualify to attempt the examination for a third time.
Window of Exam Ineligibility	A candidate, who has failed the IVIT examination three times, will be ineligible to sit the examination again until the two-year anniversary from the date of their third unsuccessful examination attempt.
Final 2 Attempts	Prior to being eligible to make a fourth attempt of the IVIT exam, a candidate must successfully re-take a Council approved Ontario IVIT training course. For the purposes of public protection, candidates who have made five unsuccessful exam attempts will not be granted any further access to re-sit the IVIT exam. Three initial attempts are provided to candidates to successfully complete the IVIT examination.
Retakes	Candidates who have failed any one component of the IVIT examination are deemed to have failed the entire examination and are required to re-take all components at any subsequent re-attempt of the examination.
~~Accommodations~~	~~To ensure candidates are provided fair opportunity to sit any Council approved examination, the College will consider all accommodation requests received from any candidate. All requests for accommodation will be managed in accordance with the College's Examinations Accommodations Policy.~~
~~Deferrals~~	~~Any candidate who is registered for an examination may seek a deferral. Requests for deferral will be managed in accordance with the College's Examinations Policy.~~
~~Examination Violations~~	~~All candidates are required to comply with the Examination Rules of Conduct as established by the CEO. Any allegation of an examination violation will be handled in accordance with the College's Examinations Policy and Examination Rules of Conduct.~~
Passing Requirements	To pass the IVIT examination, a candidate must score 75% on each component of the examination.
Window of Validity for Exam Results	Registrants who elect to complete the IVIT examination prior to meeting the Standard of Practice for Prescribing, must meet the Standard of Practice for Prescribing within two years of their having successfully completed the College's IVIT Exam in order to be deemed to have met the Standard of Practice for IVIT, or a subsequent IVIT course and the IVIT exam will be required to be undertaken again.

HPRO Health Profession Regulators of Ontario

Legislative Update – What Happened in September 2026?

From Julie Maciura

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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)

Ontario College of Teachers Act, 1996. The amendment permits the recognition of Indigenous teachers' education programs that remove some of the "structural barriers" preventing the certification of Indigenous teachers. (O.Reg. 318/26)

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Provincial Animal Welfare Services Act, 2019. The proposed amendment would impose additional record-keeping requirements (beyond what would be required by their regulatory College) on veterinarians for certain procedures (e.g., declawing, devocalization, ear cropping) on animals (not just dogs). Comments are due by October 16, 2026.

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 allow 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 due by October 21, 2026.

Bonus Features

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

A "Successful" Trip to Court

Regulators are often taken to court. One measure of success is where the regulator is vindicated on every legal ground raised. By that measure, the Mutual Fund Dealers Association (MFDA) and the Ontario Securities Commission (OSC) succeeded in *Herner v. Mutual Fund Dealers Association of Canada et al.*, 2026 ONSC 4889 (CanLII). However, it may not have felt that way as the regulators endured a 21-day trial in which ten members of their staff testified, where entire files on the matter were subject to painstaking scrutiny, and where every decision was characterized by the registrant as malicious.

The MFDA discipline tribunal found that serious allegations against Herner (related to unsuitable investments for a client) were not proved and as a result, Herner sued the MFDA for malicious prosecution (and misfeasance in public office). Herner sued the OSC (for misfeasance in public office) for imposing terms and conditions on his registration (based on the MFDA's concerns about him) when he reapplied for registration after changing investment firms.

Some highlights that may be of interest to regulators in the 124-page judgment include the following:

- The Court could not make inferences of bad faith on the part of the regulators from neutral circumstantial evidence (some of which is described below). The Court said: "Inferences may be drawn which logically and reasonably flow from proven facts. To do otherwise is to speculate."
- A claim for malicious prosecution cannot be made out where those referring and prosecuting the allegations had an honest belief in the concerns, thought that the concerns could be made out, and where those beliefs were objectively reasonable considering the information known at the time. In addition, to establish a claim, the decision to proceed with the discipline hearing must also be made for a predominant purpose other than enforcing professional standards. The failure to interview a key witness where the regulator reasonably believes they have nothing to add to what they have already said does not meet that test, nor does the failure to interview two other key witnesses separately, as expected in the regulator's manual, where the investigators had a reasonable rationale for interviewing them together. Similarly, investigative delay beyond the regulator's benchmarks does not establish malice ("benchmarks are not limitation periods or hard cutoffs"). The delays were not intended to harm Herner. Also, explaining the options to the registrant, including settlement options, does not, in itself, amount to pressuring Herner to "plead guilty".
- The MFDA is a non-statutory body that does not have an immunity provision. However, the registrant must still establish bad faith to succeed in a monetary claim against the regulator. To permit a claim for mere negligence would impede the regulator's "ability to regulate its

members and advisors and protect the public…. It could also have a chilling effect on the MFDA's investigative and enforcement functions and its mandate to protect the public." In any event, Herner did not establish that the MFDA had fallen below the standard of care even though it deviated from the procedures set out in its manuals and exceeded timeline benchmarks.

- The sharing of information about Herner between the MFDA and the OSC does not establish a civil conspiracy to harm him. "The sharing of information was done for the legitimate purpose of furthering the defendants' duties and obligations, avoiding duplication of work, and ensuring each had a complete picture of the necessary facts."

The "comfort" regulators might take from the legal principles reinforced in this judgment is mitigated by the challenging litigation experienced in this matter.

Addressing Sexual Abuse – Tips from the UK

Over the last few years, the UK oversight body for health and social service professions, the Professional Standards Authority (PSA), has been doing significant work on understanding and improving the handling of sexual misconduct matters. [In Canada, health regulators often call such conduct towards patients "sexual abuse" and conduct towards colleagues "sexual misconduct" or "sexual harassment."] This work has included webinars with leading experts and researchers, a full conference on the topic, and analyzing its own and regulators' experiences. The PSA has just published a Resource compiling the learning points it has assembled.

Its analysis is that sexual misconduct complaints, particularly those involving colleagues of registrants, have become more prevalent. The PSA's appeals of sexual misconduct sanctions imposed by regulatory discipline tribunals have increased as well, with a high success rate. Sanctions for sexual misconduct have also become more significant.

Key challenges identified by the PSA include:

- The trauma of sexual misconduct on witnesses affects the "memory, recall, and consistency of testimony…"
- In addition, "myths, stereotypes and unconscious bias [can have the effect of] potentially influencing case presentation, decision making and interpretation of evidence."
- Witnesses often experience the complaints and discipline process negatively.
- "Traditional adversarial approaches in [discipline hearings] may discourage effective participation, increase distress and reduce the quality of evidence…"

Emerging good practices include:

- Individualized witness support. "Effective approaches include dedicated support services providing emotional support, procedural guidance and continuous contact. They also include advocacy and intermediary support and pre-hearing preparation and information."
- Hearing accommodations, such as using video links, pre-recording evidence, and permitting "intermediaries" (i.e., support persons).
- Perhaps most controversially, the PSA suggests that there should be ground rules for discipline hearings which would include "agreement on questioning style".

The PSA also made several recommendations, including:

- Clear published guidelines for registrants on sexual misconduct, including the importance of avoiding grooming behaviour and boundary violations, the significance of conduct towards colleagues, and the duty to act on concerning behaviour by colleagues.
- Training and guidelines for adjudicators (e.g., sanctioning principles, reason writing).
- Prompt triaging and responses in sexual misconduct matters including supporting witnesses.
- Trauma-informed investigation, including clear explanations of the process, timely updates, and avoiding repeated unnecessary questioning.
- "Consider language barriers, cultural norms and power dynamics."
- "Provide training to panel members and staff involved in the process to ensure understanding of the particular considerations in sexual misconduct cases throughout the process … [including] the psychology of sexual misconduct from the perspective of both victim/survivor and perpetrator, and how this should be reflected in the process at every stage, for example in the approach to investigation…"

This summary just scratches the surface of the thirty-three-page report, which is well worth reading in full by regulators.

Systemic Discrimination and Sanction Mitigation

How should a registrant's experience of racism, including while practising the profession, be considered when imposing a disciplinary sanction? That was the central issue in *McKenzie v College of Nurses of Ontario*, 2026 ONSC 5070 (CanLII).

In this matter, the appellant nurse admitted to several instances of professional misconduct:

> Those admissions concerned sleeping while on shift; failing to provide timely care to Patient A; deficient documentation respecting Patients B through F; and failing to follow the facility's Code Blue Policy [i.e., call a Code Blue] when attending Patient. On the night shift of 12-13 November 2018, another nurse observed the appellant sleeping at the nursing station before and during that nurse's break. Prior to going on her break, the other nurse had told the appellant that Patient A was confused and

> prone to wandering. She asked the appellant to keep an eye on the patient. The nurse returned from her break early and found Patient A naked, standing and urinating on the floor. The appellant's own scheduled break had not yet begun.

The discipline panel "ordered that she receive a reprimand, that her certificate of registration be suspended for one month, that she attend a minimum of two meetings with a Regulatory Expert, and that she notify her employers of the discipline decision for a period of 12 months after returning to nursing practice." Only the sanction was appealed.

On appeal, the Court noted:

> The evidence concerning the appellant's experiences of racism was significant and troubling…. The appellant's testimony must be approached with the seriousness and sensitivity it deserves. Anti-Black racism can be overt or systemic. Its effects may include isolation, diminished trust, added stress, and reduced access to the collegial and institutional supports upon which professionals ordinarily depend. Evidence of such experiences cannot be treated as incidental merely because a professional continues to bear responsibility for meeting the standards of the profession. At the same time, the existence of racism, and even its serious effects upon a professional's working life, does not automatically establish that racism explains or mitigates every instance of professional misconduct occurring in that workplace. The required inquiry remains individualised and evidence based.

The panel considered and accepted the evidence of the nurse's experience of racism. However, that alone was insufficient to lessen the sanction. In the panel's view, the issue "was whether the evidence established the further proposition that those experiences were sufficiently connected to the misconduct to constitute a mitigating factor." While there need not be a causal connection, there must be "some connection between the racism experienced and the circumstances said to explain or mitigate the misconduct."

Despite the brevity of the panel's reasons, the Court was satisfied that the panel had applied the correct legal framework and "concluded that this connection had not been established on the evidence."

When imposing a disciplinary sanction, it is important for regulators to consider both the evidence of the racism experienced by the registrant and how that might, in the circumstances, explain or mitigate the misconduct.

Evolving Investigations

In addition to addressing a specific incident, complaints also often raise broader concerns. Similarly, the investigation of a specific concern can raise other issues entirely, perhaps even in relation to a

different registrant. Is it improper for a regulator to look at the broader issues? In *College of Dental Surgeons of Saskatchewan v Rizvi*, 2026 SKKB 158 (CanLII), the Court said investigating broader concerns can properly serve the public protection mandate of the regulator if done appropriately.

The regulator received a complaint from a patient about Dentist A. In investigating that complaint, the regulator developed concerns about the conduct of a different dentist, Dentist B. The concerns were threefold: Dentist B's own treatment of the patient, her sedation protocols generally, and her management of an interpersonal conflict with a colleague. The regulator's Registrar filed a complaint against Dentist B on those issues and sent it to the screening committee (called "PCC") for review and investigation. The regulator provided Dentist B with further details of its concerns and requested an expanded list of documents from her, including an audit trail of the changes to the patient's chart. The audit trail indicated that Dentist B had made significant changes to the chart after she was notified of the Registrar's complaint. The regulator asked Dentist B for a copy of the patient's chart as it read before she was notified of the Registrar's complaint and copies of charts of other patients who had received sedation. Dentist B refused. The regulator sought a court order compelling the dentist to produce the documents.

In granting the order, the Court made the following points:

- It is appropriate for the Registrar to initiate a complaint about concerns raised in another matter.
- In response to Dentist B's concern that the original complaint against Dentist A had "morphed…. into a fishing expedition with undefined parameters or purpose" and amounted to "adventurous inquiries", the Court said: "The *Act* grants the PCC significant latitude to fully investigate complaints. In my view, to stop short when the sweep of the initial investigation starts to lead to other concerns of professional conduct would do damage to the intent of the Act: the protection of the public." It accepted that "the PCC's investigation is not limited strictly to the parameters of the initial complaint…."
- "In my view, relevancy at the investigative stage must be given a wide enough breadth for the PCC to accomplish its mandated duty."
- The correspondence adequately set out the substance of the complaint as the investigation evolved. Dentist B was not entitled to disclosure of the regulator's evidence at this stage.
- "A member cannot use reticence to provide information as a shield to prevent further investigation. Accordingly, I find that [Dentist B] is not permitted to refuse the document and record request set out in the March 24, 2026, letter based on a complaint of procedural fairness. If this matter proceeds to the Discipline Committee, that is when she can present her concerns."

While the *Rizvi* decision may depend on the wording of its particular authorizing legislation, and the broad wording of the Registrar's complaint, it suggests that regulators should be given some leeway in the scope of their investigations and that registrants generally need to cooperate promptly.

The Consequences of a Redo

Once a discipline decision is issued, it is final. Exceptions are rare, but one exception is where the decision document contains a mistake and does not reflect the decision actually made. Making such a mistake can have significant consequences for a regulator, beyond mere embarrassment.

In *Hrabluk v. Manitoba (Education and Early Childhood Learning)*, 2026 MBKB 115 (CanLII), a male teacher engaged in social media communications with a 13-year-old, grade eight female student. While the messages were not sexual, they were admittedly inappropriate. In Manitoba, the government minister makes disciplinary decisions (after receiving an investigation report and recommendations from a committee). A letter, signed by the Minister, informed the teacher that his certificate would be suspended for one year. About half an hour later, the teacher was told that the previous email had been sent in error. The next day, another letter from the Minister notified the teacher that his certificate was cancelled.

The teacher sought judicial review. Ordinarily, the deliberations of a decision-maker are privileged and need not be disclosed to a court. However, in the circumstances, the Minister felt compelled to file an affidavit explaining the process by which the wrong decision was issued. She was cross-examined. In essence, the Minister said that while both options were presented to her, she intended to cancel the certificate. A miscommunication with her staff resulted in her signing the wrong decision. She acknowledged that she did not read the decision before signing it and had only given general directions to staff who prepared the two letters.

The Court set aside the cancellation and returned the matter to the Minister for a new decision, making the following points:

- The finality principle did not apply. The Court was satisfied that the Minister had determined to cancel the certificate and a mistake was made. This was not a situation in which the Minister changed her mind after making the first decision.
- There was procedural unfairness in how the Minister developed the reasons for her decision. The Court recognized that a government Minister has many responsibilities and gave some leeway in how her reasons were committed to writing. However, the process was still inadequate.
    - "Having accepted as I have, that the Minister's manifest intention was to cancel the teaching certificate, it fell to the Minister to ensure—given the stakes—that her own process in articulating and communicating the reasons for her decision was careful and fair…. Yet with the consequences as high as they were, and a statutory duty to provide written reasons, procedural fairness would seem to dictate that the Minister do more than provide generalized direction to staff and then allow her reasons to be sent out without reading them."
- The reasons for the cancellation decision were inadequate. They were largely similar to the reasons given for the suspension decision, without explaining why there was a different

> outcome. The finding that the teacher's conduct constituted grooming behaviour was conclusory without an explanation of why the evidence supported that finding. In addition, the reasons did not explain why the Minister rejected the teacher's evidence that he had addressed the issues and was safe to return to teaching, such that a suspension was sufficient.

Regulators will want to have robust systems in place to ensure that only final decisions containing reasons reflecting the substantive thinking of the decision-maker are issued.

Correctly Clarifying Changes

Many regulators rely on third-party organizations to assess a candidate's credentials for registration. Regulators then need to ensure that the accreditation body makes defensible decisions. A recent decision on how registration policies are "clarified" has lessons for regulators.

