



The College of Naturopaths of Ontario

Draft Agenda – #2020/21-04

Meeting of the Council of the College of Naturopaths of Ontario

Date: January 27, 2021

Time: 9:00 am to 4:30 pm

Location: Zoom Video Conference Platform¹

¹ Pre-registration is required.

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

COLLEGE

College is body corporate

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

Corporations Act

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

Duty of College

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

Objects of College

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

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

Duty

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



The College of Naturopaths of Ontario

COUNCIL MEETING
January 27, 2021
9:00 am to 4:30 pm
Video Conference²
DRAFT AGENDA

Sect/No.	Action	Item	Page	Responsible
1	Call to Order and Welcome			
1.01	Procedure	Call to Order	--	K Bretz
1.02	Discussion	Meeting Norms	5-7	K Bretz
1.03	Discussion	"High Five" – Process for identifying consensus	8	K Bretz
2	Consent Agenda³			
2.01	Approval	i. Draft Minutes of October 28, 2020	9-15	K Bretz
		ii. Committee Reports	16-30	
		iii. Ratification of Executive Committee Decisions	31	
		iv. Information Items	32-61	
3	Main Agenda (9:20 am)			
3.01	Approval	Review of Main Agenda	3-4	K Bretz
3.02	Discussion	Declarations of Conflict of Interest	62-64	K Bretz
4	Monitoring Reports			
4.01	Acceptance	Report of the Council Chair	65	K Bretz
4.02	Acceptance	Report on Operations from the CEO	66-104	A Parr
5	Council Governance Policy Confirmation⁴			
5.01	Decision	Review/Issues Arising	--	B Sullivan J Sokoloski
		i. Governance Process Policies		
		ii. Executive Limitations Policies		
		iii. Ends Policies		
5.02	Decision	Detailed Review (as per GP08)	5	
		i. Council-Registrar Linkage Policies		
6	Regular Business			
6.01	Decision	Proposed by-law changes	105-188	A Parr
6.02	Election	Executive Committee Vacancies	189-192	K Bretz
6.03	Decision	Appointments	193-200	K Bretz
6.04	Decision	Council Governance Policy Changes	201-240	J Sokoloski
6.05	Decision	Amended Ontario Biomedical Exam Blueprints	241-252	O'Connor
6.06	Decision	Amended PLAR Program Policy	253-299	O'Connor
6.07	Decision	Draft PLAR Appeals Policy	253-256,300-303	O'Connor
6.08	Decision	Amended Language Proficiency Policy	304-313	O'Connor
6.09	Decision	College Performance Measure Framework Briefing	314-468	A Parr
6.10	Decision	Review of Existing College Reporting Frameworks	469-477	A Parr
6.11	Decision	Capital and Operating Budgets 2021-2022	⁶	A Parr
7	Business Arising from the Governance Review (11:30 am)			
7.01	Information	Report on the Governance Implementation Plan #2	478-490	K. Bretz

² Meeting being held via the Zoom platform. Please contact the CEO if you have not registered.

³ Members of Council may request any item in the Consent Agenda to be added to the main agenda.

⁴ Council Members must bring their Governance Policy Manual (PM) with them to each meeting.

⁵ Materials will be sent from the Governance Policy Review Committee separately but in advance of the meeting.

⁶ Briefing materials for the Capital and Operating Budgets will be provided in a separate briefing package to be sent prior to the meeting.

COUNCIL MEETING
January 27, 2021
9:00 am to 4:30 pm
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DRAFT AGENDA

8	In camera Session (Pursuant to paragraph (d) of section 7(2) of the HPPC				
	8.01	Motion	In camera session to discuss personnel matters.	--	K. Bretz
	8.02	Decision	CEO Goals and Development Plan for 2021-2022 ⁷	491-503	K. Bretz
	8.03	Motion	To move out of the in camera session	--	K. Bretz
9	Other Business				
	9.01	Decision		--	K. Bretz
10	Next Meeting				
	10.01	Discussion	Next Meeting – March 31, 2021	--	K. Bretz
11	Adjournment				
	11.01	Decision	Motion to Adjourn	--	K. Bretz

⁷ The CEO Goals and Development plan are confidential personal information. They have been redacted from the materials released publicly for the Council meeting.



The College of Naturopaths of Ontario

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

Meeting Norms

General Norms

1. We'll listen actively to all ideas
2. Everyone's opinions count
3. No interrupting while someone is talking
4. We will be open, yet honor privacy
5. We'll respect differences
6. We'll be supportive rather than judgmental
7. We'll give helpful feedback directly and openly
8. All team members will offer their ideas and resources
9. Each member will take responsibility for the work of the team
10. We'll respect team meeting times by starting on time, returning from breaks promptly and, avoid unnecessary interruptions
11. We'll stay focused on our goals and avoid getting sidetracked

Additional Norms for Virtual Meetings

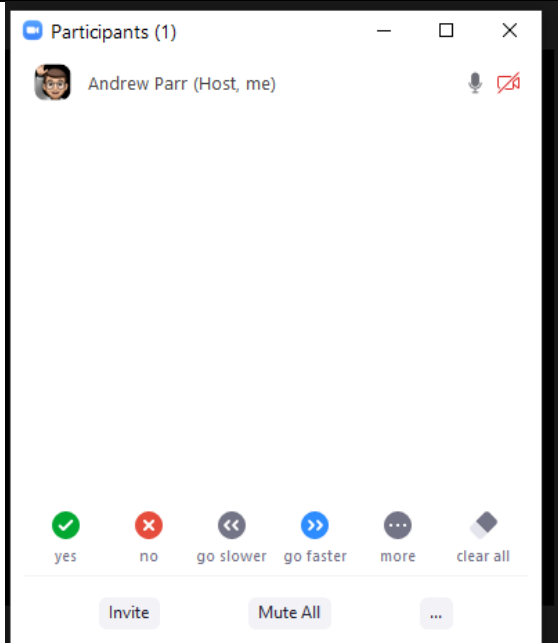
1. No putting the call on hold or using speakerphones
2. Minimize background noise – place yourself on mute until you are called upon to speak and after you have finished speaking
3. All technology, including telephones, mobile phones, tablets and laptops, are on mute or sounds are off
4. If we must take an emergency telephone call, we will ensure that we are on mute and we will stop streaming our video

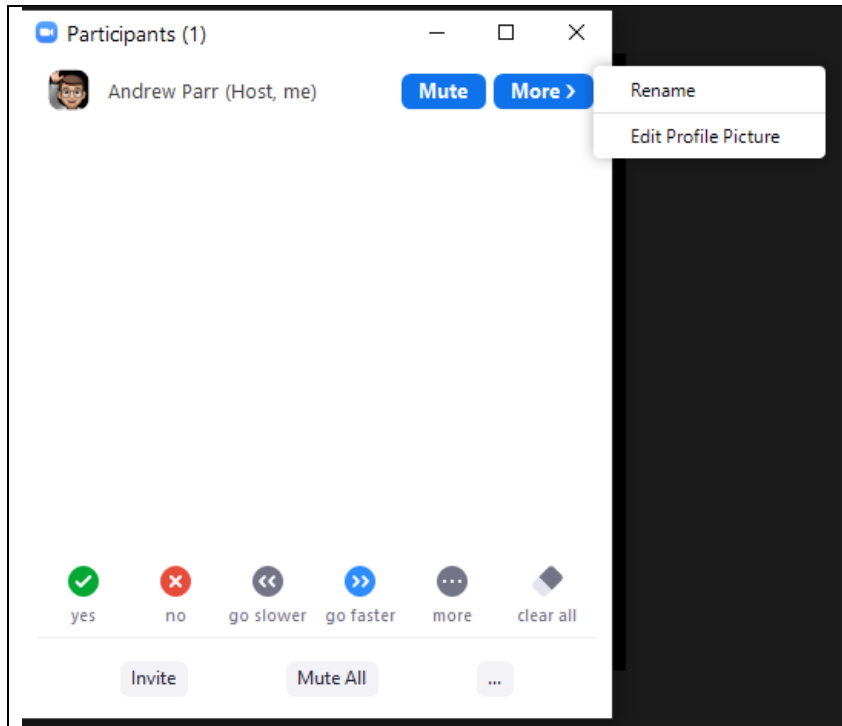
5. Stay present – webcams will remain on (unless we are on a call or there is another distraction on your end)
6. Stay focused – avoid multi-tasking during the meeting
7. Use reactions (thumbs up, applause) to celebrate accomplishments and people
8. Use the Chat feature to send a message to the meeting host or the entire group.

Zoom Control Bar – Bottom of screen

Reactions	Stop or Start Video	Mute/Unmute	
			

Other Helpful Tips

	<ul style="list-style-type: none"> • Use the Participants button on the bottom control button to see a list of participants. • On the Participants Menu, you can use the bottoms to send instant message to the Host... yes or no etc. (Not all of these options will appear if you are not the Host)
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The screenshot shows a Zoom meeting interface. At the top, the window title is "Participants (1)". Below it, a participant named "Andrew Parr (Host, me)" is listed with a profile picture. To the right of the name are two buttons: "Mute" and "More >". The "More >" button is highlighted, and a dropdown menu is open, showing two options: "Rename" and "Edit Profile Picture". At the bottom of the participants list, there is a row of six icons: a green checkmark labeled "yes", a red X labeled "no", a grey double left arrow labeled "go slower", a blue double right arrow labeled "go faster", a grey three dots labeled "more", and a grey diamond labeled "clear all". Below this row are three buttons: "Invite", "Mute All", and a three dots menu icon.

- Hover over your name on the Participants list to get more options
- You can rename yourself to your proper name
- You can add or change a profile picture.



The College of Naturopaths of Ontario

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

Using “High Five” to Seek Consensus



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.

Image provided courtesy of Facilitations First Inc.



The College of Naturopaths of Ontario

**Council Meeting
October 28, 2020**

**Teleconference
DRAFT MINUTES**

Council		
Present		Regrets
Ms. Asifa Baig (2:2)		
Dr. Kim Bretz, ND (3:3)		
Dr. Shelley Burns, ND (3:3)		
Mr. Dean Catherwood (3:3)		
Ms. Dianne Delany (3:3)		
Ms. Lisa Fenton (3:3)		
Dr. Tara Gignac, ND (3:3)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (3:3)		
Dr. Danielle O'Connor, ND (3:3)		
Ms. Sarah Griffiths-Savolaine (1:1)		
Dr. Jacob Scheer, ND (3:3)		
Dr. Jordan Sokoloski, ND (3:3)		
Mr. Barry Sullivan (3:3)		
Dr. George Tardik, ND (3:3)		
Staff Support		
Mr. Andrew Parr, CAE, CEO		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy CEO		
Ms. Staci Weingust, Director of Operations		
Ms. Monika Zingaro, Administrative Assistant Operations		

Guests	Observers
Ms. Rebecca Durcan, Legal Counsel	Mr. John Wellner, OAND

1. Call to Order and Welcome

Dr. Kim Bretz, ND, Council Chair, called the meeting to order at 9:06 a.m. She welcomed everyone to the meeting.

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:	Dianne Delany
SECOND:	Shelley Burns
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.

The Chair advised the Council members on the following amendments:

- Item 4.01 will be re-named to read as Report of the Council Chair,
- Item 4.02 will be re-named to read as Report on Operations from the CEO, and
- Under section 6, Regular Business, there was no Item 6.05, therefore Items 6.06 and 6.07 will be renumbered to read as 6.05 and 6.06.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Barry Sullivan
SECOND:	Danielle O'Connor
CARRIED.	

3.02 Declarations of Conflicts of Interest

The Chair informed the Council members of the updated Declarations of Conflict of Interest process that will be used going forward. A summary of the Annual Conflict of Interest Questionnaires completed by Council members has been included to increase transparency and accountability initiatives, and to align with the College Performance Measure Framework being launched by the Ministry of Health.

The Chair asked if any Council members had any conflicts to declare based on the approved agenda and 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:	Brenda Lessard-Rhead
SECOND:	Jordan Sokoloski
CARRIED.	

4.02 Report on Operations from the CEO

The Report on Operations from the CEO was circulated in advance of the meeting. Andrew Parr, Chief Executive Officer, highlighted several activities underway and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Operations from the CEO as presented.
MOVED:	Dianne Delany
SECOND:	Tara Gignac
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – 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(ii) Council-Registrar Linkage Policies

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

5.01(iii) Executive Limitations Policies

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

5.02 Detailed Review (as per GP08) – Ends Policies

Mr. Barry Sullivan and Dr. Jordan Sokoloski, ND, members of the Governance Policy Review Committee, reminded the Council that a detailed review of the Ends policies was scheduled for this meeting. They noted that when asked several weeks ago whether Council members had any proposed changes, none had been received.

It was noted that the first questions to be addressed were whether the Council members, many of whom were not involved in the development of these policies continued to believe that they were relevant and had not yet been achieved. The consensus of the Council was that both policies were relevant and had not yet been accomplished. It was generally agreed that a more extensive review, using an external consultant, would be considered within the next two years as an urgent update was not required.

The Governance Policy Review Committee asked Council to consider proposed changes to these two policies to add some clarity to them. These changes were circulated in advance of the meeting but separately from the main meeting materials package. The Council discussed the proposed amendments.

MOTION:	To accept the amendments to policy E01.04 – Ends Statements as presented.
MOVED:	Danielle O'Connor
SECOND:	Barry Sullivan
CARRIED.	

MOTION:	To accept the amendments to policy E02.04 – Ends Priorities as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Shelley Burns
CARRIED.	

6. Business

6.01 Election of Officer-at-Large (Public Member)

Mr. Parr informed the Council that the need for a supplemental election of an Officer-at-Large (Public Member) came about due to the expiration of the Order in Council of Mr. Samuel Laldin. A Call for Nominations had been issued in September and, at the close of the nomination period, one nomination had been received for Ms. Dianne Delany. Therefore, with no other nominations, he noted that Ms. Delany had been acclaimed to the Officer-at-Large (Public Member) position on the Executive Committee. The Council congratulated Ms. Delany.

6.02 Committee Appointments

The Chair advised the Council members that again with Mr. Laldin's term on Council having expired earlier in October 2020, the Council had an opportunity to appoint him to various committees as a Public Representative. She noted that Mr. Laldin had expressed his willingness to remain on the Committees he was previously appointed to.

MOTION:	To appoint Mr. Samuel Laldin as a Public Representative to the Patient Relations Committee, as Chair, and to the Discipline and Inspection Committees as a Committee member.
MOVED:	Brenda Lessard-Rhead

SECOND:	Barry Sullivan
CARRIED.	

6.03 Prescribing Exam Retake Extension

Dr. Danielle O'Connor, ND, Chair of the Registration Committee, explained the circumstances for requesting a temporary 12-month extension to be granted to those Registrants who need to complete one component of the Ontario Prescribing and Therapeutics exam. For instance, the May and June 2020 exams were cancelled due to COVID-19 and current exam registration capacity has been lowered to follow COVID-19 guidelines. She responded to any questions that arose during the discussion.

MOTION:	That for Registrants who were unsuccessful in completing one component of the Ontario Prescribing & Therapeutics exam within the years 2018 and 2019, a temporary, 12-month extension to the timeframe noted in the Prescribing and Therapeutics Program and Examinations Policy for retaking a singular component be granted.
MOVED:	Brenda Lessard-Rhead
SECOND:	Jacob Scheer
CARRIED.	

6.04 Policy EL17 – Reserve Funds

Mr. Parr provided a detailed overview to the members of Council of the newly drafted policy and highlighted Council's responsibility components throughout the policy. He responded to several questions that arose during the discussion.

MOTION:	To approve the newly drafted EL17 – Reserve Funds Policy as presented.
MOVED:	Tara Gignac
SECOND:	Dean Catherwood
CARRIED.	

MOTION:	To approve the re-allocation of the funds currently in the Strategic Initiatives Fund to the Business Continuity Fund.
MOVED:	Tara Gignac
SECOND:	Barry Sullivan
CARRIED.	

6.05 Recording and Broadcasting Council Meetings

Mr. Parr noted the benefits of broadcasting the Council's Zoom meetings live streaming to the College's verified YouTube account and recording them for additional access. For example,

increases the College's transparency and accountability, and provides more accessibility to the public and Registrants. Also, he informed the Council that meetings cannot be downloaded or edited, in-camera sessions would not be broadcasted or recorded, and costs would be minimal. He responded to any questions that arose during the discussion.

The Chair asked whether there was a general consensus to proceed with this initiative and it was agreed that there was. As a result, the staff will move forward with this initiative.

6.06 CANRA Incorporation

Mr. Parr provided a brief overview about CANRA and its history and responded to any questions that arose during the discussion about the formalization of CANRA. He noted the intended goals as a result of CANRA becoming incorporated, for instance, having collective examinations provided within each regulatory jurisdiction provided by a third party.

MOTION:	That the Council approves the incorporation of CANRA and the College of Naturopaths of Ontario as one of the founding members.
MOVED:	Tara Gignac
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

7. Business Arising from the Governance Review

7.01 Report on the Governance Implementation Plan - #1

Mr. Parr informed the members of Council that out of the 40 recommendations created through the Governance Review and indicated within the Implementation Plan, 45% have been completed and 28% are on-going to-date. Furthermore, he highlighted major accomplishments thus far, for example, sending the letter to the Minister, having the by-laws currently out for consultation, and the identification of possible risk-based regulation matters. He responded to any questions that arose during the discussion and advised everyone that updated reports will be provided for each Council meeting.

MOTION:	To accept the Report on the Governance Implementation Plan as presented.
MOVED:	Barry Sullivan
SECOND:	Shelley Burns
CARRIED.	

7.02 Council Meeting Dates

The Council was reminded that beginning in 2021 Council meetings will take place every 60 days. He briefly outlined some changes to the timing of various processes, noting that financial statements will now come to the Council rather than the Executive Committee and that the election of the Executive Committee and orientation of Council would be held during the May meetings instead of April going forward.

Meeting invites for the meetings scheduled in 2021 will be sent to each Council member to be included within their individual calendars.