In *Al Hussein v. Federation of Law Societies of Canada*, 2026 ONSC 5357 (CanLII), the Federation determined that an applicant did not meet the language proficiency requirements to become a lawyer. The applicant unsuccessfully sat numerous tests administered by different organizations over four years. After the determination, the Federation amended its language proficiency policy stating that applicants could not combine test scores administered by different test administrators related to different language proficiency skills (i.e., listening, writing, reading and speaking) to create a passing score. The prior policy had been silent with respect to a candidate's ability to combine their test scores.

The applicant challenged the Federation's determination, arguing that because the prior policy did not expressly prohibit him from combining his test scores, he should have been permitted to do so, and that if his scores from different tests had been combined, his scores would have been sufficient.

The Court rejected the argument for several reasons, including:

- The amendment was properly characterized as a "clarification" of the existing policy. The language of the previous policy and the past practice of the Federation made clear that this was not a substantive change.
- When announcing the amendment, the Federation stated that it was a clarification.
- The applicant did not request the combining of test scores when he sought a final determination from the Federation. This was a new argument raised after the fact, inspired by the publication of the amendment.
- The policy, as clarified, was not unreasonable.

The Court accepted the "importance of language skills to those delivering legal services to the public and a lawyer's ability to communicate clearly to clients as a core competency in the legal profession."

This decision highlights the value of indicating when a policy amendment is simply a clarification, as opposed to a substantive change. Doing so can help explain whether past decisions can be revisited.

Public Interest Intervenors

When can other organizations intervene when a registrant appeals a disciplinary decision? A nurse was found to have "committed unprofessional conduct by making statements on various online platforms that were discriminatory and derogatory to transgender people while identifying herself as a nurse or nurse educator." On appeal she raised various arguments related to her freedom to express those views. Five groups sought to intervene in the appeal.

In a detailed and nuanced decision, the Court applied the following criteria:

a) Does the proposed intervenor have a broad representative base?
b) Does the case legitimately engage the proposed intervenor's interests in the public law issue raised?
c) Does the proposed intervenor have a unique and different perspective that will assist the Court in the resolution of the issues?
d) Does the proposed intervenor seek to expand the scope of the matter by raising issues not raised by the parties?

Four of the groups were given limited rights to intervene and one group's request was denied entirely (in part because it did not establish itself as an established advocacy entity and because it was seeking to expand the scope of the appeal to non-regulatory contexts).

Of note, the physician regulator was granted intervenor status. The Court said:

> I am also satisfied that the CPSBC's perspective will be of assistance to the Court because it can bring a broader understanding of the role of non-discrimination and the importance of respectful public expression in the healthcare sector, and the contextual factors that healthcare regulators may consider when assessing the nexus between off-duty expression and professional obligations in cases where the impugned conduct conflicts with core values.

However, the physician regulator was not permitted to make arguments on some of the issues (e.g., the application of the *Charter*) because it would duplicate the submissions of the nursing regulator.

See: *Hamm v British Columbia College of Nurses and Midwives*, 2026 BCSC 1704 (CanLII).

Intent/Purpose	To establish a policy governing the prescribing and therapeutics program and examination for the College of Naturopaths of Ontario (the College).	
Definitions	Act	Means the *Naturopathy Act, 2007*.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issue of a mark, grade or statement of result or performance by the College.
	Certificate of Registration	Means a document issued by the College, in either the General ~~Class~~class, emergency class or Inactive ~~Class~~class, which demonstrates to the public that the holder is a r~~R~~egistrant of the College, registered in the class set out on the ~~Certificate~~ certificate and identifies whether there are any terms, conditions, or limitations (TCLs) placed on the certificate.
	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Code ~~which is Schedule II of the RHPA~~ and who performs the duties assigned to the position of Registrar under the RHPA, the Code, the Act and the regulations made thereunder.
	Code	Means the Health Professions Procedural Code, which is Schedule 2 to the RHPA.
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College.
	College	Means the College of Naturopaths of Ontario as established under the ~~Naturopathy~~ Act~~, 2007~~ 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.~~
	Drug	Means that as defined in the *Drug and Pharmacies Regulation Act*.
	Emergency Class	Means a registrant authorized to practise in Ontario, who has met the registration requirements as set in section 5.1 of the Registration Regulation.
	~~Examinations Accommodation~~	~~Means an adjustment to testing conditions, examination requirements or examination scheduling to address a candidate's current needs arising from a disability, health condition, religious requirement, a pregnancy or breastfeeding related need as outlined the College's Examination~~

	Accommodations Policy.
~~Examination Violation~~	~~Means a contravention of the College's Examination Rules of Conduct.~~
General Class	Means a ~~Registrant~~ registrant authorized to practise in Ontario, who has met the registration requirements, as set out in section 5 of the Registration Regulation.
General Regulation	Means Ontario Regulation 168/15.
Good Standing	Means the status assigned to a ~~Registrant~~ registrant when they are current on dues and payments and are current with the registration requirements assigned to their class of registration. ~~filing of reports as required based on their Certificate~~ certificate of ~~Registration~~registration.
Inactive Class	Means a ~~Registrant~~ registrant not authorized to practise in Ontario as set out in section 8 of the Registration Regulation.
Prescribing and Therapeutics Examination	Means a two-part examination approved by Council of the College that includes both written and oral components which tests a ~~Registrant's~~ registrant's competency to compound, dispense, sell, administer by injection or inhalation those drugs tabled in the General Regulation and engage in therapeutic prescribing.
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.
Registrant	Means an individual~~,~~ as defined in section 1(1) of the Code.
Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the CEO. Panels of this statutory committee are responsible for setting plans of exam remediation, and all registration matters as set out in the Code.
Registration Regulation	Means Ontario Regulation 84/14 ~~as amended from time to time~~.
RHPA	Means the *Regulated Health Professions Act, 1991*.
Standard of Practice for Prescribing	Means the education and examination requirements necessary to demonstrate competency in the practise of prescribing as defined in section 9(5) of the General Regulation.

	TCL	Means a term, condition, or limitation (TCL) placed upon a certificate of registration which limits or restricts a registrant's activities within the practice of the profession.
General	Regulation	Determinations of whether a ~~Registrant~~ registrant has met the Standard of Practice for Prescribing, or whether a therapeutic prescribing course is approved, will be made in accordance with the General Regulation and this policy. Registration staff and ~~Registrants~~ registrants of the College will act in accordance with this policy, the Examinations Policy and Examination Rules of Conduct, and any applicable procedural manuals.
	Eligibility Requirements for the Meeting the Standard of Practise ~~of~~ for Therapeutic Prescribing	To be deemed to have met the Standard of Practice for Therapeutic Prescribing, and to be permitted to perform ~~Any Registrant who wishes to perform the controlled acts of prescri~~Therapeutic Prescribing procedures, registrants must: ~~bing, compounding, selling, or dispensing a drug, or administering a drug by injection or inhalation must:~~ • ~~Hold a General Class Certificate of Registration without any Terms, Conditions or Limitations (TCL)'s which restrict the Registrant from engaging in direct patient care.~~ • ~~Be in Good Standing with the College.~~ Have successfully completed a training course in therapeutic prescribing, approved by Council, that covers the core competencies for the practise of prescribing, and an examination in therapeutic prescribing ~~administered or approved by Council~~as set out in this policy. • ~~Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to prescribing.~~Hold a General class certificate of registration without any Terms, Conditions or Limitations (TCL) which restrict the registrant from engaging in direct patient care. • Be in good standing with the College. • Meet the requirements as set out in the Quality Assurance Program for Continuing Education related to ~~p~~Prescribing.
	Skills Atrophied	Registrants who have not practised Therapeutic Prescribing for more than two years, ~~weither~~whether by virtue of non-practise or through holding an Inactive class ~~Certificate~~ certificate of ~~Registration~~ registration or a General class ~~Certificate~~ certificate of ~~Registration~~ registration with a non-clinical TCL ~~with the College for more than two years~~ are deemed to have atrophied in skill and no longer meet the Standard of Practice, and as such must complete the eligibility requirements as set out above, prior to being eligible to practise the controlled act of prescribing a drug.

	Core Competencies for the Practise of Therapeutic Prescribing	Registrants performing the controlled act of prescribing a drug possess the knowledge, skill and judgment in the following core competencies to ensure safe and effective practise: • Clinical rationale, including knowledge of indications and contraindications related to prescription and non-prescription drugs and substances, knowledge of appropriate starting dosages and titration schedules, and the ability to assess when a prescription is not an appropriate treatment option. • Therapeutic treatment plans, including medical history taking, medications and allergies, physical examination and informed consent requirements, appropriate tests and labs for monitoring, referral indicators, and the ability to interpret results, evaluate patient outcomes and assess patient response to treatment. • Record keeping, including knowledge of documentation, charting, prescription writing and prescription labeling requirements. • Ontario approved drugs and substances as tabled in the General Regulation, limitations, and related standards of practice around the controlled acts of prescribing, dispensing, compounding, or selling a drug or administering a substance by inhalation or injection. • Adverse reactions and emergency situations, including knowledge of how to assess and respond to an adverse drug reaction, how to administer emergency substances, dosages, and route of administration for emergency substances, reporting an adverse drug reaction in conjunction with Health Canada reporting requirements and knowledge of emergency referral indicators and procedures.
Therapeutic Prescribing Training Courses	Approval	In order for ~~the Council to approve a course, and for that~~a course to be recognized by the College for training in therapeutic prescribing, and qualification of candidates for the Prescribing and Therapeutics examination, all course materials, including a detailed course outline, course references, and any documents or hand-outs that would be provided to the course participants must be submitted along with an application to the Registration Committee for review and recommendation to the Council. In reviewing an application for approval, the Registration Committee will base their decision on the following criteria: 1. Course material must be fully referenced. 2. Course is a minimum of 32 hours of structured learning and covers all core competencies necessary for the practise of therapeutic prescribing. 3. Course material must adhere to Ontario legislation and regulation, College policy, standards, and regulation, and must align with other regulated health profession industry standards for therapeutic prescribing. ~~4. All participants who successfully complete the course must~~

~~be provided with a certificate of completion signed and dated by the course instructor.~~

~~5.~~4. The course must contain content which addresses the following:

- Evidence based prescribing, principles and practice including informed decision making related to prescription and non-prescription medications for the treatment of cardiovascular disorders, psychological issues, pain management, respiratory disorders, endocrine disorders, reproductive issues, dermatological issues, nutritional deficiencies, and addiction issues.
- How to create therapeutic plans and monitor therapy to ensure safe and effective treatment for specific conditions.
- Medical history taking with respect to prescription medications, selecting appropriate starting doses and titration schedules when initiating select prescription medications, and strategies for determining when a prescription may not be needed or may be harmful.
- How to recognize and report situations where an adverse drug reaction may have occurred.
- Writing prescriptions using patient case scenarios, defining risks, benefits, and monitoring parameters.
- ~~Ontario regulation, related standards, and requirements with respect to the controlled acts of prescribing, dispensing, compounding, or selling a drug or administering a drug by injection or inhalation, and the drugs tabled in the General Regulation.~~
- The College must be able to verify the course enrollment date for any candidate of the Prescribing and Therapeutics exam, with the course provider.
- Participants who successfully complete an in-person offering of the course must be provided with a certificate of completion signed and dated by the course instructor.

Course Audits

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

Course Updates

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

Any updates must be submitted to the Registration Committee

		prior to implementation.
	Course Changes	Changes to course material and/or references must be reviewed and approved by the Registration Committee. Any changes must be submitted to the Registration Committee prior to implementation.
	Revocation of Course Approval	The College reserves the right to review and/or revoke course approval in the following instances: • Known plagiarism of course content; or • Implementation of material changes to course content, learning objectives, instructional methods, or assessment components without prior review and approval by the Registration Committee.
Prescribing and Therapeutics Examination	General	To be deemed to have met the Standard of Practice for Prescribing, a candidate must successfully complete an examination administered or approved by Council, and: • hold a General ~~Class~~ class ~~Certificate~~ certificate of registration with the College, without any TCL's which restrict the r~~R~~egistrant from engaging in direct patient care; or • hold a General ~~Class~~ class ~~Certificate~~ certificate of registration with the College, without any TCL's which restrict the r~~R~~egistrant from engaging in direct patient care within two years of successfully completing the examination; and • be in good standing with the College.
	Exam Eligibility	A candidate is eligible to sit the Prescribing and Therapeutics examination provided they: • are a ~~Registrant~~ registrant of the College, in ~~Good~~ good ~~Standing~~standing, at the time of application for the examination; or • are a registered ND in a regulated Canadian jurisdiction; or • are enrolled in a CNME-accredited program in Canada, and within 12 months of graduation from said program; or • are a CNME-accredited program graduate, who is actively engaged in completing their requirements for registration with the College; or • have been deemed substantially equivalent through the PLAR program; and • have completed a Council approved training course on therapeutic prescribing no more than two years prior to the date of the exam and can provide evidence of individual ~~course~~course registration.~~.~~ • have completed a Council approved training course on therapeutic prescribing at time of registration for the exam; and • have completed the exam registration process by the exam registration deadline.

Course Validity ~~for Sitting the Exam~~	Examination attempts must be made within two years of the date of a candidate's successful completion of a Council-approved training course on therapeutic prescribing ~~training course~~. A candidate who, at the time of the next Prescribing and Therapeutics exam, will have exceeded this two-year window will be ineligible to sit the examination until they re-take a Council-approved therapeutic prescribing training course.
Examination Attempts	Three initial attempts are provided to candidates to successfully complete the Prescribing and Therapeutics Examination. ~~Candidates are provided three attempts to successfully complete the Prescribing and Therapeutics examination.~~ A candidate who has failed the Prescribing and Therapeutics examination for a second ~~time,~~time will be required to complete additional education or training, if any, as determined by a panel of the Registration Committee, to qualify to attempt the examination for a third and final time. ~~No further access to the examination is permit~~
Window of Exam ineligibility	A candidate, who has failed the Prescribing and Therapeutics examination three times, will be ineligible to sit the examination again until the two-year anniversary from the date of their third unsuccessful examination attempt.
Final 2 Attempts	Prior to being eligible to make a fourth attempt of the Prescribing and Therapeutic exam, a candidate must successfully re-take a Council- approved therapeutic prescribing training course. For the purposes of public protection, candidates who have made five unsuccessful exam attempts will not be granted any further access to re-sit the Prescribing and Therapeutic exam. Three initial attempts are provided to candidates to successfully complete the examination.
Retakes	Candidates who have failed any one component of the Prescribing and Therapeutics ~~e~~examination may elect to retake only the component of the examination for which they were unsuccessful, provided the retake component is completed within three attempts and two years of the course completion date (i.e., the date of course completion declared when registering for the initial sitting of the exam). Candidates who, at the time of the next Prescribing and Therapeutics exam, will have exceeded this two-year window will be required to retake all components of the exam.
Non - Registrants	Candidates who are not College registrants are required to submit an exam pre-registration form for non-registrants prior to registration for the Prescribing and Therapeutics examination.

Passing Requirements	To pass the Prescribing and Therapeutics examination, a candidate must score 60% on each component of the examination.
~~Examination Violations~~	
	~~All candidates are required to comply with the Examination Rules of Conduct as established by the CEO. Any allegation of an examination violation will be handled in accordance with the College's Examinations Policy.~~
~~Passing Requirements~~	~~To pass the Prescribing and Therapeutics examination, a candidate must score 60% on each component of the examination.~~

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
777 Bay Street, 19th Floor
Toronto ON M7A 2J3

Telephone: **416 212-5494**

Ministère de la Santé

Bureau du chef des soins infirmiers
et de la pratique professionnelle et
sous-ministre adjoint
777, rue Bay, 19e étage
Toronto ON M7A 2J3

Téléphone : **416 212-5494**

Ontario

October 16, 2026

Ontario Health Regulatory College Registrars and Executive Directors
c/o Health Profession Regulators of Ontario
Suite 301, 396 Osborne St
PO Box 244
Beaverton ON L0K 1A0

Dear Registrars and Executive Directors:

I am writing to provide notice of some recent inter-provincial labour mobility developments.