8. Other Business

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

9. Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for January 27, 2021. In addition, an in-person Council Orientation has been tentatively set for May 2021.

10. Adjournment**10.01 Motion to Adjourn**

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 11:35 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Tara Gignac
SECOND:	Jacob Scheer

Recorded by: Monika Zingaro
 Administrative Assistant, Operations
 October 28, 2020



The College of Naturopaths of Ontario

MEMORANDUM

DATE: January 27, 2021

TO: Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Committee Reports

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

1. Audit Committee.
2. Examination Appeals Committee.
3. Executive Committee.
4. Inquiries, Complaints and Reports Committee.
5. Nominations and Elections Committee.
6. Patient Relations Committee.
7. Quality Assurance Committee.
8. Registration Committee.
9. Scheduled Substances Review Committee.
10. Discipline Committee.
11. Inspection Committee.
12. Governance Policy Review Committee.

In order to increase the College's accountability and transparency, all Committee Chairs were asked to submit a report, even if the Committee had not met during the reporting period. Please note the Discipline/Fitness to Practise Committee Chair was not required to submit a report in order to preserve the independent nature of these Committees; however, the Chair has voluntarily provided a report for Council's information.



The College of Naturopaths of Ontario

AUDIT COMMITTEE CHAIR REPORT

January 2021

This serves as the chair report of the Audit Committee for the period October 1, 2020 to December 31, 2020.

During the reporting period the Audit Committee was not required to undertake any activities, and therefore did not convene.

Dr. Elena Rossi, ND
Chair
January 4, 2021



The College of Naturopaths of Ontario

EXAM APPEALS COMMITTEE REPORT

October 2020

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 in the September 30, 2020 to December 31, 2020 reporting period.

Respectfully submitted,

Dianne Delany
Chair
January 4, 2021

150 John St., 10th Floor, Toronto, ON M5V 3E3

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collegeofnaturopaths.on.ca



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

January 2021

Between October 1, 2020 and December 31, 2020, the Executive Committee met on one occasion. The Committee met virtually for its regular meeting on December 2, 2020. At this meeting, Andrew Parr, CEO, reviewed the Q2 Unaudited Financial Reports.

As noted in the Chair's report, due to the potential lack of Public Members, a large discussion was held to determine how the College would function if we were not properly constituted as a Council. A tentative Council meeting was determined to be necessary if a new Public Member was not appointed.

The Committee also received updates on the Governance Report Implementation, Public Member appointment and processes, along with a staffing update and approved the Council Performance Evaluation Contract & Budget.

Due to the Council meeting schedule moving to having six regular Council meetings annually, the next Executive Meeting will be held only as necessary and at the discretion of the Council Chair.

Dr. Kim Bretz, ND
Council Chair
January 2021



The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

January 2021

Between October 1, 2020 and December 31, 2020, the Inquiries, Complaints and Reports Committee held three regular online meetings – October 1, November 5, and December 3;

In October, 5 matters were reviewed, ICRC members approved 1 Decision and Reasons and drafted 3 reports.

In addition, the committee reviewed and approved the procedures for delivering Oral Cautions online. The in-person cautions remained on hold between March and September 2020 due to the pandemic. Since the approval of the online proceedings, the ICRC has delivered 6 Oral Cautions via Zoom. Overall, the committee feels that the online cautions have gone well, and have been comparable to the in-person cautions.

In November, 15 matters were reviewed, and ICRC members drafted 3 reports.

In December, 14 matters were reviewed, and ICRC members approved 5 Decisions and Reasons, drafted 2 reports.

Additionally, the ICRC held 2 emergency meetings, on October 18 and December 14, 2020. The committee imposed immediate terms, conditions and limitations on the certificate of registration of two Registrants whose conduct is currently under investigation, in order to ensure public protection.

Meetings continue to be well-attended and productive in the online format.

Dr. Erin Psota, ND
Chair
January 11, 2021



The College of Naturopaths of Ontario

NOMINATIONS AND ELECTIONS COMMITTEE REPORT

January 2021

The Nominations and Elections Committee, convenes on an as-needed basis, based on the by-laws. The Nominations and Elections Committee met by teleconference on October 14, 2020 and discussed the amended Terms of Reference, and the Committee name change and provided their feedback. In addition, a review of the 2021 Election Handbook and Volunteer Program was held for member's feedback.

The Committee also met via Zoom on December 14, 2020 and reviewed all of the submitted Council Election Nomination Packages for Districts 2, 4, and 6 for the upcoming election taking place.

The Committee will reconvene late January 2021 to review all Nominee's Personal Statements and Biographies.

Dr. Gudrun Welder, ND
Chair
January 4, 2021



The College of Naturopaths of Ontario

PATIENT RELATIONS COMMITTEE REPORT

January 2021

The Patient Relations Committee (PRC) had 1 meeting scheduled during the reporting period (October 1, 2020 to December 31, 2020) but the meeting had to be cancelled due to the lack of appointed public member to the committee.

Ongoing Issues/Topics for Discussion

Applications for Funding

There were no applications for funding for therapy and counselling during this reporting period. An update was provided on current funding approved, the total amount of funding accessed and the amount remaining for each file. There continues to be four active files with a total of \$13,027.10 of funding accessed which is an increase of \$1,755 since the last report.

Sam Laldin
Chair
January 2021



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT October- December 2020

Meetings and Attendance

Since the date of our last report to Council in October, the Quality Assurance Committee has met on one occasion, via video-conference, on November 24th. Attendance has continued to be good with no concerns regarding quorum experienced.

Activities Undertaken

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

In addition, the Committee reviewed and made decisions with respect to 2 CE Reporting deadline extension requests.

The Committee also reviewed a Group III CE (Sept. 30th) Reporting summary report provided by staff. The various options for dealing with those instances where Registrants were still in non-compliance with program requirements were discussed. The Committee subsequently reviewed and granted an extension to those Registrants with outstanding discrepancies to address and set a final deadline for one Registrant who had not as yet submitted their CE log.

Finally, the Committee reviewed and discussed the input received from the various College committees and departments on the initial draft of the amended Core Competencies standard document and suggested further changes where appropriate. The further amended draft was approved for distribution for public consultation.

Issues

None, other than the continuing implications of the COVID19 pandemic.

Next Meeting Date

January 26, 2021.

Respectfully submitted by,

Barry Sullivan, Chair.
December 15, 2020.



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT (January 2021)

At the time of this report, the Registration Committee had met two times: October 21 and November 18. No meeting was conducted in December 2020.

Class Change

The Committee reviewed one application for class change from Inactive to General class, over the 2-year period and set currency requirements for addressing skill atrophy.

Exam Remediation

The Committee continued to set exam plans of remediation, for candidates who have made two unsuccessful attempts of a College examination. Four plans of exam remediation were set during this period, primarily for the Ontario Clinical Sciences examination.

Policy Updates

The Committee reviewed and provided input on amendments to the Ontario Biomedical Exam blueprint as well as the Language Proficiency Policy, and the PLAR Program Policy. It also reviewed the draft PLAR Appeals Policy.

Reviews

The Committee reviewed and provided feedback on the College of Dental Hygienists of Ontario (CDHO)'s consultation documents on proposed changes to their Examination Regulation and Registration Regulation, as well as the amendments made by the Quality Assurance Committee on the College's Core Competencies.

Danielle O'Connor, ND
Chair
Registration Committee
Jan 13, 2021



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE REPORT

January 2021

During the reporting period of October 1, 2020 to December 31, 2020, the SSRC did not meet. Meeting are scheduled based on work flow.

Staff of the College are developing a process and to support the committee in its review of the Scope of Practice as directed by Council at its January meeting. The Committee's review of Scope of Practice is anticipated to begin in the next quarter.

Respectfully submitted by

Dr. George Tardik, ND
Chair
January 2021



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

December 2020

The Discipline Committee (DC) is independent of Council and is not obligated to submit quarterly reports addressing Committee matters. 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 1 October 2020 to 31 December 2020 and provides a summary of the hearings held during that time as well as any new matters referred by the Inquiries, Complaints and Reports Committee (ICRC) of the College. Committee meetings and training are also reported.

Discipline Hearings

CONO v. Taras Rodak (DC18-01)

Panel Members (appointed 12 July 2019):

Dr. Jordan Sokoloski, ND - Chair
 Dr. Laure Sbeit, ND (non-council)
 Samuel Laldin
 Lisa Fenton

The Panel held a contested electronic hearing on 5-7 October and 16 November 2020. This matter is ongoing.

CONO v. Yelena Deshko (DC19-05)

Panel Members (appointed 2 November 2020):

Dr. Jacob Scheer, ND – Chair
 Dr. Vaishna Sathananthan, ND
 Dianne Delany
 Lisa Fenton
 Hanno Weinberger – Public representative

The Panel held a one-day uncontested electronic hearing on 7 December 2020 and imposed an order:

- Requiring the Registrant to appear before the Panel to be reprimanded;
- Directing the CEO to suspend the Registrant's certificate of registration for a period of five (5) months;
- Directing the CEO to impose specified terms, conditions and limitations on the Registrant's certificate of registration;
- Requiring the Registrant to pay the College's costs fixed in the amount of \$11,000;
- Requiring the Registrant to pay a fine of not more than \$350 to the Minister of Finance.

New Referrals

Two new referrals were made to the Discipline Committee from the ICRC on 5 November 2020 (DC20-03) and 3 December 2020 (DC20-04).

Committee Meetings and Training

No meetings or training were held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND

Chair

January 2021



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT **December 2020**

Committee Update

Since the last update to Council, the Inspection Committee had two teleconference meetings November 26th, and December 16th.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspectors to record his/her observations during the inspections, and Inspector's Reports for inspections of 10 locations.

The outcomes were as follows:

- Part I
 - 2 Passes, with a total of 13 Recommendations, and 1 Condition
- Part II
 - 2 Passes without Recommendations
 - 6 Passes with a total of 20 Recommendations
- 1 Inspection Deferral request was granted

Type 1 Occurrence Reports

There were 5 Type 1 Occurrences reported for this period.

Review of the Summary of Type 2 Occurrence Reports

There were no Type 2 Occurrences reported for this period.

Closing Remarks

A thorough review of the Inspection Program with the IVIT Committee and Inspectors was initiated during the November meeting. Proposed changes to the fee schedule and inspection program were discussed and then sent out for public consultation. 2020 has been a year full of change, growth and challenges. We are looking forward to streamlining the IVIT inspection process and continuing to uphold the highest level of safety for our Naturopathic IV community. I would like to thank all of the inspectors and committee members for their valuable insight and diligent work.

Best of health,

Dr. Sean Armstrong, ND
Chair, Inspection Committee
January 14, 2021

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The College of Naturopaths of Ontario

GOVERNANCE POLICY REVIEW COMMITTEE REPORT October- December 2020

Meetings and Attendance

During this reporting period, the newly formed Governance Policy Review Committee has met on two occasions, both via video-conference; on October 14th and December 9th, respectively. Attendance has been good with no concerns regarding quorum experienced.

Activities Undertaken

At its **October** meeting, the Committee first reviewed its Terms of Reference (CC06:00), that had been approved by the Executive Committee on September 9, 2020.

The Committee next reviewed and developed proposed amendments to the Ends Policies in preparation for the mandated, detailed review of those policies at the October Council meeting.

The Committee also reviewed and discussed a proposed new Executive Limitations policy as drafted by staff; EL17- Restricted Reserve Funds, the main purpose of which was to establish restricted reserve funds and the procedures and limitations with respect to the transfer of dollars to and from those funds. The draft policy was accepted as amended, for submission to Council for review and approval at the October meeting.

The Committee further agreed upon a process proposed by staff, for the requesting and subsequent processing of feedback received from Council members on Committee materials circulated to them for review and comment.

Finally, after noting that the Council- Registrar Linkage policies would be next for detailed review at the January Council meeting, the Committee confirmed plans to circulate those policies to Council for review and comment in early November, to allow for advance review of their feedback by the Committee.

At its **December** meeting, the Committee first developed proposed amendments to the Terms of Reference for statutory and other non-statutory standing committees, including a new proposed Standards Committee and the Governance Committee, (renamed from the Nominations and Elections Committee), to bring them in line with the results of the Governance Review project and corresponding recently proposed amendments to the by-laws. The proposed amendments were accepted for submission to Council for review and approval at their January meeting.

Per the intention noted above, the Committee also developed proposed changes to three Governance Process policies- GP04, GP06 and GP08; as well as three Governance process policies, namely; GP04, GP06 and GP08. These proposed amendments were also accepted for submission to Council for review and approval at the January meeting.

The Committee also developed proposed amendments to the three Council/ Registrar Linkage policies, namely; CRL01, CRL02 and CRL03, to be submitted to Council for review and approval as part of their mandated detailed review at the January meeting.

Finally, the Committee noted that a large number of the governance policies required amending to reflect the changes in terminology arising from not only the Council's Governance Review recommendations, but also earlier changes to the by-laws surrounding the move toward gender neutral language. As many of these changes were felt to be routine, it was agreed that the Committee should recommend 'that Council authorize the CEO, subject to review and approval of the Governance Policy Review Committee, to amend all Governance policies to reflect the changes in terminology set out in the by-laws, including changes to make all language gender neutral and to make such housekeeping changes to ensure that the wording is grammatically correct and understood and to correct any other grammatical and typographical errors that might be identified'.

Issues

None; other than the continuing implications of the COVID-19 pandemic.

Next Meeting Date

To be determined.

Respectfully submitted by,

Barry Sullivan, Chair,
December 15, 2020.



The College of Naturopaths of Ontario

Executive Committee Decisions To Be Ratified

Meeting of December 2, 2020

- Acceptance of the Variance Report and Unaudited Financial Statements for the second quarter of the fiscal year.
- Acceptance of the amendments made to the Inspection Committee's Terms of Reference.
- Approval of the Professional Services Agreement and budget between Satori Consulting Inc. and the College of Naturopaths of Ontario.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: January 27, 2021

TO: Members of Council

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 a number of 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 have the ability to 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.	Gray Areas (No. 251, 252)	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 (Oct, Nov, Dec)	This is an update provided by Richard Steinecke to the members of the Health Profession Regulators of Ontario (HPRO), formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO). The updates identify legislation or regulations pertaining to regulation that have been introduced by the Ontario Government. The updates for the past quarter are provided to Council in each Consent Agenda package.

No.	Name	Description
3.	Changes to the Re-appointment Process	This is a Memorandum highlighting the updated re-appointment process for Public members of all Councils of health regulatory Colleges and how it has now become a digitalized process.

Research Insights

by Rebecca Durcan
November / December 2020 - No. 251

Earlier this year researchers from Cardiff University released its study entitled: “*A Review of Research into Health and Care Professional Regulation*”. Funded by the Professional Standards Authority of the United Kingdom, a regulatory oversight body, the study summarizes and analyzes recent research in the field of professional regulation. Two portions of the study that may be of particular interest relate to racial discrimination in the complaints and discipline process and to guidelines and standards.

Racial Discrimination (pp. 43-44)

One of the papers reviewed found that Black and minority ethnic (BME) practitioners were twice as likely to be complained about as their white counterparts. The study also suggested that a lack of confidence in managers in addressing concerns about BME practitioners contributed to this higher rate of intervention. “Regulators considered language proficiency and cultural difference influencing the behaviour and interaction with patients as factors that might lead to disciplinary action.”

Another study of nursing suggested that employer referrals of BME to regulators contributed to their disproportionate involvement with regulators. The data was inconsistent as to whether BME practitioners were referred more frequently to discipline, but did find that the penalty imposed at discipline was higher for Black nurses.

Another study found that internationally trained physicians were more likely to be referred to

discipline but was unable to ascertain the reason (e.g., language proficiency). Another study of physicians found that language proficiency resulted in a higher frequency of complaints but not necessarily a higher rate of disciplinary findings.

The small number and limited scope of these studies makes it difficult to identify trends. However, they clearly demonstrated a need for larger and more systematic research in the area of discrimination in the complaints and discipline process.

Guidelines and Standards (pp. 35-40)

A few of the studies reviewed indicated that a lack of clarity in guidelines and standards led to practitioners being confused as to what they should do. In fact, in some contexts, practitioners avoided doing certain things (such as delegating tasks or performing advanced procedures) because of this uncertainty.

A number of studies dealt with the effective implementation of guidelines and standards. One study found that multi-faceted implementation plans tend to be more effective in encouraging practitioners to change their behaviour. For example, in addition to distributing published guidelines and encouraging organizations to implement operational changes based on them, financial and regulatory incentives for practitioners are recommended.

Another study indicated that top-down guidelines and standards tend to be resisted as practitioners desire to maintain their autonomy.

Another study found that encouraging local competition amongst practitioners tends to encourage existing practitioners to improve the quality of services they offer. This implementation mechanism

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 contact: Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-599-2200 Fax: 416-593-7867, E-Mail: info@sml-law.com

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

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

is rarely available to professional regulators and are more associated with government funded services.

The summaries of the studies found in this research document tend to be concise and sometimes difficult to interpret. The overall impression is that academic research into effective regulation of professions is still in its infancy. However, the document does contain a good source of existing research into professional regulation that might identify papers worth reading in more detail.

The study can be found at:

https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/review-of-research-into-health-care-regulation.pdf?sfvrsn=699c7620_7

Oversight through Publishing Performance Measures

by Erica Richler
January 2021 - No. 252

As one of the last countries still using the self-regulation model for professions, Canada is ripe for regulatory reform. Many provinces, including British Columbia, Alberta and Québec are in the midst of reform right now.¹

One of the key reform proposals has been to establish an independent oversight agency similar to the Professional Standards Authority of the United Kingdom.² However, Ontario is choosing a different, and somewhat unique, path. Last month the Ministry of Health of Ontario made available its College Performance Measurement Framework (CPMF). The CPMF requires the 26 health regulators to collect, report and publish detailed information about their structure and activities in a uniform format. The Ministry will then publish a summary report of the updated information annually.