On August 27, 2026, the Committee on Internal Trade Ministers signed a Fourth Protocol of Amendment into force, which amends *Chapter Seven: Labour Mobility* under the *Canadian Free Trade Agreement* (CFTA).

These amendments respond to First Ministers' direction to advance pan-Canadian labour mobility, and aim to improve transparency and accountability, and reduce barriers for applicants, making it easier for workers to move inter-provincially.

The amendments:

- Establish a 30-calendar day service standard for regulatory authorities to make a certification decision and communicate it to applicants following the receipt of a complete labour mobility application;
- Mandate transparency on certification requirements, fees and assessment processes via regulatory authorities' websites (or other government websites);
- Require Canadian jurisdictions to publicly report on key labour mobility metrics on an annual basis;
- Establish an exhaustive list of requirements that regulatory authorities may impose on labour mobility applicants as a condition of certification; and
- Require the Forum of Labour Market Ministers to conduct a comprehensive review of the Chapter every five years and produce a report outlining key findings and recommendations for action.

As you may be aware, the Ontario Labour Mobility Act, 2009 (OLMA) has already been amended to introduce transparency and reporting requirements that are consistent with the updated Chapter 7. These changes came into effect on January 1, 2026. Additionally, the OLMA (as well as the Fair Access to Regulated Professions and Compulsory Trades Act, 2006, for regulators subject to that Act) has been amended to introduce a 30-calendar-day service standard that is consistent with the updated Chapter 7.

As you are aware, the Ministry of Health is responsible for labour mobility matters under the Regulated Health Professions Act, 1991 (RHPA), which is also broadly aligned with the provisions reflected in the recent Fourth Protocol of Amendment.

If you have any questions, please contact Stephen Cheng, Manager, Strategic Regulatory Policy Unit at stephen.cheng@ontario.ca.

Sincerely,



Dr. Karima Velji
Chief of Nursing & Professional Practice and Assistant Deputy Minister of Health

College of Naturopaths of Ontario

Council Skills, Expertise and Diversity Report

Introduction

This report summarizes the data collected through the Council's skills, expertise and diversity policy. It provides an anonymized overview of the skills, expertise and diversity of the existing Council members (as of September 30, 2026).

Process

In the fall of 2025, all Council members completed their initial Skills, Expertise and Diversity Self-Assessment. In August 2026, new Council members (elected and appointed) were asked to complete the assessment. All other Council members were invited to update their profile if they wished; however, it was not mandatory.

Two new Council members (a newly elected registrant from the last election and a new Public member) completed the assessment. One Council member updated their profile. These additions and changes have been incorporated into this report.

Expertise

Under the Council's policy, expertise is determined by the following:

- Professional experience (in any profession or any professional work setting),
- Highest level of education completed,
- Experience on a Board of Directors of any organization,
- Regulatory experience, meaning experience working within a regulatory framework,
- Legislative experience, meaning experience working with legislation, regulations, and standards.

Each Council member assessed their own expertise in each area against pre-determined criteria. The following sets out assessment outcomes.

Experience	Value	Current		Last Year	
		N (12)	%	N (11)	%
Professional experience	None	1	8%	1	9%
	0-3 years	0	0%	0	0%
	4-6 years	0	0%	0	0%

	7-10 years	1	8%	1	9%
	>10 years	10	83%	9	82%
Highest Level of Education	Graduated from primary (Grades 1-8)	0	0%	0	0%
	Secondary school (Grades 9-13)	0	0%	0	0%
	Bachelor/Honour Bachelor Degree (incl. ND degree)	9	75%	7	64%
	College program Graduate	0	0%	0	0%
	Trades program graduate	0	0%	0	0%
	Masters Degree	2	16%	3	27%
	Doctorate Degree	1	8%	1	9%
Board experience	None	1	8%	2	18%
	0-3 years	5	42%	4	36%
	4-6 years	4	33%	4	36%
	7-10 years	0	0%	0	0%
	>10 years	2	16%	1	9%
Regulatory experience	None	2	16%	3	27%
	0-3 years	2	16%	2	18%
	4-6 years	3	25%	2	18%
	7-10 years	1	8%	0	0%
	>10 years	4	33%	4	36%
Legislative experience	None	2	16%	3	27%
	Low	4	33%	3	27%
	Medium	3	25%	3	27%
	High	3	25%	2	18%

Analysis

In its policy (GP35), the Council identifies professional experience (experience in a profession, although not necessarily naturopathy) as a priority. It identifies legislative experience as the least of its priorities and education, board experience and regulatory experience in the middle areas of priorities.

Based on the results of the assessments:

- 10 out of 12 (83%) Council members have more than 10 years of professional experience and only one has less than 10 years;
- 12 of the 12 Council members have a university degree or higher education;
- 9 out of 12 (75%) have six years or less experience serving on boards;
- Regulatory and legislative experience are distributed across all levels of proficiency.

The results suggest that Council members possess substantial professional, educational, and governance experience. Expertise may therefore be a lesser consideration than identified diversity and skills priorities when developing candidate criteria for the upcoming election.

Diversity

Under the Council's policy, diversity is determined by the following:

- Gender diversity, identifying the number of female, male, and non-binary members,
- Age and Generational Diversity,
- Regional diversity,
- Community diversity, and
- Lived experience diversity.

Each Council member self-identified their demographic and lived-experience characteristics against a set of diversity criteria with the following outcomes.

Diversity	Value	Current		Last Year	
		N (12)	%	N (11)	%
Gender	Female	7	58%	7	64%
	Male	5	42%	4	36%
	Non-binary	0	0%	0	0%
	Prefer not to say	0	0%	0	0%
Age/Generational	18-29 years	0	0%	1	9%
	30-45 years	3	25%	2	18%
	46-61 years	3	25%	3	27%
	> 61 years	6	50%	5	45%
Regional	Northern Ontario	1	8%	1	9%
	Eastern Ontario	1	8%	0	0%
	Southwestern Ontario	1	8%	1	9%
	Central Ontario	2	16%	3	27%
	Southern Ontario	1	8%	1	9%
	Greater Toronto Hamilton Area	6	50%	5	45%
Community	Rural	1	8%	1	9%
	Suburban	3	25%	3	27%
	Urban	8	67%	7	64%
Lived experience	Black community	0	0%	0	0%
	BIPOC community	1	8%	1	9%
	2SLGBTQ+ community	1	8%	1	9%
	Indigenous (First Nations, Métis, Inuit) community	2	16%	2	18%
	European community	3	25%	3	27%
	Faith-based community	3	25%	3	27%
	None apply	7	58%	6	55%

Analysis

When comparing these results against the priorities established by Council in GP35, two diversity criteria were identified as priorities because they were ranked four or five out of five:

- Gender diversity, with Council composed of seven female members and five male members.
- Lived experience, of which the Council has a well represented group; however, the majority of Council (58%) did not identify with any of the diverse groups.

Skills

Each Council member was asked to assess their skills against an established set of criteria with a pre-determined ranking from "no experience" to "expert". The following table provides the individual ranking for each Council member with no identifier and the full skill set of the Council itself.

Skills (Imp)	Council members												
	All	1	2	3	4	5	6	7	8	9	10	11	12
GE	**2.5**	S	S	G	G	S	G	S	S	G	S	G	S
LC	**2.5**	S	S	S	G	G	G	S	S	S	S	G	G
FLO	**1.8**	S	G	B	G	G	B	G	B	B	S	S	B
RMO	**1.9**	S	G	B	B	G	G	G	G	B	S	G	G
CPIA	**2.5**	S	S	G	G	S	G	S	S	G	S	B	S
RDFF	**2.8**	E	S	G	G	S	G	S	E	S	S	B	S
SST	**1.9**	S	S	B	B	G	B	G	G	G	S	B	G
EDIB	**2.4**	G	S	S	B	G	G	E	G	G	S	B	E
TIA	**2.0**	S	B	S	G	B	B	G	S	B	S	G	G
EIGE	**2.4**	S	G	G	G	S	G	S	S	G	S	G	G
ESGA	**2.3**	S	S	G	B	G	B	E	G	G	S	B	E
Averages	**2.8**	3	2.5	2	1.6	2.3	1.6	2.8	2.5	1.9	3	1.6	2.5

Legend		
Skills		**Rating:**
GE	Governance and Ethics	NE = No Experience (0)
LC	Lead and Collaboration	B = Basic (1)
FLO	Financial Literacy and Oversight	G = Good (2)
RMO	Risk Management and Oversight	S = Strong (3)
CPIA	Compliance and Public Interest Accountability	E = Expert (4)
RDFF	Regulatory decision framework and Fairness	
SST	Strategic & Systems Thinking	
EDIB	Equity, Diversity, Inclusion & Belonging	
TIA	Technology and Innovation Awareness	
EIGE	Continuous Improvement and Governance Effectiveness	
ESGA	Environmental, Social & Governance Awareness	

Each Council member's rating was transformed into a score between 0 (no experience) and four (expert level experience). Allowing an understanding of the level of each of the skills at the Board table which could be measured against the priority skills set out by the Council in policy.

Analysis

Analyzing this data is slightly more complicated as the skills assessment and the priority of the skill being present at the Board table are not set out using the same scale.

The table below sets out the skills determined to be necessary by the Council, and the priority ranking out of five (high). The table also provides the average score among all Council members measured out of 4. For ease of reference, this score is provided as a percentage.

Skill	Rank (Y/5)	Score (X/4)	Score as %
Governance and Ethics	5	2.5	63%
Lead and Collaboration	4	2.5	63%
Risk Management and Oversight	4	1.9	48%
Compliance and Public Interest Accountability	4	2.5	63%
Regulatory decision framework and Fairness	4	2.8	70%
Equity, Diversity, Inclusion & Belonging	4	2.4	60%
Financial Literacy and Oversight	3	1.8	45%
Strategic & Systems Thinking	3	1.9	48%
Technology and Innovation Awareness	3	2.0	50%
Continuous Improvement & Governance Effectiveness	3	2.4	60%
Environmental, Social & Governance Awareness	3	2.3	58%

To understand how this information is typically used, the higher the importance assigned to a skill, the higher the proficiency is desired among Board members. Proficiency is determined based on whether a Council member believes their skills are at the "expert" or "strong" level. As such:

- High importance, high proficiency is desired,
- High importance, low proficiency is an area of development that is required,
- Low importance, high proficiency is indicated of having more skills in an area than is needed,
- Low importance, low proficiency is an area of development to be considered at a later date or if the Council's priorities change.

Based on this combined information, the following observations can be made:

- The highest development priority (High importance, lower proficiency) is Risk Management and Oversight with an importance of 4/5 and proficiency of 1.9/4.

- Areas demonstrating the highest overall proficiency among high-importance skills include:
    - Governance and Ethics
    - Regulatory Decision Framework and Fairness
    - Lead and Collaboration
    - Compliance and Public Interest Accountability
    - Equity, Diversity, Inclusion & Belonging.
- Lower priority development areas (low priority, low proficiency would include:
    - Financial Literacy and Oversight
    - Strategic & Systems Thinking
    - Technology and Innovation Awareness

Portions relating to the determination of the Skills, Expertise and Diversity (SED) requirements for the upcoming Council elections have been removed as final decisions have not been made by the Governance Committee.

Andrew Parr, CAE
Chief Executive Officer
October 2026

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.

College of Naturopaths of Ontario

COUNCIL CHAIR REPORT
Period of September 1, 2026 to October 31, 2026

This is the third Chair's Report of six for the current Council cycle, covering the period from September 1 to October 31, 2026.

September and October continued to be quieter months compared to earlier in the cycle.

Leadership meetings carried on as usual through the reporting period. Andrew (CEO) and I held our regular Chair/CEO check-ins, and I also held our Council Chair/Vice-Chair check-in with Dean (Vice-Chair).

As we reach the midpoint of this Council cycle, I want to extend my sincere thanks to Andrew and the senior leadership team for their steady partnership. My appreciation also goes to every Council member, whose commitment and engagement continue to make this work possible.

Respectfully submitted,

Dr Brenda Lessard-Rhead ND (Inactive)
Council Chair
November 1, 2026

College of Naturopaths of Ontario

Regulatory Operations Report and Operational Updates

September 1, 2026 to October 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	1982	1974	+8	1
General		1762	1755	+7	2
	In good standing	1745	1738	+7	3
	Suspended	17	17	--	4
Inactive		187	186	+1	5
	In good standing	177	176	+1	6
	Suspended	10	10	--	7
Emergency		0	0	--	8
Life		33	33	--	11

During this period, there was one resignation (L16), one revocation (L17), and nine class changes (L20-23).

There were one new Certificate of Authorizations for Professional Corporations (L38) and 14 renewals of the certificates (L44).

1.2 Entry-to-Practice Program

A total of 13 new applications for initial registration (L49) were received in this reporting period, and 10 certifications of registration were issued (L50). Two applications were referred to the Registration Committee (L54) and the Committee disposed of both referrals with the outcome being to direct the CEO to issue a certificate (L57) in one instance and to do so following additional education (L60) in the other.

1.3 Examinations Program

Three examinations were scheduled for this reporting period. In September, the Ontario Biomedical Examination was held with a total of 75 candidates having sat the exam (L74), and the Ontario Therapeutic Prescribing Examination with a total of 40 candidates having sat the exam (L82). In October, the Ontario Clinical (Practical) Examinations were held with a total of 40 candidates sitting the examinations (L78). 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 $840 (L111) was paid with respect to the two on-going files.

1.5 Quality Assurance Program

During this reporting period, no new deferrals of peer & practice assessments were received (L114) and no new additional assessments were ordered by the Quality Assurance Committee (L115). The overall pool of assessments for this year remains at 130 (L113). Thus far, 96 assessments have been completed (L117). The QAC reviewed 17 of these assessments all of which were deemed by the Committee to be a satisfactory outcome (L119). The new online CE Reporting module was launched and approximately 96% of registrants due to report submitted their logs by the deadline (L123/124)

1.6 Inspection Program

Two new premises were registered under the inspection program during this reporting period (L129) and no premises were de-registered (L130). Six Part I new premises inspections were undertaken (L132), and eight Part II new premises inspections were undertaken (L133). Six new premises inspections results in a pass (L138) while the others are still pending before the Inspection Committee. The two five-year anniversary inspections were completed (L136), all of which passed the inspection with conditions (L143).

During the period, six new Type 1 occurrence reports were received. Two of these were due to the administration of an emergency drug following the administration of IVIT (L149) and four were due to the patient being referred to an emergency department (L146).

1.7 Complaints and Reports Program

During this reporting period, three new complaints (L157) were received, while no new report (L158) were initiated. Two complaints files and one reports file were closed by the

ICRC (L160/161). Of those closed files, one registrant was issued a Letter of Counsel (L169), one was determined to require no further action (L168) and one was deemed to be frivolous and vexatious (L177). No new matters were 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 so far in this program year are

- Advertising and social media,
- competence/patient care, and
- professional conduct and behaviour.

1.8 Unauthorized Practitioners

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

1.9 Hearings Program

No pre-hearing conferences were undertaken (L232) and one uncontested hearing was conducted by a panel of the Discipline Committee (L237). No hearings were held by the Fitness to Practise Committee (L226).

There is presently one matter that has been referred for hearing, CoNO v. Englebrecht. The CEO and Professional Affairs team continue to work on this 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 51 emails (L247) were received and 4 telephone calls (L248) during this reporting period. The top three areas of inquiry for this program year are:

- Scope of Practice (L252),
- Fees and Billing (L260), and
- Record keeping (L251).

One Regulatory Education Program (REP) session was held in September with 182 attendees (L274), and 333 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 relating to either registration or ICRC decisions. One decision was issued by HPARB on a registration matter where the Registration Committee

decision was upheld (L284). No decisions were issued relating to appeals of ICRC decisions.

2.0 Operational Updates

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

- Training was undertaken with staff relating to the Guideline for Committee Management that has been developed as well as on the process that the Smartsheets are using to support these activities.
- 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
- 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.
- A report was developed and submitted to the Governance Committee updating the skills, expertise and diversity matrix of the Council with two recent additions and one update to a Council member's profile. The committee met in early November to review and set the criteria for the review of applications of candidates. A portion of this report was included in the Consent Agenda for the information of Council.
- Also, during this period proposed by-law amendments and changes to the financial executive limitations policies were drafted and reviewed by staff. They were circulated to the Finance, Audit and Risk Committee in late October for the committee meeting in the first week of November. These policies are expected to go the Governance Committee before coming to the Council.
- Finally, advance work was undertaken to support the Council's mini strategic planning session at the end of November. This included several engagements with Council members to update various pre-meeting planning documents.

3.0 Activity Relating to Submitted Regulations

The College has submitted an amending regulation to the Ministry relating to the list of drugs that can be prescribed. That amendment is intended to add Oral Micronized Progesterone as a new addition. An initial meeting with the Ministry of Health and College staff has been held as the MOH continues to process this amendment.

4.0 Activity Relating to the LSCCLA

As the Council is aware, the Ontario Association of Naturopathic Doctors submitted a proposal to add a series of new laboratory tests to the regulation made under the Laboratory and Specimen Collection Centre Licensing Act (LSCCLA). This submission has undergone an external review and has been processed against the Framework for Review of Laboratory Test Submissions approved by the Council last December.

The tests that were deemed to have met the Framework approved by the Council have had additional information provided by the OAND and this information is under active review by College staff. A detailed analysis of each of those tests has been undertaken.

Two meetings have been held with the Director of the Laboratory and Diagnostics Branch of the Ministry of Health and with the Director of the Health Workforce Regulatory Oversight Branch to discuss the review process and any issues being raised by the request.

Although it was originally anticipated that a recommendation would be brought before the Council at its November 2026 Meeting, on-going clarification is required surrounding HPV screening and diagnostic testing as well as the impact on the PAP Smear testing.

5.0 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
November XX, 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)													**1982**	1
General Class (Total)													**1762**	2
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*1745*	3
Suspended	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*17*	4
Inactive Class (Total)													**187**	5
In Good Standing	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	⇨	*177*	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)													**76**	14
Suspensions	13	9	0	0	0	1	0						23	15
Resignations	1	0	0	0	2	1	0						4	16
Revocations	1	7	0	0	0	0	1						9	17
Reinstatements	13	1	1	0	0	0	0						15	18
Class Changes (Total)													**25**	19
General Class to Inactive Class	1	1	1	3	3	4	1						14	20
Inactive Class to General Class (<2yrs)	2	1	1	1	0	3	1						9	21
Inactive Class to General Class (>2 yrs)	1	0	0	0	0	0	0						1	22
Any Class to Life Registrant Status	0	0	0	0	1	0	0						1	23
Emergency Class to General Class	0	0	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	0	0						1	27
Applications decided	0	0	0	0	1	0	0						1	28
CEO Decisions													1	29
Application approved by CEO	0	0	0	0	1	0	0						1	30
Application referred by CEO to RC	0	0	0	0	0	0	0						0	31
Registration Committee Decisions													0	32
Application approved by RC	0	0	0	0	0	0	0						0	33
Application denied by RC	0	0	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	0						0	37
New Certificates of Authorization Issued	2	1	1	2	0	0	1						7	38
Certificates of Authorization Reinstated	0	0	0	0	0	0	0						0	39
Certificates Resigned/Desolved	0	0	0	0	1	0	0						1	40
Certificates Revoked	0	0	1	0	0	1	0						2	41
PC Renewals in 2025-26														42
Not Yet Renewed in this program year													76	43
Renewed	9	11	12	12	11	8	6						69	44
Revoked	0	0	1	0	0	1	0						2	45
Resigned/Dissolved	0	0	0	0	1	0	0						1	46

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	
Total ETP Applications On-Going													**15**	47
On-going applications from prior period(s)														48
New applications received	10	13	6	0	5	1	12						47	49
Certificates issued	6	8	10	4	3	5	5						41	50
Certificates declined	0	0	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	1	1						5	54
Decisions Issued	0	2	0	1	0	1	1						5	55

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
Registration Committee Outcomes													**5**	56
Approved	0	2	0	1	0	0	1						4	57
Approved – TCLs	0	0	0	0	0	0	0						0	58
Approved – Exams required	0	0	0	0	0	0	0						0	59
Approved – Education required	0	0	0	0	0	1	0						1	60
Denied	0	0	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	0						0	64
Decisions rendered on applications	0	1	0	0	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	0	0						1	69
Number of candidates sitting exam	0	0	0	0	69	0	0						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	1	0						1	73
Number of candidates sitting exam	0	0	0	0	0	75	0						75	74
Ontario Clinical Practical Examination														75
Exam sittings scheduled	0	0	0	1	0	0	1	0	0	0	1	0	3	76
Exam sittings held	0	0	0	1	0	0	1						2	77
Number of candidates sitting exam	0	0	0	69	0	0	40						109	78
Ontario Therapeutic Prescribing Examination														79
Exam sittings scheduled	1	0	0	0	0	1	0	0	0	0	0	0	2	80
Exam sittings held	1	0	0	0	0	1	0						2	81
Number of candidates sitting exam	47	0	0	0	0	40	0						87	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	0	0						1	85
Number of candidates sitting exam	0	18	0	0	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	0						0	89
Appeals Denied	0	0	0	0	0	0	0						0	90
Ontario Biomedical Examination Appeals (Total)													0	91
Appeals Granted	0	0	0	0	0	0	0						0	92
Appeals Denied	0	0	0	0	0	0	0						0	93
Ontario Clinical Practical Examination Appeals (Total)													0	94
Appeals Granted	0	0	0	0	0	0	0						0	95
Appeals Denied	0	0	0	0	0	0	0						0	96
0ntario Therapeutic Prescribing Examination													0	97
Appeals Granted	0	0	0	0	0	0	0						0	98
Appeals Denied	0	0	0	0	0	0	0						0	99
Ontario Intravenous Infusion Examination Appeals (Total)													0	100
Appeals Granted	0	0	0	0	0	0	0						0	101
Appeals Denied	0	0	0	0	0	0	0						0	102
Exam Questions Developed (Total)													**0**	103
CSE questions developed	0	0	0	0	0	0	0						0	104
BME questions developed	0	0	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	0	0						1	108
Funding application declined	0	0	0	0	0	0	0						0	109
Number of Active Files													**2**	110
Funding Provided	$0	$1500	$0	$400	$0	$0	$840						$2,740	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	0	0						10	114
Assessments ordered by QAC, i.e. outside of random	0	0	0	0	10	0	0						10	115
Total Number of Assessment for the Year.													130	116
Completed (Y-T-D)	0	0	0	0	16	38	42						96	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													**17**	118
Satisfactory Outcome	0	0	0	0	0	3	14						17	119
Ordered Outcome (SCERP, TCL, etc.)	0	0	0	0	0	0	0						0	120
Referred to ICRC	0	0	0	0	0	0	0						0	121
CE Reporting														122
Number in group	0	0	0	0	0	523	0						523	123
Number received	0	0	0	0	0	504	12						516	124
Number of CE Reports with deficiencies	0	0	0	0	0	62	5						67	125

Regulatory Activity	April26.	May26.	Jun26.	Jul26.	Aug26.	Sep26.	Oct26.	Nov26.	Dec26.	Jan27.	Feb27	Mar27.	YTD	Line
1.6 Regulatory Activity: Inspection Program														126
Registered Premises (Total Current)													**175**	127
Total Registered from prior year (as of April 1)													172	128
Newly registered	1	1	3	0	0	0	2						7	129
De-registered	0	0	2	1	1	0	0						4	130
Inspections of Premises														
New Premises														131
Part I Completed	2	1	0	0	0	0	6						9	132
Part II Completed	6	0	1	0	3	2	6						18	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	3	0						9	136
Inspection Outcomes														
New premises-outcomes (Parts I & II)														137
Passed	2	0	9	0	1	0	6						18	138
Pass with conditions	0	0	1	0	0	0	0						1	139
Failed	0	0	0	0	0	0	0						0	140
5-year Anniversary Inspection Outcomes														141
Passed	0	0	1	0	5	0	0						6	142
Pass with conditions	1	0	2	0	0	0	2						5	143
Failed	0	0	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)													**13**	145
Patient referred to emergency	3	2	1	0	0	3	1						10	146
Patient died	0	0	0	0	0	0	0						0	147
Procedure performed on wrong patient	0	0	0	0	0	0	0						0	148
Emergency drug administered	0	0	0	0	1	0	2						3	149
Type 2 Occurrence Reports (Outstanding)													**-11**	150
Total Reports Required to be filed.													172	151
Reports Received	83	39	0	0	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													25	155
Open Reports incl. carried forward from prior yrs													7	156
New Complaints	6	1	0	3	3	2	1						16	157
New Reports	0	1	0	0	1	0	0						2	158
Complaints completed	1	2	3	3	0	0	2						11	160
Reports completed	0	0	0	0	0	1	1						2	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	0						0	164
Files resolved by ADR	0	0	0	0	0	0	0						0	165
Files not resolved by ADR	0	0	0	0	0	0	0						0	166
ICRC Outcomes (files may have multiple outcomes)														167
Take no further action	0	0	1	0	0	0	1						2	168
Letter of Counsel	1	1	2	1	0	0	1						6	169
Oral Caution	0	1	0	0	0	0	0						1	170
Specified Continuing Education and Remediation	0	0	0	0	0	0	0						0	171
Letter of Counsel & SCERP	0	0	0	0	0	0	0						0	172
Oral Caution & SCERP	0	0	0	1	0	0	0						1	173
Acknowledgement & Undertaking	0	0	0	0	0	1	0						1	174
Referral to Fitness to Practise Committee	0	0	0	0	0	0	0						0	175
Referral to Discipline Committee	0	0	0	1	0	0	0						1	176
Frivolous & Vexatious	0	0	0	0	0	0	1						1	177
Resolved through ADR	0	0	0	0	0	0	0						0	178
Withdrawn by Complainant	0	0	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	0						0	182
New Interim Orders - Suspended	0	0	0	0	0	0	0						0	183
Interim Orders Removed	0	0	0	0	0	0	0						0	184
Summary of concerns (files may have multiple concerns)														185
Advertising/Social Media	5	2	0	0	3	1	0						**11**	186
Billing and Fees	0	0	0	0	0	0	1						1	187
Communication	0	0	0	3	0	0	0						3	188
Competence/Patient Care	2	0	0	3	1	1	0						**7**	189
Fraud	0	0	0	0	0	0	0						0	190
Professional Conduct & behaviour	0	2	0	2	1	0	0						5	191
Record Keeping	0	0	0	1	0	0	0						1	192
Sexual Abuse/Harassment/Professional Boundaries	0	0	0	0	0	0	0						0	193
Delegation	0	0	0	0	0	0	0						0	194
Unauthorized Practice/Scope of Practice	0	1	0	0	1	0	1						3	195
Failure to comply with an Order	0	0	0	0	0	0	0						0	196
Inappropriate/ineffective treatment	2	0	0	0	0	0	0						2	197
Conflict of Interest	0	1	0	1	0	0	0						2	198
Lab Testing	0	0	0	0	0	0	0						0	199
QA Program Compliance	0	0	0	0	0	0	0						0	200
Cease & Desist Compliance	0	0	0	0	0	0	0						0	201
Failure to Cooperate	0	0	0	0	0	0	0						0	202
Practising while Suspended	0	0	0	0	0	0	0						0	203
Unprofessional/Unbecoming Conduct	0	0	0	0	0	0	0						0	204
Breach of Privacy	0	0	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	0	0						2	209
Letters signed back by practitioner	1	1	0	0	0	0	0						2	210
Letters unsigned or outstanding	1	0	0	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	0						0	215
Applications approved by the Court	0	0	0	0	0	0	0						0	216
Applications denied by the Court	0	0	0	0	0	0	0						0	217
1.9 Regulatory Activity: Hearings														218
Matters Referred by ICRC														219
Referrals to the Discipline Committee (Total)													**1**	220
Referrals from prior period													1	221
New referrals	0	0	0	1	0	0	0						1	222
Matters concluded	0	0	0	0	0	1	0						1	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	0						0	226
Matters concluded	0	0	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	0	0						1	231
Completed	1	0	0	0	0	0	0						1	232
Not needed on consent	0	0	0	0	0	0	0						0	233
Discipline hearings Held														234
Contested hearing completed	0	0	0	0	0	0	0						0	236
Uncontested heartings completed	0	0	0	0	0	1	0						1	237
Outcomes of Contested Matters														238
Findings made	0	0	0	0	0	1	0						1	239
No findings made	0	0	0	0	0	0	0						0	240
FTP Hearings														241
Finding of incapacitated	0	0	0	0	0	0	0						0	242
No finding made	0	0	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)													**255**	246
E-mail	28	23	33	26	19	22	29						180	247
Telephone	19	17	13	16	6	2	2						75	248
Most Common Topics of Inquiries														249
Telepractice	1	1	4	3	2	3	3						17	250
Record Keeping	6	5	1	3	3	2	4						**24**	251
Scope of Practice	5	6	7	5	1	3	4						**31**	252
Injections	1	0	3	1	0	2	0						7	253
Patient Visits	1	0	2	2	1	2	1						9	254
Delegations and Referrals	4	5	4	3	1	2	4						**23**	255
Laboratory Testing	4	1	2	2	0	1	5						15	256
Consent and Privacy	1	4	2	3	2	0	2						**14**	257
Conflict of Interest	0	0	2	2	1	1	1						7	258
Prescribing/Selling Drugs	2	1	1	0	0	0	1						**5**	259
Fees and Billing	5	5	4	2	6	4	4						**30**	260
Inspection Program	2	2	0	2	1	0	1						8	261
Endorsements	0	0	0	0	0	0	3						3	262
Graduates working for NDs	0	2	0	1	0	2	1						6	263
Continuing Education	3	1	1	1	0	0	0						6	264
Advertising	1	0	2	2	0	1	3						9	265
Notifying Patients when Moving	2	2	4	4	1	2	1						16	266
Completing Forms and Letters for Patients	2	0	0	0	0	3	0						5	267
Registration and CPR	0	0	0	0	2	0	1						3	268
Complaints	1	0	0	0	1	0	0						2	269

Regulatory Education Program														270
Live Sessions														271
Session Delivered	0	1	0	1	0	1	0						3	272
Registrations	0	97	0	398	0	254	0						749	273
Attendees	0	71	0	304	0	182	0						557	274
Recorded Sessions														275
Registrations	16	19	23	130	304	270	63						825	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	0						0	280
Files where HPARB rendered decision	0	0	0	0	0	1	0						1	281
														282
HPARB Decisions on RC Matters														283
Upheld	0	0	0	0	0	1	0						1	284
Returned	0	0	0	0	0	0	0						0	285
Overturned	0	0	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	0	0						1	290
Files where HPARB rendered decision	0	0	0	0	0	0	0						0	291
HPARB Decisions on ICRC Matters														292
Upheld	0	0	0	0	0	0	0						0	293
Returned	0	0	0	0	0	0	0						0	294
Overturned	0	0	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	0						0	298
Matters where HRTO rendered a decision	0	0	0	0	0	0	0						0	299
HRTO Decisions on Matters														300
In favour of applicant	0	0	0	0	0	0	0						0	301
In favour of College	0	0	0	0	0	0	0						0	302
Matter settled/resolved	0	0	0	0	0	0	0						0	303

College of Naturopaths of Ontario

Report on Operations – Mid-Year Report Plan

APRIL 1, 2026 TO SEPTEMBER 30, 2026

I. STRATEGIC OBJECTIVES AND PRIORITIES OF THE COUNCIL

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

Objective 1:	The College engages its stakeholders, through education and collaboration, to ensure that they understand the role of the College and trust in its ability to perform its role.
Related priorities:	1. The College engages its system partners to further their understanding and trust in the College and the profession. 2. The College engages its registrants and the public to further their understanding and trust in the College and the profession. 3. The College relies on a risk-based approach to proactively regulate the profession.
Objective 2:	Naturopathic Doctors are trusted because they are effectively regulated.
Related priorities:	1. Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination. 2. Registrants and the public are aware of and adhere to the standards by which NDs are governed. 3. Registrants are held accountable for their decisions and actions. 4. Registrants maintain their competence as a means of assuring the public that they will receive safe, competent, ethical care. 5. The College examines the regulatory model to maximize the public protection benefit to Ontarians.