The Ministry has stated the purpose of the initiative as follows:

¹ See, for example: *A Year of Change: Proposals for Regulatory Reforms Across Canada*, found at: https://m365-emarketing-uploads.s3.amazonaws.com/images/cnar/SML_December_2020.pdf.

² Modernizing the Oversight of the Health Workforce in Ontario, Dialogue Summary, McMaster Health Forum, https://www.mcmasterforum.org/docs/default-source/product-documents/stakeholder-dialogue-summary/workforce-oversight-sds.pdf?sfvrsn=d76e54d5_4.

Measuring college performance will strengthen accountability by linking college activities to outcomes and providing consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the role of the Colleges (e.g., how decisions are made, the impact of those decisions and activities in advancing the public interest, etc.) helping to foster trust in the ability of the health professions to regulate themselves in the interest of the public.

Finally, this work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models) ... and through highlighting best practices, reduces variation in the efficiency and effectiveness with which Colleges carry out their functions.

The CPMF document and reporting tools are the products of hard work by a working group, collaboration with experts in the field, and broad consultation with stakeholders including the regulators themselves.

The information to be gathered and reported is quite detailed. It is organized into seven topics (or domains) each of which has a number of separate standards to be met. Each standard has a number of questions to be answered. For each question the regulator has to identify evidence to support its meeting of the standard. Links to documents of supporting evidence are to be provided. The regulator then indicates whether it fully, partially or does not meet the standard. There is a place for the regulator to offer comments to put the information into context.

The domains are diagrammed as follows:

FOR MORE INFORMATION

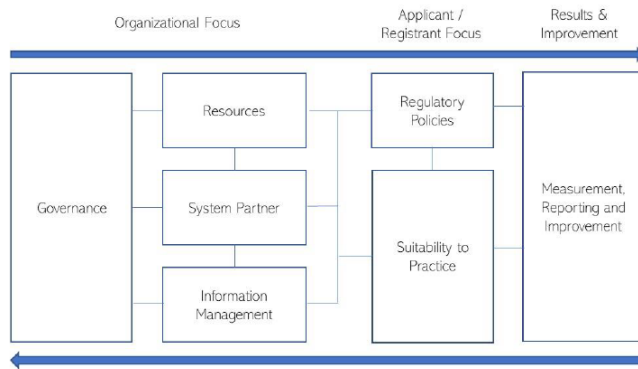
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Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION



Take one example. Domain 6 deals with suitability to practice, which addresses the core function of a regulator to ensure that practitioners are competent and ethical. Standard 13 reads: “All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.” Measure 13.1 under this standard reads: “The College addresses complaints in a right touch manner.” The proposed evidence to support whether this measure is met reads as follows:

The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).

The regulator then assesses whether it has met this measure in whole or in part.

The above example is probably one of the more straightforward ones. Standard 7 reads: “The College responds in a timely and effective manner to changing public expectations.” That standard does not have a

measurement statement and calls only for a narrative discussion of what the regulator does.

Some standards with measurement statements are difficult to quantify. For example, measure 9.1 reads:

All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

The evidence of meeting that measure is entirely process orientated, including that each policy is regularly reviewed and that any updates include the following components:

- i. evidence and data,
- ii. the risk posed to patients / the public,
- iii. the current practice environment,
- iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)
- v. expectations of the public, and
- vi. stakeholder views and feedback.

In fact, that is a criticism of the CPMF. Harry Cayton has stated that he is skeptical about the CPMF because it focusses on process and not outcome.³ However, he also says that the CPMF is an important step.

³ Listen to the 12:40 mark of the podcast *Health Profession Regulation – Is Ontario’s Current Model Working?* found at: <http://santishealth.ca/podcasts/episode-10-health-profession-regulation-is-ontarios-current-model-working/>.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

It is, after all, quite difficult to measure outcomes for most regulatory activities. In addition, Standard 15 specifically requires regulators to monitor, report on, and improve their performance and requires each regulator to identify and measure key performance indicators (KPI).

The Ministry has also noted that:

...there are currently no benchmarks that set expectations for regulatory excellence that have been identified through jurisdictional scans or literature reviews. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments.

The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.

Some of the standards appear to create obligations that are not contained in the enabling legislation. For example, Standard 1, measure 1 asks about whether the regulator has competency and suitability criteria for a candidate to be eligible for election to its Board. This concept is not included in the legislation despite a number of recent amendments dealing with governance and the Minister has never requested that the regulators establish such a requirement. These are difficult concepts to introduce into an election process and will likely take years to implement. Yet the first reporting period for this measure is 2020.

Other standards, while not directly required by the enabling statute, can perhaps be inferred from it. For example, Standard 5 reads "The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate."

The Ministry is taking a quality improvement approach to this initiative. It will provide a factual summary of the information but will not rank the regulators or point out poor performers. It anticipates using the information to:

...lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement...

The ministry may use the results, where warranted, to inform discussions with individual Colleges regarding proposed improvement commitments, best practices, and potential areas for alignment with other Colleges and system partners.

The CPMF will create a lot of work for the regulators to compile the information in a format consistent with the Ministry requirements and to implement changes to meet the new expectations. However, this is currently an alternative to the creation of an independent oversight body, which likely would require even more effort.

The Ministry has not posted the CPMF documents on a website, but they are available upon request from:

Regulatory Oversight & Performance Branch
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

Prepared by Richard Steinecke

In This Issue

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- Bill to create far-reaching patient Bill of Rights, see p. 1
- Spousal exception regulation for dental hygienists, optometrists & chiropodists, see p. 2
- Regulation supports lab testing of COVID-19 samples taken in pharmacies, see p. 2
- Regulation creates a number of technical requirements under *PHIPA*, see p. 2
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- The Civil Standard of Proof at Discipline Is Affirmed Again, pp. 5-6
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Ontario Bills

(www.ola.org)

Bill 218, Supporting Ontario's Recovery and Municipal Elections Act, 2020 – (Government Bill – Passed First and Second Reading and referred to the Standing Committee on Justice Policy). The Bill provides immunity to anyone from any cause of action or related proceedings for good faith effort (i.e., honest attempt) to comply with public health guidance. The immunity applies even if the honest attempt was not reasonable unless it amounted to gross negligence. The term “public health guidance” includes guidelines issued by an *RHPA* College. This immunity is retrospective to March 17, 2020. While it appears that this immunity applies only to civil proceedings, the reference to “proceedings” could conceivably include regulatory proceedings. This interpretation is unlikely, but the language is too vague to be certain.

Bill 212, An Act to Amend the Connecting Care Act, 2019 with Respect to a Patient Bill of Rights – (Private Member's Bill – Passed First Reading) The Bill creates a Bill of Rights for persons receiving health care services. It also includes the right to an essential care giver. These rights take priority over other legislation. The rights can be enforced by an application to the courts. This Bill could have significant implications for health profession regulators if passed.

Proclamations

(www.ontario.ca/search/ontario-gazette)

No relevant proclamations were gazetted this month.

Regulations

(www.ontario.ca/search/ontario-gazette)

Chiropractic Act, Dental Hygiene Act, Optometry Act – The regulations under these three Acts creates the spousal exception to the definition of sexual abuse by members of those three Colleges. (Ontario Regulations 565/20, 566/20 and 567/20, Gazetted on October 24, 2020)

Laboratory and Specimen Collection Centre Licensing Act – The regulation amendments support the use of COVID-19 testing through pharmacies. (Ontario Regulations 517/20 and 518/20, Gazetted on October 3, 2020)

Personal Health Information Protection Act – The regulation amendment sets out a number of detailed provisions for custodians relating to reports to the Information and Privacy Commissioner (IPC), consent orders with the IPC, and recording and disclosing personal health information in certain circumstances. An additional regulation specifies some of the requirements for digital health records to permit interoperability. (Ontario Regulation 534/20, Gazetted on October 17, 2020 and Ontario Regulation 569/20, Gazetted on October 24, 2020)

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations relating to the management of the pandemic were made. Most related to the continuation of some restrictions and the relaxation of some previously imposed restrictions.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Nursing Act – This consultation is on proposed amendments to the registration regulation of the College of Nurses of Ontario to permit the recognition of registered nurses' training provided in colleges even if the program is not affiliated with a university. Comments are due by November 18, 2020.

Bonus Features

Many of these cases will appear in our blog:

[\(www.sml-law.com/blog-regulation-pro/\)](http://www.sml-law.com/blog-regulation-pro/)

Interim Order Upheld

It almost seems to be a rare event for an interim order limiting a practitioner's practice to be upheld by the courts. However, in *Kadri v. College of Physicians and Surgeons of Ontario*, 2020 ONSC 5882, <http://canlii.ca/t/j9w0z>, an interim order preventing a physician from continuing to treat patients with serious kidney conditions was left in place. In that case a physician had his hospital privileges removed. A lengthy investigation by the regulator resulted in an expert report concluding that "the applicant's clinical practice, behaviour and conduct was likely to expose patients to harm or injury in 17 of the 28 cases she reviewed." Another expert provided a similar opinion in a related proceeding.

In maintaining the interim order, the Court noted the following:

- With rare exceptions, it would only receive evidence that was before the Committee. In particular, it would not accept new evidence that went to the merits of the Committee's determination that the practitioner's conduct exposed or was likely to expose the public to harm or injury.
- While the Committee does not have a fact-finding role when screening a complaint to determine whether it should be referred to discipline, it does have a fact-finding role when determining whether to make an interim order. In particular, it would make findings as to whether the conduct of the practitioner exposes or is likely to expose patients to harm or injury.
- Even though the Committee used the phrase "risk of harm" in its reasons in a few places, it is clear that the Committee understood and applied the correct test of exposure or probable exposure to harm or injury.
- The interim order was reasonable given the expert opinions addressing the specific issue of likelihood of exposure of the public to harm or injury and that the Committee imposed a narrow order limited to patients with serious kidney conditions. In other words, the interim order was "the least restrictive order necessary to protect patients' safety".
- The process for making an interim order, under this legislation at least, contemplates a paper hearing (i.e., no cross-examination of witnesses or oral submissions) in a short period of time. The refusal of a request by the practitioner for a 90-day delay to obtain legal counsel and a responding expert opinion was properly refused especially since the Committee had already provided some extensions, reconsidered the order on an urgent basis and where the practitioner did not provide an explanation of his efforts to locate legal counsel and obtain another expert opinion. The Court noted that should the practitioner obtain an expert opinion, it was open to request a further reconsideration of the interim order.

Even though the interim order was upheld in this case, the decision implies that regulators need to carefully gather evidence and offer a fair procedure in order to issue a defensible interim order.

No Contest Pleas at Discipline Hearings May Have Unintended Consequences

A number of regulators have developed rules of procedure that permit a practitioner to decline to admit allegations against them (i.e., making a plea of “no contest”) with the expectation that a finding would still be made by the discipline tribunal based on that plea. The purpose of the practitioner pleading “no contest” is to prevent them from being deemed to admit the allegations in any subsequent civil or criminal proceeding.

However, in *R. v. Lo*, 2020 ONCA 622 (CanLII), <http://canlii.ca/t/j9zlg>, Ontario’s highest court upheld a criminal finding of sexual assault founded to a large degree by the admissions made by a psychologist at a discipline hearing. At the discipline hearing, the practitioner had acknowledged engaging in unprofessional behaviour by his touching of three patients. However, on the specific allegation of sexual abuse, the practitioner pleaded “no contest”. Both counsel at the hearing submitted that they anticipated that the discipline panel would make a finding of sexual abuse on the agreed upon facts.

The Court held that the agreement to the underlying facts at the discipline hearing constituted an admission that could be used against the practitioner in the sexual assault charges in the criminal trial. The plea of no contest, in this case at least, only applied to the conclusion of sexual abuse at discipline and did not apply to the underlying facts that had been formally agreed to. The Court found that the admissions were “relevant, material, and properly admissible” and that there was no unfairness in using the admissions in this manner at the criminal trial.

Practitioners will likely become less willing to resolve discipline matters on the basis of a plea of no contest. It remains to be seen whether a plea of no contest can be worded such that a practitioner does not actually admit to the accuracy of the facts but still allows the discipline tribunal to make a finding on the basis that the practitioner is not contesting those facts.

Is the Standard of Review of Discipline Decisions Becoming Clearer?

Ever since the decision of the Supreme Court of Canada in *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65 (CanLII), <http://canlii.ca/t/j46kb>, there has been much debate as to whether courts will scrutinize discipline decisions more closely, particularly where there is a statutory right of appeal. Clearly the answer is “yes” where the discipline tribunal has to address a general question of law (e.g., a constitutional question or a general principle of evidence). However, in the Divisional Court of Ontario decision of *Mitelman v. College of Veterinarians of Ontario*, 2020 ONSC 6171 (CanLII), <http://canlii.ca/t/jb3pv>, the answer seems to be “no” for most other issues.

The facts of the case are interesting. The practitioner attended at the home of a client after performing veterinary surgery. The meeting escalated into a verbal argument and a physical interaction resulting in injuries to both participants. In upholding the finding of professional misconduct, the Court noted the following:

1. Factual findings are reviewed on the deferential standard of whether there was a palpable and overriding error.
2. A similar standard applied to a finding that the conduct of a practitioner constituted professional misconduct. In the absence of a statutory interpretation issue, a finding that the “conduct constituted a significant departure from his professional obligation amounting to professional misconduct” would be afforded deference.
3. A similar standard applied to the review of the sanction imposed by the discipline tribunal. So long as no improper considerations were taken into account, significant deference was owed to the core competence of the tribunal. The decision should only be set aside where the decision was “clearly unreasonable” or “demonstrably unfit”.
4. On the matter of costs, the Court said: “As costs are a discretionary remedy, an appellate court should only set aside a costs award if the trial judge has made an error in principle or if the award is plainly wrong.”

The Court in this case treated the standard of review issue as becoming routine in this context.

The Civil Standard of Proof at Discipline Is Affirmed Again

In an unusual case, a four-person discipline panel issued two sets of concurring reasons each signed by two members of the panel. The panel found that the regulator had not proven that the practitioner had failed to maintain the standard of practice or been negligent in his handling of oil contamination concerns at a residential property: *The Association of Professional Engineers of Ontario v. Rew*, 2020 ONSC 6018 (CanLII), <http://canlii.ca/t/jb60d>. The Court found a number of legal errors and returned the matter for a new hearing.

The main basis for the Court’s decision was that it appeared to apply an intermediate standard of proof between the civil (balance of probabilities) and criminal (beyond a reasonable doubt). The Court based this conclusion on statements in the reasons for decision that suggested that the panel was requiring a high level of proof, its reference to giving the practitioner the benefit of the doubt, its frequent use of criminal language (e.g., punitive proceedings, charges) and its apparent use of the term “clear, cogent and convincing” evidence in a manner suggesting it created a higher standard of proof. The Court indicated that there was only one standard of proof in civil proceedings (that include discipline hearings) even where the allegations are serious.

The Court made a number of other important points including:

- The panel did not demonstrate bias towards the regulator by criticizing it for bringing the case to discipline or by the panel making legal errors, such as on the standard of proof.
- Where an allegation is a “strict liability” one, such as for practising without a certificate of authorization, the intent of the practitioner is irrelevant. Absent due diligence or mistaken belief in the facts, the conduct itself establishes the allegation. The Court also rejected the suggestion that such conduct was trivial.

- The Court also found that an adverse inference against the regulator for not calling a third-party witness was unwarranted. The witness was not in the exclusive control of the regulator, the evidence was not significant and the regulator’s explanation for not calling the witness (i.e., that the practitioner admitted the necessary facts) precluded an adverse inference being made.
- This regulator had a ground of discipline where the practitioner had acted with “negligence”. The term was defined as being conduct that “constitutes a failure to maintain the standards that a reasonable and prudent practitioner would maintain in the circumstances”. The Court held that it was improper for the panel to infer additional requirements to the definition, based on civil tort law, related to causation and harm.
- The Court also found that the panel had erred by failing to deal with the evidence of the defence expert on cross-examination. The defence expert had agreed on cross-examination that the practitioner should have done a second test a month after the first test before expressing conclusions on the risks involved. Where a witness retracts evidence, they express in their evidence in-chief; the panel must explain why it still accepted the opinion expressed in the examination-in-chief.
- The Court also declined to award costs to the regulator in the circumstances even though the regulator had been successful on the appeal as the errors were made by the regulator’s own committee.

The Court returned the matter to a differently constituted panel.

No Hard Caps on Parity of Sanctions

Courts tend to require discipline panels to ensure that any sanctions imposed are consistent with previous orders in similar cases. This is often referred to as the concept of “parity”. However, the Ontario Divisional Court has affirmed that, in exceptional cases, a more severe sanction can be imposed.

In *Shah v. College of Physiotherapists of Ontario*, 2020 ONSC 6240 (CanLII), <http://canlii.ca/t/jb46c>, a physiotherapist was suspended for 18 months for failing to carry professional liability insurance and for making a false declaration to the College about having such coverage. Most discipline cases for similar misconduct involved significantly lesser sanctions; no prior precedent had imposed a suspension that long.

However, the Court upheld the sanction because of the aggravating factors at play in the case. In particular, this was the third finding of professional misconduct for dishonesty against the practitioner. The conduct occurred contemporaneously with an ethics and professionalism course the practitioner was taking because a previous discipline finding. The practitioner did not disclose the lack of insurance coverage until the regulator began investigating him for it.

The Court said:

I am satisfied that the Committee turned its mind to the issue of parity when it acknowledged that the 18-month penalty was more that *[sic]* the other cases in the Books of Authorities. The Committee demonstrated that while considering parity, those sentences were not appropriate as none of those cases had similar aggravating circumstances and the heightened need for specific and general deterrence.

In the end, the Committee recognized that these circumstances are exceptional and as such an exceptional penalty was required to properly address specific and general deterrence and to maintain the public's and the profession's confidence in the profession's ability to self-regulate. I am satisfied that the Committee's reasons reflect that it was aware that the 18-month suspension was a departure from other suspensions imposed by the Committee....

The conclusion that an 18-month suspension is applicable in the circumstances is a reasonable conclusion that cannot be said to be “demonstrably unfit” or “clearly excessive”.