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

II. PURPOSEFUL ENGAGEMENT OF STAKEHOLDERS

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

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

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

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

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

1.1.1	Individualized Engagement of System Partners and Interested Parties
The College will engage with system partners and interested parties on a regularized basis as opportunities to discuss issues of mutual concern or importance within the regulatory system.	• Meetings will be scheduled with each system partner and interested party at a frequency and timing that meets the College's needs . • The College will oversee the process of scheduling, agenda development, meeting minutes (where agreed upon) and development of meeting highlights to be released for transparency purposes. • Each meeting will be focused on education of each system partner and interested party and seeking opportunities to work together in the broader public interest.

Timeframe:	All Planning Years	**Responsible:**	Chief Executive Officer
Year-to-date outcomes:	During the first half of the year, College staff and Council members have met with system partners as follows: - MOH 2 - CRPO 2 - HPRO 2 - CANRA 3		
Year-to-date rating:	❒ Not started	☑ In progress	❒ Completed ❒ To be deferred
Comments:			

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

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

1.2.1	In Conversation With Program		
The College will continue to deliver its ***In Conversation With*** series, a fireside chat concept that engages both the public and registrants on key issues in regulation. This series will continue on an as needed basis to focus on key issues being faced by the College or promoting Council and volunteer opportunities.		• Topics will be developed by the College in support of other programming such as consultations and governance matters.	
Timeframe:	All Planning Years	**Responsible:**	Communications
Year-to-date outcomes:	Although no ICWs have been held in the first half of the year. Planning is underway for the second half.		
Year-to-date rating:	❒ Not started	☑ In progress	❒ Completed ❒ To be deferred
Comments:			

1.2.2	Consultation Program

The College will continue to engage the public and its registrants in consultation on key issues and initiatives; however, an augmented process will be introduced that allows the public and the registrants to hear directly from the College about the intent and outcomes of the regulatory changes under consultation.	• The College will release consultation documents on significant change being proposed to the regulatory framework, albeit regulations, by-laws, Council policies. • Feedback will be sought through written and on-line opportunities. • The College will invite the public and registrants to attend information sessions about the consultation topic, through the ICW program, as an opportunity for the College to provide education and allow participants to gain a fulsome understanding of what is being proposed and to provide meaningful feedback. • The College will maintain an on-going mechanism for registrants and the Public to provide feedback with respect to the tables of permitted drugs and substances within the General Regulation so that the College can ensure that they are accurate and up-to-date and work with the Association to allow it to consider changes that may reflect a change in scope of practice.
Timeframe: All Planning Years	**Responsible:** Chief Executive Officer

Year-to-date outcomes:	No consultations have been held in the first half of the year.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

1.2.3	Regulatory Education Program
The College will develop and maintain a new Regulatory Education Program (REP) that provides detailed education into regulatory issues and concerns. The REP will be informed both by current issues as well as by data derived from the Risk-based Regulation Program of the College.	• A minimum of six sessions will be offered on-line annually at no or minimum cost to registrants. • The Quality Assurance Committee will be asked to consider awarding continuing education credits to these sessions as appropriate. • Sessions will be recorded and maintained on the College website for registrants to access
Timeframe: All Planning Years	**Responsible:** Chief Executive Officer

Year-to-date outcomes:	Three REP sessions where held in the first half of the year including: • IVIT Premises: Inspections and Regulatory Requirements - May 29/26 (71 attendees) • Understanding the New CE Reporting Process through Alinity - Jul 20/26 (304 attendees) • Considerations for Obtaining Informed Consent - Sept 21/26 (182 attendees). A total of 557 individuals attended these sessions.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

1.2.4	On-going Corporate Communications		
The College will maintain a program of outbound communications and messaging to registrants, public and stakeholders through defined program elements.		• Registrants, System Partners and Interested Parties will be informed of the College's on-going work and new developments through: ○ The iNformeD e-newsletter. ○ The News sections of the College's website. ○ Accuracy and currency of the College's website. ○ The College's social media channels.	
The College will engage a third-party communications firm to support the College and Council in getting its messages to system partners, including registrants, interested parties and the public.		• Matters brought before the Council will include communications components to be released by the College that reinforce the College's mandate and role. • Key messages will be reviewed and updated with the support of the communications firm.	
Timeframe:	All Planning Years	**Responsible:**	Communications
Year-to-date outcomes:	Six editions of iNformeD were delivered in the first half of the program year, as planned. Five direct emails were distributed to registrants on topics including Volunteer Appreciation, release of Audited Financial Statements for 2025-26 the Annual Report 2025-26, and two relating to the transfer of examinations to CANRA.		

	The College retained MDR Strategy Group Limited as our third-party communications support team. MDR has revised our Style Guide, developed SEO Guidelines and Web Content Writing guidelines, refreshed communication templates (letterhead, powerpoint etc) and work is underway in the development of a , Communications Strategy (including social media) as well as Public Awarenessvideos.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

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

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

1.3.1	Risk-based Regulation Program Development							
The College will articulate its initial approach to Risk-based regulation and present the preliminary final concept to the Council. It is acknowledged that the approach will be an iterative one that will require refinement based on information gleaned through the processes.				• The preliminary plan will be developed and articulated in writing, including the identification of current data available to the program and new data sets required. • The Senior Management Team of the College will present the final plan to the Council no later than March 2024.				
Timeframe:	Completed			**Responsible:**	Chief Executive Officer			
Year-to-date outcomes:								
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

1.3.2	Risk-based Regulation Program Implementation

The risk-based regulatory approach will be initiated by developing and launching the necessary mechanisms to collect and interpret the data.		• Data as set out in the Risk-based Regulation Program will be collected and assembled in raw form. • The data will be presented to the profession through the College's Annual Report allowing system partners and interested parties to consider what efforts they may make to mitigate potential risks.. • Appropriate mitigation techniques will be identified internally to the College and presented to the Council for its information and input..	
		• The College will provide support to registrants who are required to track Therapeutic Prescribing data.	
Timeframe:	2024-2029	**Responsible:**	Chief Executive Officer
Year-to-date outcomes:	Several initiatives surrounding RbR were completed in the first half of the program year. Data relating to the Therapeutic Prescribing Standard, which as due in late February, was tabulated and developed into the Annual Report. Data from the IVIT Standard was also calculated separately, as was an outline of the distribution of the profession. As part of the annual renewal process, the College once again collected data about the controlled acts being performed by the profession, the number of patients and patient visits.		
Year-to-date rating:	❒ Not started	☑ In progress	❒ Completed ❒ To be deferred
Comments:			

III. EFFECTIVE REGULATION LEADS TO TRUST IN THE PROFESSION.

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

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

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

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

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

<table>
<tr><td>2 (A)</td><td colspan="3">Operating under the principles of good governance</td></tr>
<tr><td>2(A)-1</td><td colspan="3">Quality Decision-making</td></tr>
<tr><td colspan="2">The College will operate a program that ensures that the Council is properly equipped to make decisions on policy matters brought before it.</td><td colspan="2">• Council will be fully briefed on all major issues and policy matters to be brought before it and Council will receive its materials for meetings in a timely manner.
• Briefing notes on major issues and policies will be developed as needed and presented to Council to facilitate the deliberative process.
• Briefings of Council will include a detailed analysis of the risk, privacy, financial, transparency, public interest and EDIB considerations of the decisions being considered.</td></tr>
<tr><td>Timeframe:</td><td>All Planning Years</td><td>Responsible:</td><td>Chief Executive Officer</td></tr>
<tr><td colspan="2">Year-to-date outcomes:</td><td colspan="2">The Council has had several important briefings on issues and policy matters covering topics such as committee appointments, policy amendments, insurance coverages, evaluation processes and strategic planning. The standard briefing note continues to include the detailed analysis of the risk and other issues as identified.
The Council has also had several briefings on programs of the College.</td></tr>
</table>

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

2(A)-2	A Commitment to equity, diversity, inclusion and belonging		
The College will continue its commitment to integrate the principles of equity, diversity, inclusion and belonging into all of its activities.		• The College will continue to evaluate its policies and procedures using its EDIB lens tool (developed and implemented in 2023). • The Governance Committee, with which the EDIB Committee amalgamated in June 2025, will continue to review and consider pertinent issues pertaining to EDIB, including but not limited to the collection and use of racialized data.	
Timeframe:	All Planning Years	**Responsible:**	Human Resources
Year-to-date outcomes:	The Council and College's commitment to EDIB continues. Committees consider equity, diversity, inclusion and belonging in all policies decisions being made through the application of a the EDIB lens tool. Council Skills, Expertise and Diversity policy continues to be implemented through the elections process.		

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

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

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

		that the Public Appointments Secretariat is aware of vacancies and the need to appointment and re-appointment as necessary.	
The College will maintain a program to ensure that Committees are properly constituted, volunteers are recruited, and appointments are sought from the Council.		• The CEO will monitor all committees to ensure that they are properly constituted as set out in the College by-laws. • Council will be presented a slate of appointments, at minimum annually at its May meeting and on-going appointments will be presented to the Council or the Executive Committee on an as-needed basis.	
Timeframe:	All Planning Years	**Responsible:**	Human Resources
Year-to-date outcomes:	All committees are properly constituted and continue to operate in accordance with their mandates. In May 2026, the CEO brought forward a slate of committee appointments that was approved by the Council. New management processes for the committees were implemented in the first half of the program year.		
Year-to-date rating:	❒ Not started	☑ In progress	❒ Completed ❒ To be deferred
Comments:			

2 (C)	Volunteer Recruitment, Assessment and Training program.		
2(C)-1	Recruitment		
The College will maintain a comprehensive volunteer program to ensure the involvement of the public and registrants in regulatory processes.		• Recruitment of volunteers from among registrants and the public will be undertaken on an on-going basis. • A retention program will be implemented that incorporates best practices in retention including regular feedback opportunities from current volunteers and those that may exit the program. • A recognition program for volunteers will be implemented as a means of augmenting the retention of volunteers and recognizing the value that the Council and College places on its human resources.	
Timeframe:	All Planning Years	**Responsible:**	Human Resources

Year-to-date outcomes:	The College continues to recruit and retain its volunteers. In the first half of the program year 14 new volunteers have been recruited and placed on committees or into in-field positions., in addition to the appointment of one new Council member by the Public Appointments Secretariat.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

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

Year-to-date outcomes:	All volunteers complete the competency assessment to ensure the have the competencies necessary to be successful in their roles. Volunteers being appointed to Committees or seeking election to Council are screened by the Governance Committee while in-field volunteers are screened by the SMT and program managers. The orientation sessions for the election and volunteers are schedule for the second half of the program year as is the Governance Committee's review of skills, expertise and diversity requirements for the election process.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2(C)-3	Training							
The College will operate a program to ensure that all new and existing Council and Committee members are afforded the necessary training to fulfill their duties.						• A minimum of one live training session will be offered annually for new Council and committee members that sets out their duties and responsibilities surrounding due diligence, public protection and other key matters. • A minimum of one training session bi-annually or as needed for Council and committee chairs and co-chairs. • All new volunteers will be required to complete training on bias, diversity, human rights, accessibility and anti-discrimination. • All sitting Council and Committee members will be required to complete an on-line version of the training as a refresher every two years.		
Timeframe:	All Planning Years					**Responsible:**	Human Resources	
Year-to-date outcomes:	Training for new Council members was provided in September 2026 by the CEO and Chair. In May 2026 the Council was in receipt of a full day of in-person training on Finance and Risk.							
Year-to-date rating:	❒	Not started	❒	In progress	❒	Completed	❒	To be deferred
Comments:								

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

	• Staff performance will be evaluated in an open and transparent way based on standardized performance management processes. • Staff who are leaving the College will be treated with respect and dignity.
College management and staff will work collectively to continue to build and enhance the College "team" as a unified work force and to ensure that the College's workplace environment is conducive to the team approach.	• The College shall take all necessary and prudent steps to ensure that the College workplace environment promotes diversity and inclusivity, and is free from harassment, abuse, and discrimination, including annual reviews of the College's relevant policies and ensuring that proper investigations are conducted when concerns are raised. • The College shall foster a team approach through shared work and social experiences.
The College will provide staff with on-going training to enhance individual and program performance.	• The CEO will provide all staff with group training in areas of importance to the College and its regulatory work. • A formal process to support and encourage staff professional development will be established and integrated to the annual performance review process, to enhance their own performance, that of the program areas and as developmental opportunities. • The College shall maintain membership with the Canadian Network of Agencies for Regulation (CNAR) and share information from this organization with staff. • Within the budgetary restrictions, the College will send staff to the CNAR Annual Education Conference. • Processes will be implemented to assist staff in self identifying training needs related to their program area(s) and opportunities for future advancement.
Timeframe: All Planning Years	**Responsible:** Human Resources

Year-to-date outcomes:	In the first half of the reporting year performance appraisals, which include professional development and training need discussions, for all eligible staff members were completed. Position vacancies were consistently advertised internally as the first step in recruitment. Conference attendance was encouraged with three staff members attending CNAR.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2(D)-2	Human Resources Plan		
The College will have a Human Resources Plan that ensures the long-term sustainability and stability of the College.		• A Human Resources Plan, that sets out the current and future plans for staffing of the College, and which aligns with the Council's strategic plan and the College's Operational Plan is maintained. • .	
The Human Resources Plan will be updated annually and attached to the Operational Plan presented to the Council.		• Each year as the Operational Plan is updated, the Human Resources Plan is also updated to reflect any changing operations or operational priorities.	
Timeframe:	All Planning Years	**Responsible:**	Senior Management Team

Year-to-date outcomes:	Regular reviews of the Human Resources Plan are conducted by the Senior Management team to ensure it adequately reflects ongoing operational needs.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2 (E)	Sound Financial Management.	
2(E)-1	Effective financial management	
The financial resources of the College will be managed in accordance with generally accepted accounting principles and best practices for the not-for-profit sector and will meet all legislative and oversight requirements.		• Capital and Operating budgets will be developed for presentation to and acceptance by the Council, that will include a one-year budget and two years of estimates, based on a three-year operating plan.