What Are Exceptional Circumstances?

The Courts will not hear an application for judicial review of an interim ruling in a discipline matter unless there are exceptional circumstances. So, what are exceptional circumstances?

The decision in *Bannis v. The Ontario College of Pharmacists*, 2020 ONSC 6115 (CanLII), <http://canlii.ca/t/j9zq2>, reinforces the proposition that exceptional circumstances are indeed rare. In that case, the practitioner argued that the regulator lost jurisdiction to deal with concerns that she distributed drugs “to American clients through her online pharmacy without valid prescriptions” because it had not followed the complaints process, but rather had conducted a Registrar's investigation.

The Court held that this was not an exceptional case even though jurisdictional and abuse of process issues were raised that, if accepted, would end the proceeding. In addition, the fact that counsel were ready to proceed before the gathered Court was not exceptional. Also, there was an alternate remedy, namely proceeding with the discipline hearing and raising the issue at discipline and, if necessary, on appeal. In addition, the case was not one where an “allegation of a denial of procedural fairness or bias within the disciplinary proceedings that would fundamentally affect the fairness of that proceeding” was at stake, which might be an example of an exceptional circumstance.

The Court exercised its discretion to decline to hear the application and awarded costs of \$15,000 to the regulator.

Bringing the Profession into Disrepute

Some professions include in their definitions of professional misconduct some aspect of conduct that brings their profession into disrepute. In *Hughes v. Law Society of New Brunswick*, 2020 NBCA 68

(CanLII), <http://canlii.ca/t/jb187>, the Court considered that definition. It applied, without accepting as correct, the interpretation by the disciplinary tribunal that the definition meant the public perception of the practitioner's conduct.

The practitioner had a dispute with a short-term domestic partner when he asked her to leave his home. The only admissible evidence about the incident was that he tried to retrieve his house keys from her purse and then tried to hold his partner's telephone until she handed over the keys. The admissible evidence also was that his partner was younger and stronger than him and that she assaulted him. When the police were called, he was charged. Eventually he agreed to sign a peace bond to resolve the charges.

The Court found that simply being charged with an offence or signing a peace bond was insufficient, in itself, to constitute professional misconduct. The Court also rejected the assertion that the facts created a public perception that would bring the profession into disrepute.

On the facts that were before the panel, such a reasonable and properly informed public would: (1) understand that Mr. Hughes was the victim of assault on the night in question; (2) know Mr. Hughes co-operated with the authorities throughout; (3) be uncertain of the reason why it was him who was charged and not the other party; (4) understand the inherent risks of a trial where the testimony of one is pitted against that of another; (5) know of the Crown's offer and defence counsel's recommendation to resolve the matter by a peace bond without any admission of guilt; and (6) know Mr. Hughes complied with the provisions of the peace bond. In these circumstances, it is simply inconceivable there would be negative public perception "upon the integrity of the profession and the administration of justice."

On such a finding, the relevant surrounding circumstances are critical.

Protracted Negotiations

Screening committees often negotiate undertakings with practitioners to resolve concerns, particularly in cases involving standards of practice. Sometimes discussions negotiating the precise terms of the undertaking become protracted. In *Dabao v Investigation Committee of the Saskatchewan Registered Nurses' Association*, 2020 SKQB 242 (CanLII), <http://canlii.ca/t/i9xpc>, the screening committee indicated a willingness to resolve concerns with an undertaking signed by the practitioner. Over a period of two months, negotiations continued. The regulator granted a number of extensions to the practitioner. Finally, a deadline was imposed by the regulator that the undertaking had to be signed as it then read by January 2nd. On December 31st the practitioner suggested some additional amendments but indicated that she would sign the undertaking if they were rejected. Unsurprisingly, the regulator did not respond by January 2nd. The practitioner did not sign the undertaking. Later that month the screening committee referred the matter to discipline.

The practitioner sought judicial review of the decision to refer to discipline because she had a legitimate expectation that the matter would be resolved and because it was unfair for the regulator to change its mind without giving her a chance to sign the undertaking as worded.

The Court rejected those arguments:

Ms. Dabao argues the Investigation Committee chose to resolve the matter with a CCRA, as permitted under the Bylaws. The SRNA agrees the committee decided to resolve the matter, if Ms. Dabao signed the CCRA. However, Ms. Dabao had two months to sign the CCRA and did not do so. Consequently, the committee moved the matter on to a discipline hearing.

I do not agree with Ms. Dabao that the Investigation Committee established a legitimate expectation and failed to follow through. As such, I do not find that the Investigation Committee failed in its duty to provide Ms. Dabao with procedural fairness by thwarting her legitimate expectations. Her application to quash the January 9, 2020 decision of the Investigation Committee is dismissed.

Practitioners ignore such deadlines at their peril.

Resiling from a Settlement Agreements

In discipline matters, a settlement agreement should be taken seriously. While there may be rare circumstances where a party can resile from such an agreement (e.g., inadequate explanation by legal counsel), for the most part, they are binding.

In *Law Society of Ontario v. Ejidike*, 2020 ONSC 6228 (CanLII), <http://canlii.ca/t/jb6nx>, a practitioner agreed to certain facts being used to support a finding of professional misconduct against her. In return for this agreement, the regulator agreed not to pursue the substantial costs (\$150,000) that it would otherwise have sought. Shortly after the hearing, the practitioner repudiated the agreement, saying that she had made a terrible mistake, and she brought a motion to withdraw her admissions. The motion was unsuccessful. The regulator then sought and obtained an order for the practitioner to pay the substantial costs.

The practitioner argued that since the agreement was still being relied upon, the regulator should be bound by its commitment not to seek costs. The Court disagreed. What the regulator had bargained for in the settlement agreement was the certainty that the facts would not be disputed. By repudiating the agreement and bringing a motion to withdraw her admissions, the practitioner had taken away that certainty. As such, the regulator had lost the benefit of the agreement and was entitled to seek substantial costs.

Settlement agreements are generally to be taken as final and attempts to withdraw from them contain significant risks to the repudiating party.

Proration of Fees Is a Policy Decision

Many regulators charge annual fees. Some regulators do not prorate them; practitioners must pay the entire annual fee even if they are only registered for part of the year. Of course, this can be frustrating for practitioners registered late in the year. In a recent case, one practitioner challenged this approach in Court.

In *Dylan v. Law Society of Nunavut*, 2020 NUCJ 32 (CanLII), <http://canlii.ca/t/j9xnz>, a practitioner was registered two-thirds into the year. He argued that a refusal to prorate his fees was “unreasonable and leads to an absurd result” and that no reasons were given for that decision. The Court held that the discretion of the regulator to set the fee payment rules was supported by the enabling legislation. In fact, the regulator had, in those rules, permitted proration in rare circumstances. The Court went on to say:

Even if the application for review had been successful, the remedy would have been to remit the matter to the LSNU for reconsideration. The remedies sought would not have been available. There are a multitude of fee structures that an organization may choose to implement, prorating being just one option. Even if an organization chooses to prorate fees, there are further choices to be made, such as whether prorating will be done on a daily, weekly, or monthly basis. These are not decisions for a court to make on judicial review. They are decisions for the governing organization to make.

Despite this ruling favouring regulators, it is still useful for regulators to explain the rationale for its rules on the payment of fees.

Prepared by Richard Steinecke

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- Bill 229 to implement competency-based selection at the College of Teachers, see p. 1
- Bill 227 to make the CMOH an officer of the Legislative Assembly, see p. 1
- Bill 218 to provide immunity for good faith care during COVID-19, see p. 2
- Bill 212 to create far-reaching patient Bill of Rights, see p. 2
- Proclamation of electronic health records provisions for *PHIPA*, see p. 2
- Ongoing regulations related to the pandemic, see p. 2
- Consultation on spousal exception regulation for chiropractors, denturists, kinesiologists, see p. 2

Bonus Features

- Issuing Guidance to the Profession, p. 3
- Limitations on Injunction Provisions, p. 4
- Posting Interim Orders in Unauthorized Practice Cases, p. 4
- Interpreting Quorum Requirements, p. 5

Ontario Bills

www.ola.org

Bill 229, Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020 – (Government Bill – Passed First and Second Reading and referred to the Standing Committee on Finance and Economic Affairs). The Bill amends the *College of Teachers Act* to provide for a competency-based selection process for a reduced, 18-person, Council and committees. There will be an equal number of public and professional members on the Council and committees. Competency-based selection will be coordinated by a Nominating Committee. The Bill will also enhance the sexual abuse provisions for both the College of Teachers and the College of Early Childhood Educators.

Bill 227, Public Health Accountability Act (In Honour of Dr. Sheela Basrur), 2020 - (Private Members Bill – Passed First Reading). The Bill makes the Chief Medical Officer of Health an officer of the legislature rather than a government appointee. It also requires the appointment of a select committee to advise the CMOH in cases of declared emergencies.

Bill 218, Supporting Ontario's Recovery and Municipal Elections Act, 2020 – (Government Bill – Passed Third Reading and received Royal Assent). The Bill provides immunity to anyone from any cause of action or related proceedings for good faith effort (i.e., honest attempt) to comply with public health guidance. The immunity applies even if the honest attempt was not reasonable unless it amounted to gross negligence. The term “public health guidance” includes guidelines issued by an RHPA College. This immunity is retrospective to March 17, 2020. While it appears that this immunity applies only to civil proceedings, the reference to “proceedings” could conceivably include regulatory proceedings. This interpretation is unlikely, but the language is too vague to be certain.

Bill 212, An Act to Amend the Connecting Care Act, 2019 with Respect to a Patient Bill of Rights – (Private Member's Bill – Passed First Reading) The Bill creates a Bill of Rights for persons receiving health care services. It also includes the right to an essential care giver. These rights take priority over other legislation. The rights can be enforced by an application to the courts. This Bill could have significant implications for health profession regulators if passed.

Proclamations

(www.ontario.ca/search/ontario-gazette)

Personal Health Information Protection Act – Part V.1 of PHIPA dealing with electronic health records and some provisions relating to the collection and oversight of personal health information by the government and the Coroner are proclaimed into force effective October 1, 2020. The electronic health records provisions have been waiting since 2016.

Regulations

(www.ontario.ca/search/ontario-gazette)

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations relating to the management of the pandemic were made. Most related to the nature of restrictions.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

Chiropractic Act, 1991, Denturism Act, 1991 and Kinesiology Act, 2007 – This consultation is on the spousal exemption from the definition of sexual abuse for practitioners who treat their spouses for these three professions. Comments are due by December 17, 2020.

Bonus Features

Many of these cases will appear in our blog:
(www.sml-law.com/blog-regulation-pro/)

Issuing Guidance to the Profession

New Brunswick's highest court has affirmed that it is an inherent part of a regulator's role to issue guidance to practitioners about the regulator's interpretation of the legislation.

The facts of the case can be summarized as follows. The Applicant was marketing a diet protocol through pharmacies. The program involved pharmacists performing an assessment of clients, recommending the protocol, and monitoring the client progress. The regulator issued an advisory statement saying that this approach (not naming the company) risked pharmacists straying beyond their scope of practice, in effect practising dietetics. The advisory statement also suggested that a pharmacist participating in such an activity risked using their professional status to market a commercial product. As a result, fewer pharmacists became involved in the protocol and the Applicant's revenues were reduced. The Applicant sought judicial review to set aside the advisory statement.

In *Laboratories C.O.P. Inc. v. New Brunswick College of Pharmacists*, 2020 NBCA 74 (CanLII), <http://canlii.ca/t/jbtpj>, the Court said:

The Statement was nothing more than a reminder or guideline confirming the existing scope of practice coupled with a warning not to stray into areas reserved for the expertise and training of other health care professionals. Professional bodies charged with administrative and regulatory duties over their members are entitled to issue such statements without express statutory authority and without attracting judicial review....

The Statement is neither a decision nor, by necessary implication, an invalidly enacted regulation.

The Court also found that the Applicant had no standing to seek judicial review of the regulator's guidance. The commercial interest of the Applicant did not afford it access to a public law remedy.

This case confirms that policy statements by regulators are an appropriate regulatory action and that not everyone has standing to challenge them even if the statement affects their commercial interests.

Limitations on Injunction Provisions

The criteria for obtaining an injunction provision against unregistered persons vary between jurisdictions and even in legislation within a single jurisdiction. This variation was made evident in *Collège des Médecins du Québec c. CEO (Études en ostéopathie) inc.*, 2020 QCCS 3603 (CanLII), <http://canlii.ca/t/jbhfz>. The medical regulator had obtained offence findings against persons associated with an osteopathy school for performing activities reserved to physicians. The school continued to operate, and its patient clinic remained open.

The medical regulator wanted to obtain an injunction to prohibit those individuals from performing the reserved acts going forward. However, the statutory provision required the consent of the Attorney General, which had not been obtained, and repeated offence findings. Here, there was only one offence finding. The medical regulator initiated an injunction proceeding based on case law rather than legislation. The Court held that the case law route required proof of an intention to continue to perform the reserved acts. Since practising osteopathy itself (without performing a reserved act) was legal, the Court found that continuing to operate the school and the patient clinic did not, in itself, establish an intent to perform reserved acts. The Court declined to issue the injunction.

Posting Interim Orders in Unauthorized Practice Cases

In *Ostiguy v. Collège des médecins du Québec*, 2020 QCCA 1554 (CanLII), <http://canlii.ca/t/jbq55>, an orthotist had been convicted of practising medicine numerous times and fined, cumulatively, over \$50,000. The medical regulator brought an application to restrain him from continuing to practise medicine and the regulator sought and obtained an interim injunction. It was that interim order that was under appeal. A somewhat unique aspect of this order was that the individual was required to post a copy of the order, at eye level and without other information, on the door to his practice.

The Court of Appeal upheld the order, finding that there was an adequate basis to support the concern that the individual was not ceasing his illegal activities. The Court also held that it was not necessary to provide notice to the individual's employer before making the posting order on its door. The Court also held that a quickly corrected mistake by counsel for the regulator, implicating other individuals in the illegal conduct, did not preclude the making of the order. The discretion to refuse an injunction when a party does not come with "clean hands" relates more to improper conduct in the events rather than an advocacy mistake.

Posting orders in public seems to be another instrument in the regulatory toolbox.

Interpreting Quorum Requirements

Quorum requirements are strict; if a tribunal does not have quorum, it cannot decide a matter. However, how strictly should quorum requirements be interpreted where the quorum provisions are ambiguous? A recent Alberta case says not strictly.

In *Rollingson Racing Stables Ltd v Horse Racing Alberta*, 2020 ABCA 419, <http://canlii.ca/t/jbr11>, a tribunal member's appointment was rescinded by the relevant Minister after a hearing had been completed but before the decision and reasons were released. A week later, the Minister issued an order permitting the tribunal member to “participate in the delivery of decisions, including the preparation of written reasons for decision, in relation to appeals that were heard by the Appeal Tribunal while she was a member of the Appeal Tribunal”. The provision in the legislation indicated that the rescission of an appointment prevented the individual from continuing with the matter “unless expressly permitted to do so by the person who ... rescinded the appointment”.

The issue was whether the delay between the rescission of the appointment and the permission to continue affected the ability of the tribunal member to participate in the decision. It was accepted that if the tribunal was not permitted to continue, the tribunal did not have quorum. The Court concluded that since there was no action taken on the hearing during the hiatus, the tribunal did have quorum to render the decision.

While this case turned upon the unusual wording of the specific quorum provision, it suggests that Courts will take a purposive approach when interpreting quorum provisions so as to not needlessly nullify administrative decisions.

Prepared by Richard Steinecke

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- Bill 229 to implement competency-based selection at the College of Teachers, see p. 1
- Bill 227 to make the CMOH an officer of the Legislative Assembly, see p. 1
- Quality assurance regulation for midwives are redone, see p. 2
- Nursing degrees from colleges of applied arts and technology recognized, see p. 2
- Pharmacists gain expanded authority for vaccinations and prescription renewals, see p. 2
- Ongoing regulations related to the pandemic, see p. 2

Bonus Features

- Access to Hearing Exhibits, p. 3
- Who Drives a Complaints Investigation?, p. 4
- Necessary and Proportional, pp. 4-5
- Publication of Remedial Directions Does Not Alter their Fundamental Nature, p. 5
- Revisiting Referrals to Discipline, pp. 5-6

Ontario Bills

(www.ola.org)

Bill 229, Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020 – (Government Bill – Passed Third Reading and Received Royal Assent). The Bill amends the *College of Teachers Act* to provide for a competency-based selection process for a reduced, 18-person, Council and for committees. There will be an equal number of public and professional members on the Council and committees. Competency-based selection will be coordinated by a Nominating Committee. The Bill will also enhance the sexual abuse provisions for both the College of Teachers and the College of Early Childhood Educators.

Bill 227, Public Health Accountability Act (In Honour of Dr. Sheela Basrur), 2020 - (Private Members Bill – Defeated at Second Reading). The Bill makes the Chief Medical Officer of Health an officer of the legislature rather than a government appointee. It also requires the appointment of a select committee to advise the CMOH in cases of declared emergencies.

Proclamations

(www.ontario.ca/search/ontario-gazette)

There were no relevant proclamations this month.

Regulations

(www.ontario.ca/search/ontario-gazette)

Midwifery Act - The quality assurance program regulations have been completely redone and the notice of public Council meetings regulation has been repealed. (Ontario Regulation 668/20 and 669/20, Gazetted December 12, 2020).

Nursing Act – The registration regulation was amended to recognize degrees in nursing awarded by colleges of applied arts and technology (Ontario Regulation 741/20, Gazetted December 26, 2020).

Pharmacy Act – The controlled acts regulation was amended to permit the administration of vaccinations to children as young as two years of age and to permit the authorization of the renewal of prescriptions for as long as one year (Ontario Regulation 742/20, Gazetted December 26, 2020).

Emergency Management and Civil Protection Act and the Reopening Ontario (A Flexible Response to COVID-19) Act – Numerous regulations relating to the management of the pandemic were made. Most related to the nature of restrictions.

Proposed Regulations Registry

(www.ontariocanada.com/registry/)

There are no relevant pending consultations.

Bonus Features

Many of these cases will appear in our blog:
(www.sml-law.com/blog-regulation-pro/)

Access to Hearing Exhibits

Many regulators have a high duty of confidentiality. A recent securities regulator case examined how that obligation fares when otherwise confidential information is made an exhibit at a public hearing: *British Columbia (Securities Commission) v. BridgeMark Financial Corp.*, 2020 BCCA 301 (CanLII), <http://canlii.ca/t/jbc31>. In that case an interim cease trading order was issued related to concerns about improper private placement of securities. When the regulator considered whether the order should be extended, it did so through a public hearing. Various parties (e.g., media, a law firm acting against the parties under investigation) sought access to the exhibits.

The Court, in upholding the order providing access to the exhibits, made the following points:

1. As a general principle, the public has the right to have access to exhibits from a public hearing unless they contain sensitive information that outweighs the principle of open hearings.
2. This principle applies even when the public hearing is on a preliminary matter and not on the merits of the allegations.
3. The duty of confidentiality upon the regulator ends when the information is received in a public hearing.
4. The tribunal should not consider how the information will be used when deciding whether the information should be made public. For example, the fact that a person wishes to have access to the information in order to sue the party under investigation is irrelevant to the issue of whether the public should have access to the exhibit. If the person receiving access to the documents uses them improperly, that is an issue between the party being investigated and the person misusing the information.

The Court described the role of the tribunal as follows:

In my view, the Commission was correct to say that, once it decided to hold a hearing, the statutory provisions imposed upon it a duty to hold the hearing in public, to maintain a record of the hearing, and, consistent with the open court principle, to permit the public to have access to the record unless doing so would be unduly prejudicial to a party or a witness and withholding access would not be prejudicial to the public interest. It engaged in the balancing of private and public interests by soliciting submissions from the parties and addressing those submissions in its reasons.

This case enables tribunals to better focus on the substantive issues before them when faced with requests from the public to have access to exhibits.

Who Drives a Complaints Investigation?

When a complaint is made, the person making the complaint often suggests some investigative steps that the regulator should take. While prudent regulators will consider such requests, it is clear that it is the regulator, not the complainant, that decides the appropriate level of investigation. This principle has recently been affirmed in: *Makis v College of Physicians and Surgeons of Alberta (Complaint Review Committee)*, 2020 ABCA 451 (CanLII), <http://canlii.ca/t/jc3c6>. No details of the nature of the complaint are provided but the prior history of the matter suggests that the respondents were caught up in a broader dispute and the complaint relates to how they responded to the complainant's concerns. The Court said:

The appellant argues that the Complaints Director did not conduct a full investigation, including interviewing possible witnesses, before dismissing his complaints. The Complaints Director has wide powers under s. 55(2) of the Act, including the power to attempt to resolve the complaint, to request an expert opinion, or to appoint an investigator. The Complaints Director, however, need not do any of those things, and is entitled to dismiss the complaint if it appears to be trivial, or there is insufficient evidence of unprofessional conduct. The Complaints Director is entitled to dismiss a complaint that essentially repeats a previously dismissed complaint. While the complainant is entitled to a fair procedure, that does not include a right to any type of investigation. The absence of a formal investigation did not compel the Complaint Review Committee to set aside the dismissal of the appellant's complaint.

The Court went on to say:

In a professional disciplinary matter, the complainant is not entitled to dictate whether an investigation should be conducted, or how it should be conducted.

The Court indicated that the duty of procedural fairness was met when the regulator provided the complainant with a full opportunity to present their concerns and the information supporting them.

Necessary and Proportional

What do you do when an elderly physician, in poor health and under enormous debt, whose registration is suspended, continues to practise medicine despite multiple court injunctions? This is what a Quebec court had to deal with in *Collège des médecins du Québec c. Giannakis*, 2020 QCCS 4216 (CanLII), <http://canlii.ca/t/jc298>. The evidence of contempt of court was overwhelming including a half-hour video recording of his assessing and treating an undercover investigator posing as a patient. The recording undermined his position that his poor understanding of the French language prevented him from understanding the orders made against him. In addition, his disrespect for the process was further demonstrated by his failure to show up in court for second day of the hearing without notifying any of the other hearing participants. Despite finding a deliberate and intentional

breach of the court orders, the Court in this case did not conclude that imprisonment was necessary and proportional. Rather it ordered the payment of \$24,000 of fines over a 25-month period. Justice is usually not easy and is rarely neat.

Publication of Remedial Directions Does Not Alter their Fundamental Nature

For many regulators, the issuing of various forms of advice or cautions or the imposition of educational measures has become an important part of the complaints process. Many enabling statutes now authorize regulators to impose remedial measures on a mandatory basis without first going through a discipline hearing. Courts have upheld this authority, indicating that these are protective measures which do not constitute a penalty. In 2017, legislative amendments have required that such directions be posted on the public register as part of the transparent nature of professional regulation. Does the posting of remedial directions alter their fundamental nature?

In *Geris v. Ontario College of Pharmacists*, 2020 ONSC 7437 (CanLII), <http://canlii.ca/t/jc4gk>, the Court said no:

It is true, as the applicant argues, that cautions and remedial orders regarding attendance at education programs are now placed on the public register. This was not the case when a number of the leading cases dealing with such orders were decided. However, the fact that the Legislature felt it would be in the public interest to make health disciplines bodies publish remedial orders of the kind issued by the ICRC in this case does not fundamentally alter the preventive, educational and remedial nature of such orders. I cannot agree that an entirely different approach must be taken now that remedial orders appear on the public register.

The Court also found that procedural fairness had been provided in respect of the degree of the investigation conducted, in the time it took for the matter to be investigated, and in terms of the practitioner's awareness of the issues. The Court also found that the decision adequately recognized the practitioner's supervisory role at the pharmacy and his lack of personal involvement in the individual dispensing error that occurred.

Revisiting Referrals to Discipline

Courts are reluctant to review a referral of allegations to discipline by a screening committee. In *Walia v. College of Veterinarians of Ontario*, 2020 ONSC 8057 (CanLII), <http://canlii.ca/t/jcb73>, the road to review was even rockier because it was brought after the discipline hearing findings had been challenged unsuccessfully all the way to the Supreme Court of Canada. Despite this, the practitioner challenged the referral upon which the discipline findings had been made on the basis that the referral was fraudulent, biased and procedurally unfair.

The Court dismissed the motion on a number of grounds that were technical (there was no proceeding in which the motions pertained), procedural (delay, issues already determined) and substantive (there

was no merit to the arguments). However, in the course of its reasons, the Court made the following observations that may be of interest to regulators:

1. It is common place and acceptable for the same legal counsel to advise the screening committee and then prosecute the case at discipline.
2. “In any event, the referral of the complaint from the Complaints Committee to the Discipline Committee is one step in the discipline process. Once the matter was referred to the Discipline Committee, Dr. Walia had a full opportunity to defend against the allegations made against him. Any defects in the referral were cured by the hearing. If the allegations against Dr. Walia were unfounded, he had an opportunity to defend against them.”
3. Even if the challenge had been brought at the time of referral, the challenge likely would have been premature.
4. There is no obligation on the screening committee to provide reasons for referring a matter to discipline.

As a general principle, concerns about a referral to discipline should be addressed at the discipline hearing itself.



The College of Naturopaths of Ontario

MEMORANDUM

DATE: January 14, 2021

TO: Public Members of Council

COPY: Professional Members of Council

FROM: Andrew Parr, CAE
Chief Executive Officer

RE: Changes to the Process for Reappointment

In December 2020, the College received information about changes to the re-appointment process for Public members of all Councils of health regulatory Colleges as the process has now become a digital one.

The College will be contacting you approximately five months prior to the expiration of your Order-in-Council to determine whether you are interested in being reappointed by the Minister. We will need an answer from you within 30 days of contacting you.

For those who express an interest in being reappointed, College staff will provide the Public Appointments, Agency Coordination and Corporate Initiatives Unit of the Ministry of Health with your e-mail address and a letter that indicates your interest in being re-appointed and asking that the Minister consider your request as promptly as possible (more on this below).

Upon receipt of this information, the Ministry will send an automated e-mail to prospective appointees from the Public Appointments Secretariat's database asking you to confirm your interest in being reappointed. Once they confirm the reappointment opportunity, a digital reappointment information form with pre-populated information will open in your web browser window. You will need to review and update your profile and make any necessary changes to your original Personal Disclosure and Conflict of Interest form.

This information will then be provided to the Minister of Health for consideration of your reappointment.

Letter of Support

While the Ministry has requested that a letter of support from the College accompany the transmittal of your interest in being reappointed, like many other of the health regulatory Colleges, we will not be providing such a letter. As noted above, the College will send a letter



that indicates your interest in being re-appointed and asking that the Minister consider your request as promptly as possible

The rationale for not providing a letter of support is simply that it is asking the Registrars or Chief Executive Officers to interfere in the selection of the individuals who will sit on the Council, the governing body to which we report. Such interference is not only inappropriate from a governance perspective but could entail, in some situations, a conflict of interest.

Schedule

The following is a summary of all current Public members, their term and when they can expect to be contacted by the College.

Name	Appointed	Term Expires	Term Length	Process to be Initiated
Asifa Baig	Jun 18, 2020	Jun 17, 2021	1 year	Jan 17, 2021
Dean Catherwood	Jan 31, 2020	Jan 30, 2023	3 years	Sep 1, 2022
Lisa Fenton	May 16, 2019	May 15, 2021	2 year	Dec 15, 2020
Sarah Griffiths-Salvolaine	Aug 13, 2020	Aug 12, 2021	1 year	Mar 12, 2021
Brook Dyson	Dec 10, 2020	Dec 9, 2021	1 year	July 9, 2021

The date noted above on which the process will be initiated is five months prior to the expiration of the Order-in-Council for each Public member. The College would very much prefer to hear from each of you within 30-days of this date as to whether you wish to seek reappointment. If we do not hear back from you, it will be presumed that you do not wish to be reappointed.

Any Council members who have questions are invited to reach out to me at their convenience.

Kind regards,

Andrew Parr, CAE
Chief Executive Officer
January 2021



The College of Naturopaths of Ontario

**Conflict of Interest
Summary of Council Members Declarations 2020-2021**

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;
- 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, 2020 to March 31, 2021.

Elected or Appointed Positions

Council Member	Interest	Explanation
	None	

Interests or Entities Owned

Council Member	Interest	Explanation
Dr. Brenda Lessard-Rhead, ND (Inactive)	Partner, BRB CE Group	BRB CE Group provides continuing education courses for NDs through in-person conferences and on-line webinars and records. The College requires NDs to take continuing education courses and approved courses for credits.



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Interests from which they receive Financial Compensation

Council Member	Interest	Explanation
Dr. Kim Bretz, ND	RMA/Life Labs, – Consultant & Speaker; CCNM – Student Recruitment	Paid on a per engagement basis.
Dr. Shelley Burns, ND	Robert Schad Naturopathic Clinic (at CCNM) – PT Faculty	Provides supervision to students of CCNM at the clinic.

Existing Relationships

Council Member	Interest	Explanation
	None	

Council Members

The following is a list of Council members for the 2020-21 year and the date they took office for this program year¹, the date they filed their Annual Conflict of Interest Declaration form and whether any conflict of interest declarations were made.

Council Member	Date Assumed Office	Date Declaration Received ²	Any Declarations Made
Asifa Baig	June 18, 2020	Sept 29, 2020	None
Dr. Kim Bretz, ND	April 28, 2020	Sept 21, 2020	Yes
Dr. Shelley Burns, ND	April 28, 2020	Sept 3, 2020	Yes
Dean Catherwood	April 28, 2020	July 20, 2020	None
Dianne Delany	April 28, 2020	Sept 2, 2020	None
Brook Dyson	Dec 10, 2020	Jan 7, 2021	None
Lisa Fenton	April 28, 2020	Sept 23, 2020	None
Dr. Tara Gignac, ND	April 28, 2020	Sept 25, 2020	None
Sarah Griffiths-Savolaine	Aug 13, 2020	August 25, 2020	None
Dr. Brenda Lessard-Rhead, ND (Inactive)	April 28, 2020	Sept 2, 2020	Yes
Dr. Danielle O'Connor, ND	April 28, 2020	Sept 2, 2020	None

¹ Each year, the Council begins anew in April 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 at a later time.

² Please note that in this current year, the College was delayed due to COVID-19 from asking Council members to submit their annual form. The request was sent on September 2, 2020 excluding new appointees who had completed them earlier.

Sarah Griffiths-Savolaine	August 13, 2020	August 17, 2020	None
Dr. Jacob Scheer, ND	April 28, 2020	Sept 21, 2020	None
Dr. Jordan Sokoloski, ND	April 28, 2020	Sept 21, 2020	None
Barry Sullivan	April 28, 2020	Sept 22, 2020	None
Dr. George Tardik, ND	April 28, 2020	Sept 24, 2020	None

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

Updated: January 8, 2021



The College of Naturopaths of Ontario

Report from the Council Chair

This is the third Chair's Report (previously known as the President's Report) of the current Council cycle and provides information for the period October 1, 2020 to December 31, 2020.

This report resumes with a focus on COVID-19, as the College, Committees and staff continue to work in different ways than ever previously - I want to thank everyone for their flexibility and perseverance in these changing times. I have also seen the profession continuing to adapt as required.

In October and November, we respectively had productive meetings with the OAND and CCNM. We continue to value open communication with our stakeholders and appreciate their willingness to meet on a regular basis. And I have continued to have communication with the CEO, although not as frequent as early in the pandemic.

In December, the Ministerial appointment of long-term Public member Barry Sullivan expired and in mid-January, the Ministerial appointment of Dianne Delany also expired. Both will be missed. The original appointment of Barry and Dianne began with the Transition Council and they were our longest serving members. We are pleased that both will continue in the capacity as a Public Representative with the organization through our Committee structure. Knowing that both of these valuable Public members might be leaving the Council brought our organization under pressure, again, we did not expect to have enough public members to be able to continue the Council business. We were pleased at the end of the cycle to learn of the appointment of our new Public member, Brook Dyson, but the continued appointment of our Public members for one year terms continually puts us at risk for not being properly constituted.

There remains considerable uncertainty for the medium- and long-term periods, in particular how the pandemic will continue to impact the profession and therefore the College. The profession continues to practise under the Directive from the Chief Medical Officer of Health and as I write this, the Province has once again been moved into a state of emergency. Further tough times lie ahead for all concerned.

Dr. Kim Bretz, ND
Council Chair
January 2021



The College of Naturopaths of Ontario

Report on Operations

Q2: OCTOBER 1, 2020—DECEMBER 31, 2020

Activity (Ends Reference)	Results for this Period	Results Year to Date Item 4.02
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INTRODUCTION

The purpose of this report is to provide the Council of the College of Naturopaths of Ontario with the following:

1. an overview of key operational activities underway within the College based on the Operating Plan presented to and accepted by Council in January 2020, and
2. a report on compliance with the Executive Limitation Policies.

REPORT ON OPERATIONAL ACTIVITIES

Activity	Results for this Period October 1, 2020 to December 31, 2020	Results to Date
1. Regulate the Profession		
In each of the three years of the operating plan, the College will perform the following operational activities.		
1.1 Entry to Practise		
Receive, review and process applications for registration, approve those who qualify and refer others to the Registration Committee for review and a determination.	Initial applications: <ul style="list-style-type: none"> • New received—40 • Ongoing from prior—4 Certificates Issued—26 Application referrals to RC—0 <ul style="list-style-type: none"> • # approved—0 • # approved with TCL's—0 • # approved following exams—0 • # approved following additional education/training—0 # declined—0	Applications received—59 Certificates issued—39 Referrals to RC—2 <ul style="list-style-type: none"> • # approved—1 • # approved with TCL's—0 • # approved following exams—0 • # approved following additional education/training—1 # declined—0
Receive, review and process applications for a determination of substantial equivalency under the Prior Learning Assessment and Recognition Program (PLAR).	No PLAR applications were received or assessments conducted during this reporting period.	PLAR Document of Education and Experience (DEE) Received—0 PLAR Demonstration-based assessments conducted—0
Submit the annual Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC).	No activity this quarter. In December 2020, the Office of the Fairness Commissioner announced a delay to the start of the Fair Registration Practices Reporting. As such, the next Fair Registration Practices Report submission period will commence in January	No activity.

Activity (Ends Reference)	Results for this Period	Results Year to Date
	2021 and conclude April 2, 2021.	
Support the Registration Committee in consideration of applicants referred to it and implement the decisions provided by the Committee.	Supporting documentation (e.g., sections of pertinent legislation and summary documents) was provided to the Registration Committee for all reviews conducted. No meeting was conducted in December 2020.	
Support the Registration Committee in appeals made by applicants to the Health Professions Appeal Review Board (HPARB).	New HPARB appeal—0 HPARB decisions—0 <ul style="list-style-type: none"> • Decision upheld—0 • Matter returned for reconsideration—0 	HPARB appeals—0 <ul style="list-style-type: none"> • Decision upheld—1 • Matter returned for reconsideration—0
Maintain current information on the College’s website about the application process, the Prior Learning Assessment and Recognition Program.	Updates were made as needed. Additional updates to the website content will be undertaken following Council approval of draft amendments to the PLAR program policy, draft amendments to the language proficiency policy and the new draft PLAR Appeals policy.	Application information was updated on the College website to include an <i>Applying for Registration During the COVID-19 Pandemic</i> guidance document.
Annual review of the Prior Learning Assessment and Recognition Program (PLAR).	Review and redevelopment of the PLAR program remains ongoing. Draft amendments were completed on the PLAR program policy and language proficiency policy, and a new PLAR Appeals policy was created. All three policies will be presented to Council in January for approval.	