		• Unaudited financial statements and the variance report will be provided to Council in accordance with the Council's Annual Planning Cycle (GP08). • The annual external audit of the College's financial status will be supported by the staff.	
Timeframe:	All Planning Years	**Responsible:**	Director, Operations
Year-to-date outcomes:	The Council was presented with the Auditor's Report and draft Audited Financial Statements for 2025-26 in July 2026. Subsequently, the unaudited financial statements at Q1 were presented to and accepted by the Council. A draft budget for the next fiscal year will be presented in March 2027.		
Year-to-date rating:	❒ Not started	☑ In progress	❒ Completed ❒ To be deferred
Comments:			

2 (F)	Transparency and Accountability
2(F)-1	Commitment to and Action on the Transparency principles
The College will operate a program that supports the transparency principles adopted by the Council and increases transparency of College decision-making wherever possible.	• A qualitative Annual Report that provides not only statistical information but also necessary context and trending information, will be developed and released annually. • Audited financial statements and the Auditor's report will be presented to the Council at its July meeting and included in the Annual Report. • Regular Committee reports will be sought from Committee Chairs and included in the Council consent agenda for each Council meeting and Annual Committee reports will be developed by the staff and reviewed by Committee Chairs and presented to the Council in July. • Council and Executive Committee meeting materials will be made publicly available unless redacted in accordance with the Code. As such, ○ Council meeting materials will be posted to the website prior to the Council meeting.

				○ Executive Committee materials will be posted to the website in advance of the meeting in accordance with the Committee terms of reference.			
Timeframe:	All Planning Years			**Responsible:**	Chief Executive Officer		
Year-to-date outcomes:	The Annual Report for the prior program year was released in September 2026. The report provided a comprehensive overview of program activities and data from the current and prior years. It also provided a comprehensive profile of the profession. The audited financial statements were approved by Council in July 2026 and released publicly. An excerpt was also included in the Annual Report. Committee reports have been obtained and included in the materials for the three Council meetings held in the first half of the program year and Annual Committee Reports were presented and accepted by the Council in July 2026. All Council meeting materials are publicly released about 7 days prior to the meeting.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2(F)-2	Open Regulatory Process
• Regulatory processes and matters of the public interest will be routinely disclosed.	• The College will maintain (update regularly) a summary table of active and resolved complaints and inquiries on the website, with all information presented in an anonymized form that does not identify complainants or registrants. • The College will maintain a public list of registrants who received an Oral Caution from the Inquiries, Complaints and Reports Committee, were directed to complete a specified continuing education program or signed an acknowledgement and undertaking within the past two years. • The College will alert the public to pending discipline hearings including the status of the matter and the notices of hearings. • Discipline hearing outcomes will be provided to the public, including posting on the website of Agreed Statements of Facts, and Joint Submissions on Penalty and Costs, which are exhibits to

						hearings, and posting of Decisions and Reasons from panels of the Discipline Committee.	
Timeframe:	All Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	The College maintains a summary table of active and ongoing investigations as well as a public list of Oral Caution outcomes. The College also maintains a Discipline webpage with upcoming and scheduled hearing dates, which are also included in its iNformeD newsletter.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2(F)-3	Council Oversight Responsibilities

The College will operate a reporting program to ensure that the Council is able to fulfill its oversight duties as set out in the Code, the Act and the College by-laws.	• The CEO will submit bi-monthly Regulatory Operations Reports to the Council detailing regulatory operational activities in line with part I of this Operational Plan. These reports will be made public.
	• The CEO will submit a semi-annual report on progress towards meeting the goals set out in this Operational Plan. As such,
	  ○ A mid-year report based on the work set out in the Operational (excluding Part 1) will be presented to the Council at its November meeting.
	  ○ A year-end report based on the work set out in the Operational Plan (including Part 1) will be presented to the Council at its July meeting.

Timeframe:	All Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	The year-end report on operations was presented to the Council in July 2026 for the prior program year. The Council accepted the current updated Operational Plan in March 2026 and will receive this mid-year report at its November meeting.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2(F)-4	CEO Annual Assessment

The College will operate a program to ensure that the Council can properly assess the performance of the CEO.				• Staff will support the Council in its work to undertake a performance review of the CEO on an annual basis in accordance with its policies. • The Council will be provided with the necessary materials to undertake its review, which is based on the goals and development plan set by the CEO and approved by the Council.			
Timeframe:	All Planning Years			**Responsible:**	Council		
Year-to-date outcomes:	The Council CEO Review Panel conducted its work for the CEO Annual Review for the period of April 1, 2025 to March 31, 2026.The CEO Review Panel presented their findings which were accepted by the Council at its July 2026 meeting and shared outcomes with the CEO in August 2026. For the current year, the Council received and accepted the CEO's priorities at its March 2026 meeting.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2(F)-5	Council Self-Assessment						
The College will operate a program to ensure that the Council can properly assess, its own performance, the performance of its committees and individual Council and Committee members.				• Staff will support the Council's Governance Evaluation process to enable the Council to undertake a performance review of itself, the Committees and individual Council and Committee members through an independent and neutral third party. • Staff will oversee the support provided by a third-party consultant retained to assist the Council in its efforts.			
Timeframe:	All Planning Years			**Responsible:**	Chief Executive Officer		
Year-to-date outcomes:	In April 2026, the staff supported the work of Satori Consulting who conducted the Council assessment process. The staff also supported the Council & CEO Review panel in its work of providing each Council member an assessment, which included their own self-assessment. Both sets of evaluations were completed and presented.						
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒ To be deferred
Comments:							

2(F)-6	Council Risk Assessment							
The College will operate a program that identifies and mitigates risks to the Council and the College.					• The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organization, including directors and officer's liability insurance, commercial general liability insurance and property insurance. These policies will be reviewed bi-annually. • The College will institute and manage an Enterprise Risk Management (ERM) Program and will support the Council's Finance, Audit and Risk Committee to ensure the Council is aware of the risks facing the College and processes instituted to mitigate those risks. • The ERM assessment will be updated bi-annually.			
Timeframe:	All Planning Years				**Responsible:**	Chief Executive Officer		
Year-to-date outcomes:	The College has maintained appropriate insurance coverage including Directors & Officers, Commercial General Liability, Cyber Security and loss coverage in case of fire or theft of property. The ERM program is in place and semi-annual reviews are undertaken by the Finance, Audit and Risk Committee.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2 (G)	**Commitment to oversight requirements.**
2(G)-1	HPARB Appeals
The College will operate a program in support of the Health Professions Review and Appeal Board (HPARB) appeals process for appeals of decisions of the Registration Committee (RC) and for appeals of decisions of the Inquiries, Complaints and Reports Committee (ICRC).	• College staff will provide documentation relating to appeals to HPARB as soon as possible after receiving an alert of an appeal. • Legal Counsel for the College will be alerted and provided copies of all materials provided to HPARB. • Staff will attend conferences and hearings in defence of RC decisions rendered and as a resource to HPARB in matters of appeals of ICRC decisions.

						• HPARB decisions will be reported to the Committees and the Council and any matters returned by HPARB will be brought to the appropriate committee on an expedited basis.		
Timeframe:	All Planning Years					**Responsible:**	Deputy CEOs	
Year-to-date outcomes:	College staff supported the HPARB appeals process for both RC and ICRC decisions.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2(G)-2	HRTO Matters						
The College will operate a program that allows it to respond to matters filed with the Human Rights Tribunal of Ontario (HRTO).					• All notices received by the HRTO will be provided to Legal Counsel of the College. • College staff will support Legal Counsel by providing all necessary information to allow for a proper defence to be mounted. • College senior staff will participate in all conferences and hearings of the HRTO. • All outcomes of the HRTO will be reported to the Council and any impacted Committees.		
Timeframe:	All Planning Years				**Responsible:**	Chief Executive Officer	
Year-to-date outcomes:	There are no current matters before the HRTO.						
Year-to-date rating:	☑	Not started	❒	In progress	❒	Completed	❒	To be deferred
Comments:							

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

						• The Ministry's summary of all College reports will be reviewed to identify best practices which this College may adopt in the future. • The CPMF reporting has been placed on hold for the 2025 year.		
Timeframe:	All Planning Years					**Responsible:**	Senior Management Team	
Year-to-date outcomes:	The CPMF was suspended for the 2025 cycle. As such, no report was filed in 2026. An updated CRMF has been soft released by the Ministry and, when implemented, the next report of the College will be due at the end of March 2028.							
Year-to-date rating:	❒	Not started	❒	In progress	❒	Completed	☑	To be deferred
Comments:								

2(G)-4	Fair Registration Practices							
The College will support the work of the **Office of the Fairness Commissioner** (OFC) in its effort to ensure that registration practices of regulatory authorities are fair, objective, impartial and transparent.						• The College will submit the annual Fair Registration Practices report on the schedule set by the OFC and will make such reports publicly available. • The College will engage the OFC in support of its registration practices assessment conducted on a schedule as determined by the OFC.		
The College is committed to registration practices that are transparent, objective impartial and fair, further incorporating recommendations made by the OFC in conjunction with their Risk-informed Compliance Framework, and best practices as highlighted by the Ontario Ministry of Health's CPMF Reporting.						• The College will seek to implement any additional recommendations resulting from further OFC assessments, changes to OFC fair registration practices or fair access requirements, or Ministry feedback in relation to the CPMF reporting.		
Timeframe:	All Planning Years					**Responsible:**	Deputy CEO, Registrant & Corporate Services	
Year-to-date outcomes:	The College was issued a low-risk rating from the OFC in early September 2026, following the College's submissions in response to the OFC's June 2026 Risk Informed Compliance Framework (RICF) questionnaire The Fair Registration Practices reporting for 2026 is anticipated to be initiated by the OFC in December.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

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

2.1	**Applicants are evaluated based on their competence and evaluations are relevant, fair, objective, impartial and free of bias and discrimination.**
2.1.1	Examinations
The College will operate an Examinations program that enables the College to properly assess the competencies of graduates from Council on Naturopathic Medical Education (CNME)-accredited programs and PLAR applicants seeking registration with the College, as well as naturopaths seeking to demonstrate that they have the competencies required of those standards.	• The College will deliver two (2) sittings of the Clinical (Practical) examinations annually. • The College will deliver two (2) sittings of the written Clinical Sciences examination annually. • The College will deliver two (2) sittings of the written Biomedical examination annually. • The College will deliver two (2) sittings of the Intravenous Infusion Therapy (IVIT) examination annually. • The College will deliver two (2) sittings of the Prescribing & Therapeutics examination annually. • The Ontario Jurisprudence exam will be available online.
All College examinations will be maintained through an examination question development and retirement program.	• A minimum of thirty (30) new examination questions will be developed annually in concert with item writers, item reviewers and the Examination Committee (ETP) for each of the BME and CSE • 25% of the questions and cases used in the Clinical (Practical) Exams will be reviewed annually. • The College will support efforts by the Canadian Alliance of Naturopathic Regulatory Authorities in its effort to develop a national set of competencies and national examinations.
The College will work with the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) towards the development of pan-Canadian national entry-to-practice examinations.	• The College will work with CANRA towards developing and launching national written entry-to-practice clinical sciences and biomedical examinations.

						• In consultation with CANRA, the College will develop an exam transition plan, associated policy and communications to support changes to recognized entry to practise examinations for registration in Ontario.	
Timeframe:	All Planning Years					**Responsible:**	Deputy CEO, Registrant & Corporate Services
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026. An Exam Transition Policy, CANRA-QE Policy and Exam Transition webpage were drafted and published. Communications announcing the upcoming exam transition were also drafted and disseminated to candidates, registrants, interested parties and system partners. Work was also initiated on other assistive resources to help candidates and new graduates understand exam transition. The College liaised with CANRA to discuss transition items and met with the CCNM prior to the launch of associated communications.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2.1.2	Entry-to-Practice
The College will operate an Entry-to-Practise program that enables new graduates, Prior Learning Assessment and Recognition (PLAR) applicants, and naturopaths registered in other jurisdictions to seek registration as a naturopath in the Province of Ontario.	• An application for registration process with the College will be maintained. • All applications will be screened to ensure that the entry-to-practise requirements set out in the Registration Regulation, College by-laws and Council policies are met. • Applicants that meet the requirements will be provided a Certificate of Registration. • Applicants that appear not to meet the requirements will be referred to the Registration Committee (RC) for review. Complete files for matters referred to the RC will be presented to the RC at the first available meeting and staff will support the Committee by preparing Decisions & Reasons on files referred to the Committee

	for review and approval of the RC. Decisions & Reasons of the RC will be provided to applicants and registrants as soon as they are approved by the Committee. • Applicants referred to the Registration Committee will be kept informed of the progress of the review, both informally and formally through decisions rendered.
The College will operate a program that will allow an individual to be assessed to determine whether their education and experience is substantial equivalent under the Prior Learning Assessment and Recognition Program (PLAR) to that of an individual who has graduated from a CNME-accredited program.	• A process for evaluating individuals under the Council's PLAR policy will be maintained and applicants for assessment will be processed in accordance with that policy. • Information about the PLAR process will be maintained and made publicly available by the College. • PLAR Assessors will be recruited and provided training and related tools to the assessment process. • PLAR demonstration-based assessment materials will be reviewed on a regular basis and updated as needed.
The demonstration-based, components of PLAR ("Structured Interview" and "Interaction with a Simulated Patient") of the PLAR program will be reviewed and revised.	• Work will be carried out to populate the revised Stage 5 of PLAR with new assessment materials. • PLAR assessment and communications materials will be updated to reflect changes to Stage 5. • Associated staff and recruited demonstration-based assessors will be trained on the administration of the revised Stage 5 assessment process.
Timeframe: All Planning Years	**Responsible:** Deputy CEO, Registrant & Corporate Services

Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026. Work concluded on refining Stage 5 of the PLAR program with updated cases and associated rubrics. PLAR applicant materials are in the process of being revised to reflect the changes, including training of assessors on the administration of the revised Stage 5 assessment process.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2.2	**Registrants and the public are aware of and adhere to the standards by which NDs are governed.**
2.2.1	Inspection Program
The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the *Naturopathy Act, 2007,* to regulate premises in which IVIT procedures are performed.	• The College will maintain a process for new IVIT premises to become registered with the College and for registering of the designated registrant and other personnel operating from the premises and for existing premises to maintain their information with the College. • The College will maintain a process for the inspection of new premises as well as a process for the subsequent re-inspection of premises every five years. • Fees for new premises registered and inspections will be levied and collected. • A pool of qualified and trained inspectors will be maintained. • Incidences of IVIT procedures being provided in unregistered premises will be reviewed and, where appropriate, a request made to the Inquiries, Complaints and Reports Committee (ICRC) to appoint an investigator and a cease & desist letter is sent to the Registrant. • Inspection reports will be presented to the Inspection Committee, along with other relevant matters and staff will support the Committee by preparing materials for review, drafting decisions & Inspection Reports on files for review and approval of the Committee. Decisions of the Inspection Committee will be provided to the designated Registrant as soon as they are approved by the Committee. • The IVIT Premises Registry will be maintained on the College website with new and amending information added on a routine and regular basis. • Type 1 occurrence reports are reviewed by staff on receipt and reviewed by the Committee at the next meeting. If the Committee

	requires further action by the reporting Registrant, they will be contacted by staff. • Type 2 occurrence report forms will be collected annually, analyzed, and reported to the Committee and Council.
Timeframe: All Planning Years	**Responsible:** Deputy CEO, Regulation

Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2.2.2	Standards Program
The College will operate a program to develop and maintain the Standards of Practise of the profession and any related policies and guidelines. Standards and guidelines will be reviewed by the Standards Committee (SC) to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.	• College staff will support the SC as it initiates reviews of any or all of the Core Competencies, Code of Ethics and Standards and Guidelines. • Staff will support the SC as it undertakes consultation of stakeholders relating to existing or new standards, guidelines or policies. • Where the SC makes amendments to any of the standards, guidelines or policies, staff will update the materials and release them publicly. • Staff will also maintain a program of alerting registrants of any changes to the standards.
Timeframe: All Planning Years	**Responsible:** Deputy CEO, Regulation

Year-to-date outcomes:	The Standards Committee continues its review of current standards and guidelines and is in the process of drafting a guideline for the use of AI which will be available for public consultation in the second half of the reporting year.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

2.2.3	Regulatory Guidance Program

The College will operate a Regulatory Guidance program that will respond to registrants' questions and provide information, whenever possible, and guide the profession to the resources available to it.				• E-mail and telephone inquiries will be responded to by the College staff. • Statistics based on the number and nature (topic) of inquiries will be maintained and presented to the Council.			
Timeframe:	All Planning Years			**Responsible:**	Deputy CEO, Regulation		
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2.3	**Registrants are held accountable for their decisions and actions.**						
2.3.1	Registration of Individuals and Corporations						
The College will operate a Registration program that enables naturopaths registered with the College to maintain their status with the College as individuals who hold either a General Class certificate of registration or an Inactive Class certificate of registration.				• A registration renewal process will be conducted annually, in accordance with the by-laws that will enable all registrants to update their information with the College and pay their annual registration fees. • Class change applications will be processed by the College with those requiring a review by the RC being presented to the Committee with the information needed for decisions and with Decision & Reasons drafted based on Committee discussions, approved by the Committee, and provided to the Registrant. • The public registers will be maintained in accordance with the Code, regulations, and by-laws			
The College will ensure that registrants maintain their CPR and PLI status as required under the by-laws.				• The College will monitor individual compliance with the requirements for a cardiopulmonary resuscitation certification and for carrying the necessary amounts of professional liability insurance. • whose CPR and/or PLI will expire will be undertaken. • Individuals who are not in compliance with these requirements will be provided notices and/or suspended in accordance with the Registration Regulation and the Code.			