1.2. Examinations		
Maintain and deliver practical Clinical Examinations for new applicants to the profession.	One session of the Clinical Practical exams was conducted on November 1, 2020. 25 candidates sat the exam. Examination dates for 2021, including contingency back-up dates due to COVID-19 were posted on October 5, 2020. The next exam session is scheduled for February 21, 2021.	Clinical Practical Exam—two sessions (Oct & Nov 2020) <ul style="list-style-type: none"> • 77 candidates One session of the Clinical Practical exams was conducted on September 27 th and October 18, 2020 (written and practical portions offered on different days due to a potential COVID-19 exposure around the September session).

Activity (Ends Reference)	Results for this Period	Results Year to Date
		Two Clinical Practical exams postponed due to COVID-19.
Maintain and deliver the written Clinical Sciences Examination (CSE).	<p>No CSE examinations were administered in this reporting period.</p> <p>Examination dates for were posted on October 5, 2020. The next exam session is scheduled for February 11, 2021.</p> <p>Work on reviewing the item bank to ensure consistency of formatting, nomenclature etc., across all items continued.</p>	<p>CSE—one session (September 2020)</p> <ul style="list-style-type: none"> • 90 candidates <p>One CSE postponed in August (rescheduled for Sept 2020) due to COVID-19.</p> <p>Online delivery of the examination offered during test centre COVID-19 related closures in 2020.</p> <p>Review and approval of newly developed CSE content by the Exam Committee (ETP) in May 2020, along with revisions to the CSE Study Reference Guide.</p> <p>Development of an addendum online CSE exam guide reference document to accompany the Ontario Clinical Sciences and Ontario Biomedical Exam handbook, to assist candidates in understanding the online exam delivery platform.</p>
Maintain and deliver the written Ontario Biomedical Examination (BME).	<p>The first administration of the BME was offered on November 19, 2020. 4 candidates sat this exam. Candidate numbers for this exam are expected to be low until full transition in Ontario from the NPLEX I to the BME occurs on May 15, 2021.</p> <p>Examination dates for 2021 were posted on October 5, 2020. The next exam session is scheduled for May 9, 2021.</p>	<p>BME Exam—1 session</p> <ul style="list-style-type: none"> • 4 candidates <p>The <i>BME Study Reference Guide</i> was finalised and posted on September 25.</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date
<p>Maintain and deliver the Intravenous Infusion Therapy (IVIT) Examination for those Registrants who wish to meet the Standard of Practise.</p>	<p>The December 6, 2020 session of the IVIT examination was cancelled due to a significant rise in COVID-19 caseload numbers, which prompted lockdown restrictions in Toronto and other parts of Ontario. Examination dates for 2021 were posted on October 5, 2020. The next exam session is scheduled for May 9, 2021.</p>	<p>No examinations conducted in 2020 due to COVID-19.</p>
<p>Maintain and deliver the Therapeutic Prescribing (TP) Examination for those Registrants who wish to meet the Standard of Practise.</p>	<p>The autumn session of the TP exam was administered on October 25, 2020. 35 candidates sat the exam, and one deferred. Registration caps imposed for the exam due to COVID-19 restrictions limit exam capacity to 36 candidates.</p> <p>Examination dates for 2021 were posted on October 5, 2020. The next exam session is scheduled for April 25, 2021. To account for reduced capacity, three exam sessions have been scheduled for 2021.</p>	<p>TP Exam—one session (Oct 2020)</p> <ul style="list-style-type: none"> • 35 candidates <p>One exam (June 2020) cancelled due to COVID-19</p>

1.3. Registration		
<p>Conduct an annual renewal process that includes enabling Registrants to pay their annual fees in each year and update their Information Return with the College.</p>	<p>Preparation work for the 2021 Registration Renewal in the new Alinity database system was undertaken in this reporting period.</p> <p>General Class = 1,541</p> <ul style="list-style-type: none"> • In good standing—1,524 • Suspended—17 <p>Inactive Class = 164</p> <ul style="list-style-type: none"> • In good standing—155 • Suspended—9 <p>Life Registrants = 20</p> <p>Suspensions—2</p>	<p>Renewal for the 2020–21 registration year launched February 14, 2020 and closed September 30, 2020 (extension for payment of fees).</p> <ul style="list-style-type: none"> • 1,630—Paid and completed the info return form • 6—Submitted the info return form but did not pay • 0—Paid but did not submit the info return form • 7—Took no action <p>Suspensions—23</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date
	Revocations ¹ —3 Resignations—1 Reinstatements—0 Total Registrants = 1,701	Revocations ² —6 Resignations—4 Reinstatements—15
Receive, review and process applications for change of class, approving those who qualify and referring the remainder to the Registration Committee for review and a determination.	Class Change applications: GC to IN—3 IN to GC (under 2 years)—2 IN to GC (2 years or more)—1 Life Registrant applications—0 <ul style="list-style-type: none"> • Approved—0 • Denied—0 	Class Change applications: GC to IN—10 IN to GC (under 2 years)—3 IN to GC (2 years or more) —1 Life Registrant applications—1 <ul style="list-style-type: none"> • Approved—1 • Denied—0
Manage (adding, modifying and auditing records) the public register of Registrants for use by the public as required in the Regulated <i>Health Professions Act, 1991</i> and the College by-laws.	Information on the Public Register was updated as needed, based on changes to Registrant status and Standards of Practice (IVIT and Prescribing). No register audits were conducted during this reporting period.	
Submit the annual reporting data to Health Force Ontario as required under the Code.	Work on the Health Force Ontario report for 2020 was initiated during this reporting period.	The annual Health Force Ontario report for the 2019 reporting year was submitted on June 17, 2020. Work on the annual Health Force Ontario report for 2020 was initiated in December 2020.
Receive, review and process applications for Certificates of Authorisation for professional corporations	New applications—4 <ul style="list-style-type: none"> • Approved—4 • Denied—0 	Applications—8 <ul style="list-style-type: none"> • Approved—8 • Denied—0
Conduct annual renewals of Certificates of Authorisation for professional corporations (PC).	PC renewal applications—25 <ul style="list-style-type: none"> • Approved—25 • Denied—0 	PC renewal applications—55 <ul style="list-style-type: none"> • Approved—55 • Denied—0 Total PCs—81

¹ refers to suspension made pursuant to Section 16 of the Registration Regulation which occurs two years from the date a Registrant was suspended.

² refers to suspension made pursuant to Section 16 of the Registration Regulation which occurs two years from the date a Registrant was suspended.

Activity (Ends Reference)	Results for this Period	Results Year to Date
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1.4 Patient Relations Program

<p>The College will operate a Patient Relations Program as set out in the Regulated Health Professions Act, 1991.</p>	<p>The College operates a Patient Relations Program under the guidance of the Patient Relations Committee (PRC). The PRC had one meeting scheduled during the reporting period but was cancelled due to. not being properly constituted.</p>	<p>The PRC has met once this year.</p>
<p>Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.</p>	<p>New applications: 0</p>	<p>Total number of approved applications: 4</p>

1.5 Quality Assurance Program

<p>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.</p>	<p>The College operates a Quality Assurance Program under the guidance of the Quality Assurance Committee (QAC). The QAC had 1 meeting during the reporting period.</p>	<p>The QAC has met a total of 6 times to date.</p>
<p>The Quality Assurance Committee will be supported by the College and will be provided with information in a timely fashion.</p>	<p>During the reporting period the QAC was provided with Group III CE reporting numbers.</p>	<p>The QAC is supported by the Deputy CEO, the Manager, Professional Practice and the Professional Practice Coordinator. The QAC has reviewed Peer & Practice Assessment statistics, CE reporting numbers and amendments to its program policies.</p>
<p>Standards and guidelines will be reviewed by the Quality Assurance Committee to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.</p>	<p>The Quality Assurance Committee finalised its initial review of the Core Competencies using a risk-based approach and approved the draft for public consultation.</p>	<p>The QAC has finalised a new Telepractice Guideline and updated the Infection Control Standard of Practice. The QAC has also finalised draft amendments to the Core Competencies.</p>

1.6 Inquiries, Complaints and Reports

<p>The College will receive information and complaints about Registrants of the profession and fulfil its obligations to investigate the matters in accordance with the Regulated <i>Health Professions Act, 1991</i></p>	<p>New complaints/reports: 10</p> <ul style="list-style-type: none"> • 4 Investigations initiated by CEO • 4 complaint 	<p>Complaints/reports received to date: 25</p> <ul style="list-style-type: none"> • 19 investigations initiated by CEO • 6 complaints <p>Ongoing complaints/reports as of December</p>
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Activity (Ends Reference)	Results for this Period	Results Year to Date
through the Inquiries, Complaints and Reports Committee (ICRC).		31, 2020: <ul style="list-style-type: none"> • 2019/20—4 • 2020/21—22
	Concerns in new complaints/reports: <i>(a single complaint can include multiple concerns)</i> <ul style="list-style-type: none"> • Inappropriate advertising—5 • Recommending treatment that is unnecessary or ineffective—2 • Failure to maintain appropriate therapeutic relationship—1 • Providing services outside the naturopathic scope—3 • Failure to maintain records—2 • Ordering lab tests that are not authorised—1 • Improper billing practices—2 • Recommending and/ or selling Non-Scheduled Substances outside of the doctor-patient relationship—2 • Failure to comply with QA program—1 • Failing to comply with the SoP for Delegation—2 	Concerns in new complaints/reports since the beginning of the fiscal year: <i>(a single complaint can include multiple concerns)</i> <ul style="list-style-type: none"> • Inappropriate advertising—16 • Failure to comply with a C&D letter—2 • Misrepresentation, holding out as a medical Dr—1 • Providing services outside the scope—9 • Failure to comply with SoP for Fees and Billing—3 • Failure to cooperate with investigators—2 • Practising while suspended—2 • Violating the LSCCLA—3 • Failure to maintain records—3 • Failure to comply with SoP for Delegation—3 • Insurance fraud—2 • Harassment of an employee—1 • Selling substance outside Naturopath-patient relationship—3 • Failure to comply with QA program—2 • Recommending treatment that is unnecessary or ineffective—2 • Failure to maintain appropriate therapeutic relationship—1
	Complaints/Reports disposed of: 10 <ul style="list-style-type: none"> • Letter of Counsel—3 • Oral Caution—1 • Referral to DC—6 	Complaints/Reports disposed of to-date: 24 <ul style="list-style-type: none"> • Letter of Counsel—10 • SCERP & Oral Caution—2 • Oral Caution—3 • No action—2 • Referral to DC—7

Activity (Ends Reference)	Results for this Period	Results Year to Date
The ICRC will be supported by the College through the timely provision of information, assistance in preparing Decisions and Reasons and through the provision of expert and legal advice and assistance when needed.	The Inquiries, Complaints and Reports program is supported by the Deputy CEO; the Manager; and the Coordinator, Professional Conduct. A pool of investigators from Benard + Associates and a pool of experts is available to provide as needed support to the program and committee.	
Staff will develop a database of prior decisions and legal opinions to assist the ICRC.	A database of prior decisions and legal opinions to assist the ICRC has been developed and is maintained by staff.	
Cease and desist (C&D) letters will be issued to unauthorised practitioners and the Register will be managed in accordance with Council policy.	C&D letters issued to individuals holding out as naturopaths: 6	C&D letters issued to-date: 13
The Appeals process will be supported through the timely provision of information to the Health Professions Appeal Review Board (HPARB) and participation in HPARB hearings.	No new applications for review of ICRC decisions were submitted to HPARB. One ICRC decision was confirmed by HPARB.	ICRC decisions under review by HPARB: 3

1.7 Discipline/Fitness to Practise		
The College will support the Discipline and Fitness to Practise committees as quasi-judicial and independent adjudicative bodies by providing annual training as necessary and by supporting the selection of panels by the Chair.	The Discipline and Fitness to Practise Committees are supported by the CEO; Deputy CEO; Manager; and Coordinator, Professional Conduct.	
Independent Legal Counsel (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.	Discipline committee was fully supported by ILC during the reporting period.	

Activity (Ends Reference)	Results for this Period	Results Year to Date
<p>The CEO, with the support of the Deputy CEO, Manager of Professional Conduct and with the advice of legal counsel, will oversee the prosecution of matters referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee.</p>	<p>Pre-Hearing Conferences (PHC's):</p> <ul style="list-style-type: none"> • Completed—1 • Scheduled—0 <p>Hearings held: 2 CONO vs T. Rodak—October 5, 6; November 16, 2020 CONO vs Y. Deshko, December 7, 2020</p> <p>Hearings scheduled: 0</p>	<p>Two PHC has been completed to date.</p> <p>5 uncontested hearings have been held: L. Ee E. Ali H. Cohen—2 matters Y. Deshko</p> <p>1 contested hearing has been held: T. Rodak</p> <p>Ongoing discipline matters:</p> <ul style="list-style-type: none"> • T. Rodak DC18-01 (ongoing contested) • T. Rodak DC19-06 • N. Turner DC20-01 • A. Blaszczyk DC20-03 • A. Bortnick DC20-04 (5 matters referred by ICRC)
<p>Referrals by the Inquiries, Complaints and Reports Committee to the Discipline Committee or the Fitness to Practise Committee will be managed in accordance with the Code and the rules of procedure.</p>	<p>New referrals: There were six referrals in this period. Apart from the volume of the referrals, it is important to note that the cases are increasing in their complexity as well, adding an even greater challenge to the College.</p>	<p>Seven matters have been referred by ICRC to DC to date.</p>
<p>Staff will monitor and enforce the Registrants' compliance with orders of the Discipline/FTP panels.</p>	<p>Staff continuously monitor and enforce Registrants' compliance with orders of the Discipline panels. Any deviations are promptly reported to the CEO.</p>	

1.8 Inspections		
<p>The College will operate an Inspection Program as set out in Part IV of the General Regulation made under the <i>Naturopathy Act, 2007</i> to regulate premises in which IVIT procedures are performed.</p>	<p>The College operates an Inspection Program under the guidance of the Inspection Committee (IC).</p> <p>Inspections:</p> <ul style="list-style-type: none"> • New premises (Part I and II)—14 	<p>The College operates an Inspection Program under the guidance of the Inspection Committee (IC).</p> <p>Inspections:</p> <ul style="list-style-type: none"> • New premises (Part I and II)—24

Activity (Ends Reference)	Results for this Period	Results Year to Date
	<ul style="list-style-type: none"> Regular inspections—0 	<ul style="list-style-type: none"> Regular inspections—0
<p>The Inspections Committee (IC) will be supported by the College.</p>	<p>The Inspection Committee (IC) is supported by the Manager of Professional Practice, the Deputy CEO, and Legal Counsel.</p> <p>The IC met 2 times during the reporting period.</p>	<p>The Inspection Committee (IC) is supported by the Manager of Professional Practice, the Deputy CEO, and Legal Counsel.</p> <p>To date the IC has met 5 times.</p>
<p>Inspectors will be recruited and trained in support of the program as needed.</p>	<p>No activity this reporting period.</p>	<p>No activity to date.</p>
<p>New premises will be inspected within one hundred and eighty (180) days of becoming registered with the College.</p>	<p>New premises registered—14</p> <p>New premises inspected:</p> <ul style="list-style-type: none"> Part I—2 Part II—12 <p>All Part I inspections were completed within 180 days of being registered.</p>	<p>Total New Premises registered—21</p> <p>New premises inspected:</p> <ul style="list-style-type: none"> Part I—11 Part II—13 <p>All Part I inspections were completed within 180 days of being registered.</p>
<p>The College will manage the Premises Registry on its website.</p>	<p>The IVIT Premises Register was updated regularly.</p> <ul style="list-style-type: none"> 10 Inspection Committee Reports were posted which included: <ul style="list-style-type: none"> 9 pass outcomes 1 pass with conditions outcome 	<p>The IVIT Premises Register was updated regularly.</p> <ul style="list-style-type: none"> 32 Inspection Committee Reports were posted which included: <ul style="list-style-type: none"> 29 pass outcomes 3 pass with conditions outcome
<p>Type 1 and Type 2 occurrence reports will be processed and reviewed by the Inspection Committee and statistical data reported annually.</p>	<p>Type 1 Occurrence Reports: 1</p> <ul style="list-style-type: none"> Referral of a patient to emergency services within 5 days of an IVIT procedure—8 The administration of an emergency drug to a patient immediately after a procedure was performed at the premises—1 	<p>Type 1 Occurrence Reports: 2</p> <ul style="list-style-type: none"> Referral of a patient to emergency services within 5 days of an IVIT procedure—9 Death of a patient that occurs within the 5 days following the performance of a procedure at the premises—1 The administration of an emergency drug to a patient immediately after a procedure was performed at the premises—1 <p>Type 2 Occurrence Annual Reports—</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date
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		<p>165 <i>(annual submission due May 1, 2020)</i></p>
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1.9 Scheduled Substance Review Program		
<p>The College will operate a process to review the tables to the General Regulation outlining the drugs and substances authorised for use by the profession and review the specimens and tests that can be taken, performed or ordered by the profession.</p>	<p>The process to review the Scope of Practice at the request of Council has not yet been initiated at the Committee level. It is anticipated that the Committee review will begin in early 2021.</p>	<p>The College has an approved process to review the tables to the General Regulation and the laboratory tests available to NDs, which is guided by the Scheduled Substances Review Committee (SSRC). This process is on hold while the SSRC undertakes a Scope of Practice review at the request of Council.</p>
<p>The Scheduled Substances Review Committee will be supported by the College through the timely provision of information for meetings.</p>	<p>The SSRC is supported by the Deputy CEO.</p>	
<p>In 2020-2021, the SSRC will review and consider making recommendations to Council for additional considerations to the schedules of drugs, substances and lab tests.</p>	<p>The SSRC will be undertaking a review of the Scope of Practice of the profession of naturopathy in Ontario in order to identify potential gaps in the system.</p>	
<p>In 2020-2021, necessary research will be conducted in support of additional considerations as established by the Council.</p>	<p>The SSRC will be conducting a review of the Scope of Practice of the profession of naturopathy in Ontario.</p>	