The College will operate a program that allows registrants to obtain Certificates of Authorization for professional corporations that they wish to establish.	• A process for registrants to apply for a Certificate of Authorization for a professional corporation will be maintained. • Applications will be reviewed, and decisions will be provided to registrants. • New corporations will be added to the Corporations register of the College. • A process for annual renewals of Certificates of Authorization will be maintained ensuring that all professional corporations are properly authorized.
Timeframe: All Planning Years	**Responsible:** Deputy CEO, Registrant & Corporate Services

Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2.3.2	Patient Relations Program
The College will operate a Patient Relations Program as set out in the *Regulated Health Professions Act, 1991*. Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.	• A Patient relations program will be maintained. • Current information (handbooks) for registrants and patients will be maintained and made publicly available. • A process for applying for funding for counselling will be maintained in accordance with the Code. • Applications for funding will be presented to the Patient Relations Committee (PRC) at the next available meeting and decisions will be communicated to applicants.
Timeframe: All Planning Years	**Responsible:** Deputy CEO, Regulation

Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2.3.3	Complaints & Reports

The College will operate a Complaints and Reports program to receive information and complaints about registrants of the profession and to fulfil its obligations to investigate the matters in accordance with the *Regulated Health Professions Act, 1991,* through the Inquiries, Complaints and Reports Committee (ICRC).	• Complaints received by the College will be processed in accordance with the Code. • Concerns relating to professional misconduct or incompetence brought to the College's attention will be referred to the CEO for consideration of initiating a request for investigation. • Complaint and report files will be presented for the consideration and screening by the ICRC. • Complaints and Reports outcomes are monitored on an ongoing basis. Any deviation from ICRC decision is reported to the Deputy CEO. • The status and summary of active and closed anonymized complaints and reports are regularly updated and maintained on the College's website. • Program information will be maintained on the College's website.
Timeframe: All Planning Years	**Responsible:** Deputy CEO, Regulation

Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2.3.4	Cease & Desist
The College will operate an Unauthorized Practitioners program that will issue Cease and Desist (C&D) letters to individuals not registered with the College who are holding themselves out as naturopathic doctors or providing naturopathic treatments and to registrants who are breaching the standards of practice in a manner that presents a risk of public harm.	• C&D letters are drafted and sent to the individual via Process Server, where applicable. • Names of unauthorized practitioners are posted on the Register of Unauthorized Practitioners on the College's website. • Staff follows up on the performance of signed confirmations and updates the Register of Unauthorized Practitioners. • Information regarding practitioners who have violated the confirmation is provided to the Deputy CEO. • Information about unauthorized practitioners who fail to sign a confirmation is provided to the Deputy CEO.

				• Matters are presented to the CEO for a decision on whether the College will seek an injunction from the Ontario Superior Court of Justice.			
Timeframe:	All Planning Years			**Responsible:**	Deputy CEO, Regulation		
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

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

2.3.6	Prosecution through Hearings
The College will operate a Hearings Program to ensure that matters that are referred by the Inquiries, Complaints and Reports Committee are properly adjudicated.	• Each matter referred by the ICRC will be assessed, and a determination made on the appropriateness of and opportunity for settlement. • Information for disclosure is provided to the CEO/legal counsel. • Matters that may be settled will proceed with a Pre-hearing conference as required, a draft Agreed Statement of Fact and

	Joint Submission on penalty that is consistent with the outcomes of similar disciplinary matters of the College and other Colleges. • Where no settlement is possible or appropriate, a full contested hearing will be delivered with the CEO representing the College, with support of legal counsel, as prosecution. • The College will facilitate the Chair's selection of panels for hearings, coordinating hearings, counsel, Independent Legal Counsel (ILC) and witnesses and providing technological support for hearings of the Discipline Committee (DC) and Fitness to Practise Committee (FTP). • Discipline hearings are scheduled and held as required. • Information about current referrals to DC, hearings scheduled and completed, and DC decisions are published on the website and updated regularly. • The Registrant is notified of the ICRC decision and provided with a copy of allegations referred to DC. • Orders of panels will be monitored on an on-going basis to ensure the Registrant is in compliance. Any deviation from the order is reported to the CEO. • Terms, conditions and limitations imposed by the Panel and summaries of Undertakings are published in the Register.
As a corollary, the College will support the Discipline and Fitness to Practise Committees as quasi-judicial and independent adjudicative bodies.	• ILC will be retained by the College to provide on-going legal support to the Committee and the Chair. If requested by the Chair, a Request for Proposals will be developed and issued by the College with evaluations to be completed by the Committee. • Full committee meetings will be facilitated by the staff as directed by the Chair, including making necessary arrangements with ILC for training.
Timeframe: All Planning Years	**Responsible:** Chief Executive Officer

Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026 for hearings data. The College has continued to retain (firm name) as ILC on behalf of the Discipline and Fitness to Practise Committees.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

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

2.4.1	Quality Assurance Program

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

	○ A pool of qualified and trained assessors will be maintained. • CE course approval program ○ Applications for CE credits are presented to the QAC for review and approval. ○ List of approved courses is maintained on the website.
Timeframe: All Planning Years	**Responsible:** Deputy CEO, Regulation
Year-to-date outcomes:	Please see the Regulatory Operations Report for the period ending October 31, 2026. The College launched its new online CE Reporting module which allowed registrants to submit their CE Logs online.
Year-to-date rating:	❒ Not started ☑ In progress ❒ Completed ❒ To be deferred
Comments:	

2.4.2	Currency Hour Audits
The College's Registration program will establish and maintain a process for auditing the currency hours of registrants to ensure that they meet the requirements as set out in section 6 of the Registration Regulation or appropriate steps are taken to mitigate the potential risk to patients.	• Currency hour reporting cycles are tracked and annually declared currency hours will be analyzed. • Notices will be sent to General Class registrants to alert them to their three-year currency cycle and accrued hours, starting in year one of their reporting cycle. • Annual currency hour audits will be conducted of those registrants who have completed their three-year currency cycle. • Those not meeting requirements will be provided with options as set out in the Registration Regulation and Registration policy for addressing currency hour deficiencies.
Timeframe: All Planning Years	**Responsible:** Director, Registration and Examinations
Year-to-date outcomes:	The annual currency audit was conducted in July 2026; 41 registrants were issued an audit notice due to not meeting currency requirements as per the Registration Regulation and Registration Policy. Of these 41, five were referred to the Registration Committee (having elected to complete a refresher program), and nine were referred by the CEO to the Quality Assurance Committee for a Peer and Practice Assessment [s. 6(2) of the Registration Regulation].

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

2.5	**The College examines the regulatory model to maximize the public protection benefit to Ontarians.**	
2.5.1	Registration Regulation and Related Policies	
In consultation with the Registration Committee, the College will undertake a comprehensive review of the structure and provisions of the Registration Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.		• The College will consider the current classes of registration to determine if there is an alternative approach that might improve public protection and reduce the regulatory burden on registrants. This will include whether objectives achieved through TCLs set in policy would be better placed in Regulation. • The College will consider the current structure of the entry-to-practice examinations to determine whether there may be opportunities to streamline the examinations and/or align examination requirements with other regulated Canadian jurisdictions via a national examination model. • The College will consider whether all of the current ETP requirements surrounding acupuncture and naturopathic manipulation should remain or whether an alternative post-certification approach, such as rostering, may be beneficial to public protection and access to the profession. • The College will consider whether a specialization program might be warranted and in the public interest. • The College will consider current requirements set out in by-laws and standards that might more appropriately be incorporated into the Registration Regulation to improve enforcement opportunities in the public interest. • The Registration Committee, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.

Timeframe:	2024-2025			**Responsible:**	Chief Executive Officer			
Year-to-date outcomes:								
Year-to-date rating:	❒	Not started	❒	In progress	☑	Completed	❒	To be deferred
Comments:								

2.5.2	General Regulation and Related Policies
In consultation with the Committees, the College will undertake a comprehensive review of the structure and provisions of the General Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.	• The Committees and staff of the College, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.

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

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

					keeping with the Council's commitment to equity, diversity, inclusion and belonging.		
Timeframe:	2024-2029			**Responsible:**	Chief Executive Officer		
Year-to-date outcomes:	A number of information gathering consultations have taken place with regards to the Professional Misconduct Regulation and Related Policies and will be presented to Council in due course.						
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒ To be deferred
Comments:							

2.5.4	Quality Assurance Regulation and Related Policies		
In consultation with the Quality Assurance Committee, the College will undertake a comprehensive review of the structure and provisions of the Quality Assurance Regulation and related policies and make recommendations to the Council on any approaches that might maximize public protection for Ontarians. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.		• The College will consider whether the structure of the Committee as mandated in the Regulation is appropriate and in the public interest. • The College will consider whether provisions mandating participating in a College developed program for Registrant portfolios is required or recommended. • The Quality Assurance Committee, with the support of and training from the EDIC, will apply the equity tool to the regulation and to make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.	
Timeframe:	2025-2029	**Responsible:**	Chief Executive Officer
Year-to-date outcomes:			
Year-to-date rating:	☑ Not started	❒ In progress	❒ Completed ❒ To be deferred
Comments:			

2.5.5	Standards Review
In consultation with the Standards Committee, the College will undertake a comprehensive review of the structure and provisions of the standards and related policies and in the context of other recommendations made under this priority activity and will make	• The College will consider whether any commensurate amendments to the standards are necessary based on the proposed changes set out under the other area of this priority activity.

recommendations to the Council on any changes necessary. Wherever possible, recommendations that might reduce the overall reporting burden and "red tape" embodied in the regulation will be included.						• The Standards Committee, with the support of and training from the EDIC, will apply the equity tool to the standards and make recommendations as to changes that may be warranted in keeping with the Council's commitment to equity, diversity, inclusion and belonging.		
Timeframe:	All Planning Years					**Responsible:**	Deputy CEO, Regulation	
Year-to-date outcomes:	The Standards Committee has developed draft Standards of Practice to support potential practice changes including but not limited to: Off-Label Prescribing and OMP.							
Year-to-date rating:	❒	Not started	☑	In progress	❒	Completed	❒	To be deferred
Comments:								

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

College of Naturopaths of Ontario

Financial Report – Q2

(July 1, 2026, to September 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 September 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 September 30th, 2026.
2. Statement of Operations for Q2 (April 1st, 2026, to September 30th, 2026).
3. Capital Expenditures for Q2 (April 1st, 2026, to September 30th, 2026).
4. Executive Limitations compliance related to Finance.

At Q2, the total operating revenue (less the re-allocation to the reserve fund) exceeded budgeted amounts by $66,747 (*Actual: $4,133,886 vs Budget: 4,067,140*).

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

Expenses in Q2 were $238,090 below budget *(Actual: $2,117,718 vs. Budget: $2,355,808)*. The variance in expenses is primarily due to timing differences in expenditures. These expenses are expected to occur between Q3 and Q4. *(Refer to page 4 for the Q2 Statement of Operations.)*

Year-to-date (YTD), with the College's operating revenue exceeding budget by $66,747 and expenses being below budget by $238,090, there is a favorable variance of $304,836 compared to the approved YTD budget as of September 30th, 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 (Q2) results

STATEMENT OF OPERATIONS
As of April 01 2026 - September 30, 2026 (Q1-Q2)

		Fiscal 2026-2027 YTD Results (Q1-Q2)			
	Approved Fiscal Budget 2026-2027	YTD Budget (Q1-Q2)	YTD Actuals (Q1-Q2)	Variance	Q1-Q2 Variance
	$	$	$	$	%
TOTAL OPERATING REVENUES	4,481,186	4,067,140	4,133,886	66,747	2%
TOTAL EXPENSES	4,537,918	2,355,808	2,117,718	(238,090)	-10%
EXCESS OF REVENUES OVER EXPENSES	(56,732)	1,711,331	2,016,168	304,836	18%

Statement of Financial Position

As of September 30, 2026 (Q2)

	NOTE	Fiscal 2026-27 as at September 30, 2026	Fiscal 2025-26 as of March 31, 2026	Change in Financial Position	Variance %
ASSETS		$	$	$	%
Chequing / Savings					
Bank - Operating Funds		73,361	53,335	20,026	38%
Bank - Savings		1,568,020	1,074,706	493,314	46%
Petty Cash		500	500	0	
Total Chequing / Savings	*1*	*1,641,881*	*1,128,541*	*513,340*	*45%*
Accounts Receivable					
Accounts Receivable		776,993	1,171,040	-394,047	-34%
Allowance for Doubtful Accounts		-63,962	-49,706	-14,256	29%
Ordered DC Costs		0	0	0	
Loan Receivable-CANRA		151,816	175,000	-23,184	-13%
Total Accounts Receivable	*2*	*864,846*	*1,296,333*	*-431,487*	*-33%*
Other Current Assets					
Prepaid Expenses	3	84,255	20,758	63,496	306%
Investment in Mutual funds	4	1,788,098	1,745,721	42,376	2%
Accrued Interest	4	0	8,376	-8,376	-100%
Investment in GIC	4	0	562,117	-562,117	-100%
Total Other Current Assets		*1,872,352*	*2,336,973*	*-464,621*	*-20%*
Fixed Assets					
Computer Equipment		131,576	111,471	20,105	18%
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*	*41,402*	*44,354*	*-2,952*	*-7%*
TOTAL ASSETS		**4,420,482**	**4,806,201**	**-385,719**	**-8%**
LIABILITIES AND EQUITY					
Accounts Payable					
Accounts Payable	6	67,384	62,500	4,884	8%
Credit cards		6,954	3,780	3,174	84%
Total Account Payable		*74,338*	*66,280*	*8,057*	*12%*
Other Current Liabilities					
Accrued Liabilities	6	110,386	149,626	-39,241	-26%
Deferred Income-Registration	7	0	0	0	
Deferred Income-Exams	7	14,600	110,870	-96,270	-87%
Deferred Income-Inspection	7	1,750	12,500	-10,750	-86%
Deferred Income-QA	7	2,225	0	2,225	
HST Payable	8	95,318	151,074	-55,756	-37%
Total Current Liabilities		*298,616*	*490,350*	*-191,734*	*-39%*
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		2,016,168	2,330,079	-313,911	-13%
Total Equity		*4,121,866*	*4,315,851*	*-193,985*	*-4%*
TOTAL LIABILITIES AND EQUITY		**4,420,482**	**4,806,201**	**-385,719**	**-8%**

Notes to the Statement of Financial Position

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

1. **Cash** – Total cash balance is $1,641,881, which includes the $470,750 of restricted reserve funds. The net difference are funds received less normal operating YTD expenses (April 1st – September 30, 2026). Bank statements were reconciled and reviewed for completeness.