1.10 Regulatory Education		
<p>The Regulatory Education Specialist will respond to questions and provide information, whenever possible, and guide the profession to the resources available to it.</p>	<p>179 inquiries were responded to. Registrants are regularly guided to where they can find the relevant regulation, standard of practice or guideline on the College’s website.</p>	<p>631 inquiries were responded to since the beginning of the fiscal year. Registrants are regularly guided to where they can find the relevant regulation, standard of practice or guideline on the College’s website</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date
<p>The College will use <i>iNformeD</i>, the website and other communications channels to ensure that the profession is aware of the regulations, standards and guidelines for the profession.</p>	<ul style="list-style-type: none"> • Articles submitted for <i>iNformeD</i>: <ul style="list-style-type: none"> • Understanding the Role of the College and the Professional Associations. • Providing Regulatory Guidance for Naturopaths. • Monthly Regulatory Guidance FAQ published in the <i>News Bulletin</i>. 	<ul style="list-style-type: none"> • Articles submitted for <i>iNformeD</i>: <ul style="list-style-type: none"> • Revised: Standard of Practice for Infection Control and COVID-19 promoted in <i>iNformeD</i>, <i>News Bulletins</i> and promoted on the Home page of the Website, • Student’s Corner in <i>iNformeD</i>: Tips for NDs Joining a Practice • Understanding the Role of the College and the Professional Associations. • Providing Regulatory Guidance for Naturopaths • Monthly Regulatory Guidance FAQ published in the <i>News Bulletin</i> • COVID-19 FAQ updated on July 7
<p>The College will respond to inquiries from the public, Registrants and stakeholders by telephone or through written communication as required.</p>	<p>The Manager of Professional Practice responded to 93 telephone inquiries and 86 e-mails.</p> <p>The 10 most common inquiries related to:</p> <ul style="list-style-type: none"> • COVID-19 • Scope of practice • Conflicts of Interests • Telepractice • Inspection Program • Patient visits • Advertising • Laboratory Testing • Mandatory reporting • Naturopathic graduates working for a naturopath. 	<p>The Manager of Professional Practice responded to 209 telephone inquiries and 422 e-mails since the beginning of the fiscal year.</p> <p>The 10 most common inquiries related to:</p> <ul style="list-style-type: none"> • COVID-19 • Telepractice • Inspection Program • Patient visits • Continuing Education • Scope of Practice • Conflicts of Interest • Fees and billing • Record Keeping • Laboratory Testing
<p>All standards, guidelines and policies will be maintained on the College’s website.</p>	<p>All standards, guidelines, policies are maintained on the College’s website. During the reporting period the COVID-19 Reopening Guideline was updated to align with government symptom and screening.</p>	<p>To date the College developed a COVID-19 Reopening Guideline to support Registrants in reopening their practices. Ministry developments are monitored and the College guideline has been updated three times to align with changing government policy.</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date Item 4.02
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2. Governance of the College

The College will ensure that it is properly governed by a Council and an Executive Committee as required under the *Regulated Health Professions Act, 1991* and that these governing bodies fulfill their roles and responsibilities under the Act, and are properly constituted as set out in the *Naturopathy Act, 2007* and the College by-laws. As such, the following operational activities will be undertaken.

2.1. Good Governance

2.1.1 Ensuring Council is Properly Constituted

Council elections will be conducted annually as required by the by-laws.	The call for nominations for the Council election in 2021, was issued in early November 2020. Nominations were received for each of the three Districts, 2, 4 and 6.	Council elections concluded in the fall of 2019; however, the re-elected Council members formally began their new term on April 29, 2020.
Executive Committee elections will be initiated immediately following the completion of Council elections and will be held at the first meeting of the Council following the Council elections.	At the October Council meeting, Dianne Delany was acclaimed to the position of Officer-at-Large (Public member). On December 15, 2020, the position of Council Vice-Chair became vacant due to the end of Mr. Barry Sullivan's Order-in-Council	Initial Executive Committee elections were initiated in February and concluded at the April 29, 2020 Council meeting. A Supplemental election to fill the Officer-at-Large (Public member) position which will become vacant on October 17, 2020 was initiated in September.
The CEO will monitor the appointments of public members to the Council to ensure applications for renewals are submitted in a timely manner and that the Public Appointments Secretariat is aware of vacancies and the needs to appointments and re-appointment as necessary.	1 new Public member, Mr. Brook Dyson, was appointed by the Minister of Health on December 10, 2021.	<p>Information relating to the reappointment of Barry Sullivan, Dianne Delany and Samuel Laldin had previously been provided to the Ministry of Health.</p> <p>Since April 1, 2020, three new Public members have been appointed:</p> <ul style="list-style-type: none"> • Asifa Baig (June 18, 2020) • Sarah Griffith-Salvolaine (August 13, 2020) • Brook Dyson (December 10, 2021) <p>The appointments for three Public members have expired:</p> <ul style="list-style-type: none"> • Samuel Laldin • Barry Sullivan • Dianne Delany

Activity (Ends Reference)	Results for this Period	Results Year to Date
<p>The College will work with and respond to all external oversight agencies to ensure that it is meeting all legislative requirements.</p>	<p>During this period, the Ministry of Health has engaged with all health regulatory Colleges regarding the College Performance Measure Framework. As part of this process, the Ministry asked all Colleges to draft one section of the framework and met to discuss the draft with each. The feedback we received was very positive.</p> <p>We have had several discussions with the Ministry during this period about COVID-19 and regulatory related activities.</p>	<p>The College has been working closely with the Ministry of Health on health human resource planning and with the Ministry Emergency Operations Centre during the COVID-19 pandemic.</p> <p>Updated information was provided to the Ministry of Health relating to time commitment of public members. Feedback was also provided on the College Performance Measure Framework.</p>
<p>2.1.2 Council Orientation</p>		
<p>The CEO will work with the Executive Committee, the Chair and Legal Counsel to provide a program of annual orientation for existing and newly elected/appointed Councillors.</p>	<p>Due to COVID-19 restrictions and the remote working status of the office, a re-orientation for all Council members was deferred.</p> <p>All new Council members have completed Unconscious Bias training online.</p>	<p>All new Council members have completed Unconscious Bias training online.</p>
<p>Members of the Council will be oriented to the governance model and their fiduciary responsibilities annually.</p>		<p>Due to COVID-19 restrictions and the remote working status of the office, an orientation session was held for new Council members Dean Catherwood and Asfia Baig on July 15, 2020 and an orientation for Sarah Griffiths-Salvolaine was held on September 18, 2020. An orientation session for all of Council was deferred.</p>
<p>2.1.3 Reporting to Council</p>		
<p>The CEO will submit quarterly reports to the Council detailing operational activities, based on the ENDS policy, as well as his performance with respect to his statutory responsibilities. These reports will be made public.</p>	<p>A Report on Operations for the period ending September 30, 2020 was submitted to and accepted by Council on October 28.</p>	<p>The Report on Operations for Q4, Q1 and Q2 have been accepted by the Council.</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date
The CEO will provide trending information to the Council relating to the nature of complaints/investigations, discipline referrals, performance of groups of candidates on examinations and issues identified by the public and Registrants.	The Report on Operations includes all relevant trending information.	
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.	Council was briefed at its October meeting about changes to the Prescribing Exam retake policies, reserve funds policy, and CANRA’s incorporation.	<p>April Council meeting:</p> <ul style="list-style-type: none"> • CSE Blueprint changes • BME Blueprint • COVID-19 response <p>July Council meeting:</p> <ul style="list-style-type: none"> • Patient and Registrant Guides • Standard of Practice for Infection Control • Telepractice Guideline • Data and e-mail systems matters • New CEO Performance Review Process. <p>October Council meeting</p> <ul style="list-style-type: none"> • Prescribing exam retakes • Reserve Funds • CANRA’s Incorporation

2.1.4 Assessing Performance		
The Council will undertake an annual organisational performance review measuring the College’s activities against the Operating Plan and Operating Budget.	No activity was undertaken during this reporting period.	The Council completed the Organisational and CEO Performance Review for 2019–20 at its July meeting. The CEO Performance Appraisal was issued and signed off in August.
The Council will undertake a performance review of the CEO on an annual basis in accordance with its policies.	No activity was undertaken during this reporting period.	This process was initiated by the Executive Committee as noted in the preceding line. Additionally, the Executive Committee engaged The Portage Group to assist in the process redefining the CEO’s Review for future years.
The Council will undertake a bi-annual (2020, 2022) assessment of its own performance over the course of the prior two years.	This was not undertaken during this reporting period. The Executive Committee awarded a contract	

Activity (Ends Reference)	Results for this Period	Results Year to Date
	to Satori Consulting to assist in the development and delivery of a new Council and Committee Evaluation process.	
2.1.5 Identification and Mitigation of Risk		
The CEO, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organisation, including directors and officer’s liability insurance, commercial general liability insurance and property insurance.	No activity was undertaken during this reporting period.	All insurance policies have been renewed by the College.
<ul style="list-style-type: none"> • The College will update the organisation-wide risk assessment, including but not limited to: <ul style="list-style-type: none"> ○ Identifying potential bias in assessment methods or procedures, ○ Developing and recording mitigating strategies to address potential risks in guidelines for assessors and decision-makers, and Establishing a means to ensure corrective actions are implemented in a timely manner.	The College continues its work on organisation-wide risk assessments.	The College continues its work on organisation-wide risk assessments.

2.2 Support to Committees

2.2.1 Composition, Recruitment and Appointment

Recruitment of non-Council members for Committees and operational roles in the College will be undertaken and will include a robust screening process.	Work on the screening process continues and a new volunteer section is under development for the new website	Recruitment was undertaken and in April, the Council appointed its first four public representatives to various committees. Work on the screening process continues.
The Council will be asked to appoint members of Council and non-Council members to the Committees.	No new public members have been appointed to the Committees by the Council and by the Executive Committee on behalf of the Council; however, one new Public Representative (Mr. Samuel Laldin) was appointed to several Committee.	All committee appointments were made by the Council at its April 29, 2020 meeting. 2 new public members were appointed to the ICRC: <ul style="list-style-type: none"> • Asifa Baig during Q1 • Sarah Griffith-Salvolaine during Q2 A call for nominations was made in Q2 for a supplemental Executive Committee

Activity (Ends Reference)	Results for this Period	Results Year to Date
		Election to fill a public member Officer at Large position for the remainder of the fiscal year.
2.2.2 Committee Training and Guidance		
The College will provide training to the new Committee volunteers.	A group orientation session has not yet occurred due to the COVID-19 restrictions; however, individually, new volunteers have been trained by their staff liaisons and the Committees themselves.	All Committee chairs were in receipt of a full day of chair training focussed on how to facilitate successful meetings.
The College will provide training to the Committees on issues relating to conflict of interest, bias, health and safety, human rights, as well as, on how Committees operate within the College and the specific role of each Committee.	No activities undertaken during this reporting period.	<p>New ICRC members were trained on COI, public interest and committee process.</p> <p>The ICRC and DC received their respective annual committee training.</p> <p>All new committee members have completed Unconscious Bias training online.</p>
<p>The College will develop guidelines, policies or other similar documents for Committee members about the potential for bias or risk to impartiality in the assessment process. These documents should include content on:</p> <ul style="list-style-type: none"> ○ Characteristics or types of bias and/or situations that may compromise the impartiality of assessment decisions, ○ Procedures to follow where there is a potential for bias, and ○ Actions to prevent discriminatory assessment practices. 	No work has been undertaken during this timeframe.	No work has been undertaken.
2.2.3 Committee meetings		
Council Committees will meet on an “as-needed” basis ensuring effective use of financial and human resources. Wherever possible, and with the consent of the Chair, meetings will be conducted electronically.	During this period, committees where the Chair has determined a meeting was necessary, have met either by telephone or by using the College's Zoom platform.	

Activity (Ends Reference)	Results for this Period	Results Year to Date
The College will monitor Committee attendance to ensure that quorum requirements have been met.	Committee attendance is being monitored by the Committee liaisons and Chairs advised if there were concerns over quorum. No meetings were cancelled due to lack of meeting quorum requirements.	
Committees will receive their information for meetings in a timely manner.	During Q3 there were 9 meetings of Council and Committees held. Materials were sent out 7 days in advance on average (7 being the benchmark). Data for minutes is incomplete as several sets of minutes remain in the review process (being held up pending CEO review) due to time constraints.	<p>Q1: 11 meetings in total:</p> <ul style="list-style-type: none"> • Materials released 8.7 days in advance; • Minutes circulated with 8.5 days after. <p>Q2: 9 meetings in total:</p> <ul style="list-style-type: none"> • Materials released 7.8 days in advance; • Minutes circulated with 6.25 days after. <p>Q3: 9 meetings in total:</p> <ul style="list-style-type: none"> • Materials released 7 days in advance • Minutes data incomplete
2.3 Transparency		
2.3.1 Reporting		
The qualitative Annual Report format will be continued and augmented to provide information to the public and stakeholders about Council processes and decisions.	The Annual Report was released on November 3, 2020.	
Audited financial statements and the Auditor’s Report will be reviewed by Council, approved and publicly released.	No activity was undertaken during this reporting period.	Audited financial statements and the Auditor’s Report were reviewed and approved by Council on July 29, 2020.
Committee reports will be presented to the Council at each meeting and an annual report of Committee activities presented to the Council.	No activity was undertaken during this reporting period.	Annual committee reports were presented to and approved by the Council at its July meeting.

Activity (Ends Reference)	Results for this Period	Results Year to Date
2.3.2 Decision-making		
A decision-making matrix/tree for the Council and each of its Committees will be developed, reviewed and adopted by Council and published.	No new activities were undertaken.	A decision-making tree is maintained for QA, ICRC, SSRC, RC, IC and EAC.
Council meetings, agenda and materials will continue to be posted publicly.	All Council meeting materials for the October 28, 2020 meeting were posted on the College’s website one week prior to the meeting.	Council materials for the April and July meeting were posted one week prior to the meeting date.
2.3.3 Regulatory Processes and Public Interest		
The College will maintain a summary table of active and resolved complaints and inquiries.	This table is provided via the College’s website and is updated regularly.	
The College will alert the public to discipline hearings and outcomes.	All decisions and reasons from hearings are published on the website in both English and French. Two hearings were held during the reporting period.	6 hearings have been held in this fiscal year. All decisions and reasons have been published as soon as they become available.
In addition to Notices of Hearing and Decisions and Reasons of Discipline Panels, the College will ask the DC to consider providing access to Joint Submissions on Penalty and Costs (JSPCs) and Agreed Statements of Facts (ASFs).	In addition to Notices of Hearing and Decisions and Reasons of Discipline Panels, JSPCs, ASFs and Notices of Waiver, where applicable, are posted on the Discipline Outcomes page as per directive of the DC.	
2.4 Program Regulations and Policies		
2.4.1 Review of Regulations and Program Policies		
The College will review Regulations and Program Policies and recommend any required policy changes.	<p>During the Reporting Period:</p> <ul style="list-style-type: none"> • Staff drafted an ADR policy, procedures and related processes. • The Inspection Committee undertook a review of the program policies and fees. • The College provided comment at the request of the MOH on the draft NWT regulation for naturopaths. The Language Proficiency Policy and the PLAR Program Policy were reviewed with respect to OFC audit and PLAR consultant recommendations 	<p>During the Reporting Period:</p> <ul style="list-style-type: none"> • The QA policies related to Peer Assessments and ICRC program policies were reviewed and updated. • The Discipline Committee reviewed and updated the Rules of Procedure for Disciplinary Hearings. • The Language Proficiency Policy and the PLAR Program Policy were reviewed with respect to OFC audit and PLAR consultant recommendations

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2.5 Governance Review

2.5.1 Undertaking a Review

Working with the consultant and the Executive Committee, the final report from the Governance Review undertaken in the prior planning year will be completed.	This activity is completed.	The report, entitled <i>Governance Report: A Mandate for Change</i> was accepted by the Council at its July meeting.
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2.5.2 Acting on Review Outcomes

<p>The Report will be submitted to the Minister of Health and Long-Term Care.</p> <p>The Report will be disseminated among the other health regulatory Colleges and other regulators.</p> <p>By-law changes, where required, will be developed by the CEO and presented to Council for final review.</p> <p>Other activities will be determined based on the content of the Report.</p>	<p>Work on the risk-based regulatory approach has been initiated and work on the ADR process has advanced.</p> <p>Consultation on proposed by-laws changes was completed during this reporting period and the Governance Policy Review Committee met twice to review policy amendments and changes to the terms of reference of the Committees.</p> <p>Competency development has been deferred to allow time for discussions with HPRO and The Director's College about a collective College-wide approach.</p> <p>Council approved its new meeting schedule for 2021 in October.</p> <p>The RFP seeking consultants to assist in the development of the Council and Committee evaluation process was concluded and the Executive Committee awarded the contract to Satori Consulting.</p> <p>An analysis of Committee composition has been undertaken and will be presented to Council</p> <p>To-date, 45% of recommendations set out in</p>	<p>A draft Governance Report Implementation Plan has been prepared by the CEO and accepted by the Council in July. The report has been disseminated to all Ontario health regulatory Colleges and posted on the College's website. Information was sent to Registrants of the College.</p> <p>A letter was sent to the Minister of Health as set out in the implementation plan and this is also posted to the College's website.</p> <p>An e-mail alerting stakeholders to a change in the terminology used by the College was also sent and the new terminology has been implemented.</p> <p>An outline for the new Volunteer Program has been developed and will be reviewed by the Nominations and Elections Committee in early October.</p> <p>A Request for Proposals has been sent to seven governance consultancies to obtain proposals for the development and implementation of the Council and Committee evaluation process.</p> <p>Finally, by-law changes have been developed, reviewed by legal counsel and a consultation document prepared for release in early</p>
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Activity (Ends Reference)	Results for this Period	Results Year to Date Item 4.02
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	the Implementation Plan have been completed, 50% remain in progress and 5% are not yet started.	October.
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2.6 College Performance Measurement Framework

2.6.1 Implementation

The College develops the necessary infrastructure to meet and report to the Ministry on priority Standards, performance measures and supporting evidence.	The College CEO and Deputy CEO met with the Ministry in early November to review materials drafted by the College in response to Domain 3. The feedback from the Ministry was very positive and some suggestions on ways to further augment it were received.	The College Performance Measurement Framework was received in early September from the Ministry of Health for a soft-launch. The Ministry invited and the College sent feedback at the end of September. A meeting with the Ministry has been scheduled for early November to test try some of the data and to discuss certain performance measures not yet defined.
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3. Corporate Activities

3.1 Human Resources

The College recognises that its human resources are a key asset. It also recognises that while a major part of its work is conducted by its staff, it also relies on volunteers to fill important roles on Statutory, Council and Operational Committees, as well as, in the delivery of operational programs.