2. **Accounts receivable** – Accounts receivable has a balance of $864,846, which is primarily made up of registration fees owed in the pre-authorized payment plan. This amount includes the loan receivable from CANRA in the amount of $151, 816 and an allocation for doubtful accounts in the amount of $63,692.

3. **Prepaids** – Prepaid balance of $84,255 includes a standing rent deposit of $15K, BFL Insurance of $25.9K, CANRA and HPRO membership for $23.4K, $6.5K for communications contract fulfillment and the remaining balance of $6.7K is for various software applications.

4. **Investments** – Manulife Money Market fund increased by $7,849 to $1.788M since September 30th, 2026. A review of the College's investment portfolio is anticipated to take place in Q3 with the bank.

5. **Fixed assets** – Total net book value of fixed assets is at $41,402. The increase of $6,072 is captured under computer equipment with the purchase of three replacement laptops this quarter.

6. **Accounts payable and accrued liabilities** - **Accounts payable** is $67,384 of normal operating expenses as budgeted. Payments that have yet to be cleared include investigative, legal, and examination costs. **Accrued liabilities** have decreased by $73,443 with a balance of is $110,386. The remaining balance is compromised of employee vacation accruals ($3K), and payroll accrual at the end of September 2026 ($107.4K).

7. **Deferred income** – In the amount of $18,575, is comprised of Exams, Inspections and QA related fees that were collected in Q2 for related activities that will be executed and recognized as revenue in Q3.

8. **HST payable** – In the amount of $95,318 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** – Additional top ups to the reserve funds will be dependent on the balance at year end.

Statement of Operations for Q2

STATEMENT OF OPERATIONS
As of April 01 2026 - September 30, 2026 (Q2)

	Notes	Approved Fiscal Budget 2026-2027	Fiscal 2026-2027 YTD Results - (Q1-Q2) YTD Budget (Q1-Q2)	YTD Actuals (Q1-Q2)	Variance	Q1-Q2 Variance	Fiscal 25-26 25-26 Actuals (Q1-Q2)
		$	$	$	$	%	$
REVENUES							
Registration and member renewal fees		4,148,795	4,066,497	4,112,771	46,274	1%	3,387,555
Examination fees		395,310	281,705	254,006	(27,699)	-10%	37,635
Assessment fees		19,750	10,500	5,950	(4,550)	-43%	0
Incorporation fees		141,337	63,991	56,552	(7,439)	-12%	11,477
Ordered costs recovered		11,674	11,674	104,782	93,108	798%	0
Inspection fees		148,250	57,650	33,500	(24,150)	-42%	21,500
Complaints-Admin Fee		3,000	3,000	0	(3,000)	-100%	0
Operation-Admin Fee		4,875	3,025	3,975	950	31%	0
Interest		21,075	10,538	17,294	6,757	64%	2,528
Investment Income		56,920	28,460	15,807	(12,653)	-44%	10,723
Miscellaneous		200	100	0	(100)	-100%	0
TOTAL REVENUES	10	4,951,186	4,537,140	4,604,636	66,747	1%	3,471,418
Reserve Fund Allocation		(470,000)	(470,000)	(470,750)			
TOTAL OPERATING REVENUE		**4,481,186**	**4,067,140**	**4,133,886**	**66,747**	**2%**	3,471,418
EXPENSES							
Salaries and benefits		$ 2,904,309	1,464,363	1,418,993	(45,370)	-3%	645,202
Rent and utilities	11	$ 197,468	101,234	91,417	(9,817)	-10%	51,121
Office and general	12	$ 275,934	133,640	78,399	(55,241)	-41%	42,454
Consulting fees							
Consultants - general		$ 15,750	9,675	9,307	(368)	-4%	19,999
Consultants - complaints and inquiries	13	$ 121,000	60,500	40,081	(20,419)	-34%	37,092
Consultants - assessors/inspectors	14	$ 65,100	27,900	30,782	2,882	10%	4,173
Exam fees and expenses		$ 241,350	148,126	109,307	(38,819)	-26%	90,647
Legal fees							
Legal fees - general		$ 83,750	17,100	10,924	(6,177)	-36%	8,565
Legal fees - complaints	15	$ 87,000	39,000	64,728	25,728	66%	36,449
Legal fees - discipline	16	$ 40,000	40,000	44,246	4,246	11%	31,946
Council fees and expenses	17	$ 163,521	98,384	67,094	(31,290)	-32%	88,732
Hearings (Discipline, Fitness to Practise)	18	$ 3,695	3,695	2,523	(1,172)	-32%	4,432
Amortization/Depreciation		$ 18,984	0	0	0	0%	0
Insurance		$ 42,192	20,454	17,589	(2,865)	-14%	8,415
Equipment maintenance		$ 58,588	29,294	28,569	(725)	-2%	13,024
Audit fees		$ 18,600	18,600	200	(18,400)	-99%	0
Public education	19	$ 191,465	135,310	100,116	(35,194)	-26%	58,637
Education and training	20	$ 7,690	7,690	2,942	(4,748)	-62%	338
Postage & Courier	21	$ 1,522	843	504	(339)	-40%	113
TOTAL EXPENSES		4,537,918	2,355,808	2,117,718	(238,090)	-10%	1,141,339
EXCESS OF REVENUES OVER EXPENSES		(56,732)	1,711,331	2,016,168	304,836	18%	2,330,079

Notes to the Q2 Statement of Operations

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% or more.

10. **Total revenues** – At the end of Q2 total operating revenue was $4,133,886, with a total of $66,747 exceeding budget.

    - There were a total of four exams delivered in Q2. Three of these exams were slightly under budget (actual vs budgeted was a difference of approximately five candidates). The fourth exam (prescribing and therapeutics) had a larger variance with only 38 candidates registered vs the 52 budgeted.
    - A total of 54 peer and practice assessments were completed during Q2. Monies collected for 69 additional assessments are noted under Deferred Revenue-Quality Assurance on the Statement of Financial position.
    - Incorporation fees were below budget with 27 of the 35 budgeted professional corporations renewing in this quarter.
    - Ordered costs exceeded budgeted amounts. At the time of budget development, the outcomes of two discipline cases were being appealed with the Divisional Court and as such, ordered costs were not part of budget projections. The Divisional Court decisions on these appeals were made in Q1 at which point the College began collecting ordered costs. Payments are anticipated to continue into the next fiscal year.
    - Between Q1 and Q2 inspection revenue was below budget. Over these two quarters a total of 18 inspections were budgeted (10 new premises and eight 5-year inspections). Of these 18, four new premises and eight 5-year inspections were completed. The remaining inspections are expected to occur between Q3 and Q4.
    - Operational administrative fees were above budgeted amounts this quarter. These fees relate to banking information change requests and charges associated with payment plan defaults for non-sufficient funds.
    - Interest income exceeded the budget as both the savings and operating funds accounts are interest bearing.
    - Investment income was below budget expectations as a result of continued investment portfolio discussions with the bank.
    - Miscellaneous income remained minimal, as there were no significant activities or revenue collected from this category during this quarter.

11. **Rent and utilities** (10% below budget) – At Q2 the College continues to carry over cost savings due to no year end adjustments of taxes and common fees in Q1, as anticipated.

12. **Office and general** (41% 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. There were also no monies used for recruitment, recognition, or translation in this quarter.

13. **Consultant fees-complaints and inquires** (34% below budget) – This account covers costs associated with investigation activities as related to complaints and Registrar (CEO) investigations. This quarter the College received eight new complaints, closed three complaints, initiated one Registrar's (CEO) investigation, and closed one Registrar's (CEO) investigation. The nature and complexity of some of the new complaint matters did not require the engagement of external consultants.

14. **Consulting fees – assessors/inspectors** (10% above budget) – This account primarily covers costs associated with activities conducted by assessors and inspectors for the College. It may also include program related consultant fees. Costs this quarter exceeded budgeted amounts due to required software programming for continuing education activities.

15. **Legal fees – complaints** (66% above budget) – The ICRC noted an increase in complex matters requiring prosecutorial viability opinions (PVOs). During the reporting period, legal counsel was engaged to prepare multiple PVOs, contributing to increased legal costs within this account.

16. **Legal fees – discipline** (11% above budget) – This account represents legal costs related to discipline matters, including prosecution expenses and fees for independent legal counsel. During the quarter, legal counsel conducted preparatory work for a pre-hearing conference and attended an uncontested hearing. In addition, legal counsel continues to provide support in motions related to an appeal of a prior Discipline Committee decision

17. **Council fees and expenses** (32% below budget) – This expense allocation is the combination of Council and all its statutory and non-statutory committees. Cost savings this quarter were realized due to the timing of volunteer per diem submissions and that none of the Executive Committee, Patient Relations Committee, or Exam Appeals Committee were required to meet.

18. **Hearings** (32% below budget) – There was one uncontested hearing held in Q2. Associated costs include per diems, transcription, and translation fees.

    Public education (26% below budget) –The variance noted relates to under-utilized translation costs for the website refresh, which will be realized in Q3 and Q4, and costs associated with communication consultant services, which had been budgeted to be fully utilized in Q1 but instead will be realized on a quarterly basis over this fiscal year.

19. **Education and training** (62% below budget) – Every year the College budgets for staff professional development; costs incurred this quarter was related to these professional development activities.

20. **Postage and courier** (40% below budget) – The postage machine is replenished on an as needed basis; cost savings this quarter were due to the minimal amount of postage replenishment that was required.

Capital Expenditures at Q2

Capital Expenditures at Q2
(April 1 2026 - September 30, 2026)

	Approved Fiscal Budget 2026-2027	YTD Actuals (Q1-Q2)	Variance	Q1-Q2 Variance	Remaining Balance
	$	$	$	%	
Computer Equipment	8,800	7,328	(1,472)	-17%	1,472
Funiture & Fixtures	1,000	0	(1,000)	-100%	1,000
Total Capital Expenditure	9,800	7,328	(2,472)	-25%	2,472

In Q2 the College replaced three existing laptops used by staff to provide reliable equipment for operational needs. The balance of $2,472.37 is anticipated to be used in Q3 for the additional purchase of a laptop.

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”

- see note in Q1 report provided in the September 30, 2026 Council package.

On November 4, 2026, the Finance, Audit and Risk Committee reviewed this financial report and recommended that it be accepted and presented to Council.

End of report

College of Naturopaths of Ontario

MEMORANDUM

DATE: November 25, 2026

TO: Council members

FROM: Mr. Barry Sullivan
Vice Chair, Governance Committee

RE: Proposed Amendments
Council CEO Linkage & Ends Policies
(CCL01.03, CCL02.03, CCL03.04, E01.06, and E02.08)

The Governance Committee (GC) last met on November 2, 2026, and completed its' review of the Council CEO Linkage & Ends Policies (CCL01.03, CCL02.03, CCL03.04, E01.06, and E02.08), 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 for Council's consideration and approval.

1. Proposed Amendments

E01.06 – Statements

Recommendation: That section 2.2.6 of the policy be clarified for better understanding of its meaning.

Respectfully submitted.

As part of its responsibilities, the Council undertakes an annual review of the performance of the Chief Executive Officer (CEO). The responsibility to organize, compile and prepare a report of the findings of the review for presentation to and approval of the Council is delegated to the Council & CEO Performance Review Panel (the Review Panel) appointed by the Council.

Accordingly,

1. Annually, and no later than its November meeting, the Council will appoint a *Council & CEO Performance Review Panel* (the Review Panel) with a minimum of three members and up to a maximum of four members, that is comprised of the:
    a) Council Chair and Council Vice-Chair; and
    b) One or two Council members, who have the competencies necessary for the role.

2. The Review Panel will facilitate the completion of the performance review using the following documents, attached to and forming a part of this policy:
    - Form 1 – Annual Objectives and Priority Projects
    - Form 2 – Management and Compliance
    - Form 3 – Determining and Calculating Bonus
    - Form 4 – CEO Development Plan
    - Form 5 – Executive Summary, Acknowledgement and Signatures.

3. The Review Panel shall ensure that new Council members are provided information and support to ensure an understanding of this process and that all Council members receive information to reemphasize the importance of the process.

4. The Council will provide the CEO with an incentive bonus annually, in a range of 0% (where an insufficient number of performance measures have been met) up to 10% (where most performance measures have been met) of their base salary. The calculation of the bonus will be based on the formula set out in Form 3 – Determining and Calculating Bonus.

5. Prior to the start of the next Program/Fiscal year, the Review Panel and the CEO shall ensure that draft copies of Form 1, setting out the annual objectives and priority projects and Form 4, setting out the CEO's Professional Development Plan, for the following year (April 1st to March 31st), are presented to the Council by its March meeting.

6. At the conclusion of the current Program/Fiscal year, the Review Panel and the CEO shall work together to complete the performance review following a process that is based on the following components and timeframes. Timeframes may be adjusted by the Review Panel with the consent of the CEO to reflect the timing in any specific year.
    a) Data necessary to support the review will be identified no later than March 1st annually.

b) The self-assessment components of Forms 1, 2 and 4 shall be completed by the CEO and provided to the Review Panel no later than April 15th annually.
c) The Review Panel shall seek the input from the staff of the College on the Management and Compliance component of the review (Form 2) by way of a survey no later than May 15th annually.
d) The Review Panel shall review the self-assessments and survey results and shall develop drafts of the Council assessment components of Forms 1, 2, 4, and 5, and shall use Form 3 to calculate any bonus eligibility by June 10th annually and shall subsequently review these drafts with the CEO for feedback.
e) The Review Panel shall finalize all documents (within a draft CEO Performance Review Report), Forms 1, 2, 4, and 5, and present these to the Council in an in-camera session in July annually at which time Council shall approve the Report, either as presented or with appropriate amendments.
f) The Review Panel shall present the final CEO Performance Review Report to the CEO not later than August 15th annually and the CEO shall be required to sign Form 5 as an acknowledgment of receipt of the Report, directed to implement the Report and to file the Report on the CEO's personnel file.
g) The CEO shall be entitled to add any comments to the Report, which shall be provided to the Council by the Review Panel and shall also be filed in the CEO's personnel file.

7. The CEO and the Review Panel shall ensure that there is adequate time set aside at the July Council meeting for a full discussion of the draft CEO Performance Review Report as this is the only opportunity for the Council to provide its input to the Report.

8. The Council may retain an objective third-party to manage the process for the Review Panel and to be a resource through the process to evaluators and employees.

9. Separate and apart from any incentive bonus awarded to the CEO as set out in paragraph 4, the Council shall annually index the CEO's base salary against the Consumer Price Index (November Ontario-All items) with any changes taking effect April 1st of the following year, subject to acceptance of the budget by Council. Council shall approve the annual salary adjustment as part of an in-camera session by March annually.

Pages 139 to 200 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.

College of Naturopaths of Ontario

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