3.1.1 Recruitment

Each position in the College will have a relevant and up-to-date position description.	All job descriptions were updated to reflect new titles of Chief Executive Officer and Deputy Chief Executive Officer.	Entry-to-Practice Coordinator and Registration Coordinator position descriptions were updated in Q2.
Existing staff will be considered first for open positions as opportunities for advancement or development prior to advertising positions.	All internal postings are shared with staff for consideration and developmental plans are included in annual performance reviews.	
New and vacant positions available in the College will be advertised in an open and transparent fashion and will ensure that the College is an equal opportunity employer.	All internal postings are posted both internally and externally.	Full time Entry-to-Practice Coordinator and Director of Operations (contract position) were posted in Q2.

3.1.2 Compensation

Activity (Ends Reference)	Results for this Period	Results Year to Date
A set of salary ranges that reflect current market value will be updated annually based on cost of living and used to recruit new employees.	A set of salary ranges have been established for 2021 in accordance with CPI.	A set of salary ranges has been established for 2020 prospective new hires in accordance with CPI.
3.1.3 On-boarding New Staff		
A specified process for on-boarding new staff will be implemented that properly and effectively orients new staff to the College and its role/mandate and the functions of the College departments.	General orientation checklist and onboarding PowerPoint presentation is conducted with all new hires within their probationary period. General orientation was conducted with Director of Operations (contract position).	General orientation was conducted with Content Writer and Practice Advisor.
3.1.4 Performance Management		
Staff performance will be evaluated in an open and transparent way based on standardised performance management processes.	No activity was undertaken during this period.	Standard evaluation used for all levels of staff. New elements are being piloted this year with the Senior Management Team only.
Performance reviews will be conducted on all staff annually and during their probation period by the College.	No work has been undertaken for this period.	Annual or probationary period review have been completed for all eligible staff.
3.1.5 Enhancing the College Team		
Management and staff will work collectively to continue to build and enhance the College “team” as a unified work force.	Attendance of monthly staff meetings is excellent and everyone has the opportunity to share the activities of their departments with their peers.	<p>Staff meetings have increased to monthly using the Zoom platform and the College’s Teams networking system is heavily used for casual chat, information sharing and questions. A full team chat area is heavily used to continue our work at building the team environment.</p> <p>Attendance of monthly staff meetings is excellent and everyone has the opportunity to share the activities of their departments with their peers.</p>
Staff will be informed of corporate activities and provided information and guidance to enhance their own performance and that of the entire team.	Social event took place via Zoom and staff were provided with a small token of appreciation in lieu of in person get together hosted by the College.	Staff have been kept informed by regular communication from the CEO, each Senior Manager meets with their respective teams on a weekly basis for updates and to provide performance feedback and all

Activity (Ends Reference)	Results for this Period	Results Year to Date
		College staff use the collaborative platform to chat by using the Teams app.
Ensuring an environment that is free from harassment, abuse and discrimination.	Policy is posted, shared with staff and included in orientation along with key contacts for reporting.	Policy is posted, shared with staff and included in orientation along with key contacts for reporting.
3.1.6 Training		
The College will provide staff within ongoing training to enhance individual and program performance.	New program under development for staff to submit developmental plans prior to annual performance review for budgeting purposes.	Managers and staff that provide senior support to committees undertook a 2-day training on meeting facilitation.
3.1.7 Off-Boarding		
A specified process for off-boarding staff will be implemented that ensures the College has the opportunity to glean information from staff departures about the College functionality, work environment and College leadership as a means of learning from staff experiences.	No work was undertaken during this reporting period.	An off-boarding checklist is completed along with an Exit Interview as applicable.

3.2 Financial Management

The following activities relating to the financial management of the College will be undertaken.

3.2.1 Budget Development

The CEO, through the Director of Operations, will develop a budget 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.	College budget is closely monitored to ensure it balances and that various cost savings are achieved to put the College in a better position next fiscal year due to this year adjustments due to COVID-19.	Capital and Operating Budget were re-presented to Council on April 29 regarding potential cutbacks in lieu of staff working from home due to COVID-19 and opportunities for savings to subsidise a 40% reduction in registration dues for the current fiscal year.
The budget development process will include a consultation process with the Council, Committees and with the Executive Committee in order to ensure that the needs of the Council and the Committees have been adequately addressed.	Budget work has begun for next fiscal year 2021–2022.	Capital and Operating Budget were re-presented to Council on April 29 regarding potential cutbacks in lieu of staff working from home due to COVID-19 and opportunities for savings to for the Council to make a recommendation on the potential reduction in registration dues for the current fiscal year.

Activity (Ends Reference)	Results for this Period	Results Year to Date
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3.2.2 Financial Reporting		
<p>The CEO, through the Director of Operations, will provide Council with Quarterly Unaudited Financial Statements and a variance report explaining expenditures against budgeted amounts.</p>	<p>In Q2 the unaudited financial statements and variance reporting for 2 were shared with the Executive Committee and Council.</p>	<p>Q4 unaudited financials with variance reporting were presented to the Executive and Council.</p> <p>In Q2 the unaudited financial statements and variance reporting for Q1 were shared with the Executive Committee and Council. The current budget is on track with cost savings of approximately 20% due to shift to remote operations and all meetings being held remotely.</p>
<p>Quarterly unaudited Financial Statements will be presented to the Executive Committee for review and acceptance.</p>	<p>Q2 unaudited financials were presented to the Executive Committee for review and acceptance on December 2, 2020.</p>	<p>Q4 unaudited financials were presented to the Executive Committee for review and accepted on June 3, 2020.</p> <p>Q1 unaudited financials were presented to the Executive Committee for review and accepted on September 9, 2020.</p>

3.2.3 Annual Audit		
<p>The CEO, through the Director of Operations, will support the annual audit of the College’s finances by the external auditor selected by the Council and in concert with the Council’s Audit Committee.</p>	<p>No work was undertaken during this reporting period</p>	<p>Audit Committee met in May to accept Auditor’s scope of work, planning and engagement letter. College audit fieldwork commenced on June 15, 2020 for a two-week duration period.</p> <p>Audit Committee met on July 9, 2020 to accept the 2019–20 Audited Financial statements.</p>
<p>The CEO will address any concerns surrounding the management of the College’s finances, as set out by the Auditor or the Audit Committee at the time the Auditor and Audit Committee present their findings to the Council.</p>	<p>No work was undertaken during this reporting period.</p>	<p>The 2019–20 Audited Financial statements were approved by Council on July 29, 2020.</p>

<p>3.3 French Language Services</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date
3.3.1 Translation of materials		
Existing content materials for key College programs will be systematically reviewed and translated into French and made available by the College.	As part of the website redesign and the new content library, 3 existing documents have been translated to French during Q3.	As part of the website redesign and the new content library, 65 existing documents have been translated to French since the beginning of the fiscal year.
On a go forward basis, all new materials developed by the College, will be translated once approved and posted to the website.	The Decision and Reasons Cohen (2 documents) and the Election handbook have been translated to French.	The following documents have been translated to French during the current fiscal year: <ul style="list-style-type: none"> • the new <i>COVID-19 Reopening Guidelines</i> ; • the Annual Report 2019-20; • the Audited financial statement; • the one-page infographic AR; and • the Decision and Reasons Elvis Azad Ali. • the Decision and Reasons Cohen (2 documents)
The College will translate all Decisions and Reasons of the Discipline Committee into French.	One decision and reason has been translated to French during this reporting period.: Decision and Reasons Cohen.	Three decisions and reasons have been translated to French
3.3.2 French speaking personnel		
The College will maintain sufficient French speaking personnel to be able to respond to the needs of the public and the Registrants.	College mandate remains fulfilled.	College mandate is fulfilled.
The College will undertake training of existing French-speaking personnel and any non-French speaking personnel who desire additional learning to encourage the development and maintenance of French language capabilities.	No activity this quarter.	No activity to date.
The College will encourage existing French-speaking personnel and those learning to use French in the office environment.	Staff are encouraged to speak in French with their peers.	

3.4 Operating Policies & Procedures
The College has developed and implemented many operating policies since proclamation. These will be reviewed to ensure that they reflect

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current practices and the most efficient means of operating. While procedures have been established, few are fully documented. Finally, there are areas where no written policies or procedures are in place.

3.4.1 Existing Operating Policies & Procedures

A review will be undertaken of existing operating policies and procedures to ensure that they reflect good practices and are consistent with the objects of the College and procedural fairness, and that they are fair, objective, impartial and transparent and free of bias. This will coincide with the program reviews.	Petty cash has been updated and approved.	HR Personnel policy and Insurance policy has been updated and approved.
The College will review Regulations and Program Policies and recommend any required policy changes.	The Inspection Committee undertook a review of its program policies and fees.	The ICRC program policy were reviewed and changes approved by the ICRC. The QA Program Policies were reviewed and amended to allow for the option of virtual Peer & Practice Assessments

3.4.2 Development of New Operating Policies & Procedures

New operating policies will be developed based on needs identified by the senior management team or based on Council directions.		A Translation Policy, an Enforcing Cost Orders, an Expression of Condolences, Operating Reserve Funds and Chart of Accounts policies were developed and approved.
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3.5 Records Management and Retention

3.5.1 Records Management Audit		
The College will conduct on-going and regular audit of its records management and retention practices to ensure that practices are in keeping with the Records Management and Retention policies.	No activity was undertaken during this reporting period.	A process is underway for the electronic scanning of all paper-based Complaint and Discipline files from the BDDT-N.

3.6. Corporate Communications

3.6.1 Communications Return on Investment		
The College will monitor its communication	Monitoring is ongoing based on the results	Since the Beginning of the fiscal year:

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vehicles (*iNformeD*, *News Bulletin*, website) to determine overall utilisation and a means of gaging its return on investment, as well as opportunities to solicit audience feedback.

from quarterly Communications analytics dashboards.

- Website visits: 87,891 unique pageviews (including 439 to the COVID-19 pages)
- *iNformeD Winter 2020/21*: we were not able to track the open rate of the e-mail due to the new Alinity system, but the *iNformeD* itself received 521 unique visits on the College’s website.
- The average open rate for the October and November *News Bulletins* was 78%.
- 2 COVID-19 related e-mails were sent to the profession with an average open rate of 76%. There is a drop in readership compared to previous COVID-19 e-mails.
- 2 Elections e-mails were sent to District 2, 4 and 6 with an average open rate of 60%.
- The Annual Report was sent on November 3, 2020 and had an open rate of 61%.
- 501 e-mail inquiries to general@collegeofnaturopaths.on.ca were triaged and responded to where appropriate by Communications.
- Andrew’s Corner (blog) was visited 453 times.

- 252,310 Website visits
- *iNformeD* was sent in Fall and had a readership of 49.5%. We continued to send A/B testing and have come to a conclusion that the best combination is no image and a call-to-action to encourage the recipient to access the Newsletter.
- *iNformeD Winter 2020/21* received 521 unique visits on the website.
- The average open rate for the May, June, July, August, September, October and November *News Bulletins* was 81%
- All-Registrants e-mails were sent to the profession about COVID-19 and related topics on April 29 (Council decisions re exams, fees, etc.), May 15 (update on return to work status), May 27 (Health Sector Restart & returning to practice), May 29 (College Re-opening Guidelines & resources), November 23 (information on lockdown) and December 1 (survey by Statistics Canada Survey). Readership levels were of 83%.
- 1 all-Registrants e-mails was sent to the profession about the change in terminology used by the College on September 9. The readership level was of 83%.
- 2 Elections e-mails were sent to District 2, 4 and 6 with an average open rate of 60%.
- The Annual Report was sent on November 3 and had an open rate of 61%.
- Over 736 e-mail inquiries to general@collegeofnaturopaths.on.ca

Activity (Ends Reference)	Results for this Period	Results Year to Date Item 4.02
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		<p>were triaged and responded to where appropriate by Communications.</p> <ul style="list-style-type: none"> • Andrew’s Corner (blog) was visited 1,436 times.
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3.6.2 Communications Support and Issues Management		
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<p>Provide ongoing marketing communications counsel, planning and development of materials to all College departments as needed.</p>	<ul style="list-style-type: none"> • Regular editing/approvals for materials created by all departments. • Website: During the reporting period, the Communications department worked with the other departments on rewriting most of the pages to make sure the visitors would have access to the most up-to-date information and that the user experience of the new website was optimal. The new website was successfully launched on December 14, 2020. • The department started promoting the Registration Renewal 2021 in the <i>News Bulletin</i> in November. • Communications worked with the Exam department to communicate upcoming examination deadlines via <i>News Bulletins</i> and by keeping the website up to date. • Consultations: the by-law consultation and the Core competency consultation were sent to Registrants and Stakeholders via the <i>New Bulletin</i> and featured on the website. • An entire <i>News Bulletin</i> was dedicated to the Governance Review. • A Call to nomination e-mail as well as a reminder for the elections was sent to Registrants in District 2, 4 and 6. The elections were also featured in the November <i>News Bulletin</i>. • The Annual Report 2019-20 was published on Nov 3, 2020. 	<ul style="list-style-type: none"> • Regular updates to COVID-19 materials and webpage content for NDs and the public. • Regular editing/approvals for materials created by all departments. • Renewal: <ul style="list-style-type: none"> ○ Update Renewal webpage to include banner. ○ Slider on home page ○ Deadline included in NEWS on the home page ○ 4 reminders e-mails with an average open rate of 84% ○ Article in <i>Fall iNformeD</i> ○ Article in every <i>News Bulletin</i> ○ Completed tracking and analysis of 2020 Renewal analytics and held debriefing meeting with Renewal team to ID opportunities for improvement. • Revised ETP exam webpages and <i>Which Exam Should I Take?</i> infographic, created page for Biomedical Exam, ongoing revisions of schedules, added new reference materials. • Included CE Reminder deadline on home page NEWS and in 3 <i>News Bulletin</i>. • Created volunteer recognition infographic for use in blog and newsletter during National Volunteer Week.
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Activity (Ends Reference)	Results for this Period	Results Year to Date
	<ul style="list-style-type: none"> Regular updates to COVID-19 materials and webpage content for NDs and the public. 2 COVID-19 related e-mails were sent to Registrants. 	<ul style="list-style-type: none"> Investigated e-mail marketing platform options for compatibility with move to Alinity, including research with other HROs. Created 5th Anniversary logo. Updated Council member bios on website. The new website was successfully launched at the end of Q3. Annual Report 2019-20 was published during Q3. Consultations: the by-law consultation and the Core competency consultation were sent to Registrants and Stakeholders via the <i>New Bulletin</i> and featured on the website. An entire <i>News Bulletin</i> was dedicated to the Governance Review.
<p>Continue with a proactive issues management program to ensure the College is prepared as possible for media interest in upcoming Discipline hearings and other matters, including those that may solicit negative feedback from Registrants and other stakeholders.</p>	<p>The Communications department is constantly monitoring the mainstream and social media.</p> <p>During the reporting period notices were sent to the profession regarding NDs practising in government grey zones and during lockdowns.</p>	<p>Responded to incoming inquiry from documentary producer about NDs counselling patients re immune system during COVID-19.</p>
<p>3.6.3 The College Website</p>		
<p>The College’s website will be accurate, up-to-date and a valued tool for users.</p>	<p>The College’s new website was successfully launched on December 14, 2020 after months of work by staff and consultants to review and reframe all content.</p>	<p>The website is regularly reviewed and updated to ensure all content is current and accurate and that stakeholders are informed of upcoming events.</p>
<p>3.6.4 Public and Stakeholder Engagement</p>		
<p>The College will engage naturopathic stakeholders in ongoing dialogue.</p>	<p>During the reporting period a public consultation was initiated on behalf of the QAC on the draft Core Competencies.</p> <p>The College sent an e-mail to all stakeholders</p>	<p>Regular communications were ongoing with the OAND regarding both organisations’ responses to COVID-19 so that, where appropriate, we coordinated information being sent to the profession.</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date
	<p>about the results of the Governance review and the change in terminology. Stakeholders were encouraged to review the outcomes on the College’s website.</p>	<p>E-mails to stakeholders to keep them up to date on the Governance Review.</p>
<p>The College will engage the Ontario Government in ongoing dialogue.</p>	<p>The CEO has had several discussions with the Ministry on naturopathic regulatory matters. A very cooperative and professional relationship continues to be fostered.</p>	<p>On August 27, 2020, the Council Chair, Dr. Kim Bretz, ND, sent a letter to the Minister of Health explaining the results of the Governance Review and encouraging a dialogue.</p> <p>Regular communication has been undertaken with the Ministry of Health through the Regulatory Oversight Branch. Discussions have focused on the COVID-19 lockdown and what may happen in the future, the College’s Regulation amendment and the CPMF.</p>
<p>The College will engage other health regulatory Colleges in Ontario through the Health Profession Regulators of Ontario (HPRO), formerly known as FHRCO.</p>	<p>HPRO held a regular Board meeting in December which the CEO attended. The CEO presented ideas regarding joint development of a competency framework which was positively received.</p>	<p>Several meetings of HPRO, both alone and others with the Ministry of Health in attendance were held in this reporting period to address the emerging pandemic crisis.</p>
<p>The College will engage other Canadian naturopathic regulators and support as much as is possible.</p>	<p>No CANRA meetings were held during this period.</p>	<p>A meeting of CANRA CEOs was held in early June to resume work on activities identified in the strategic plan.</p>
<p>The College will engage Ontarians on regulatory matters.</p>	<p>No activities were undertaken during this reporting period.</p>	<ul style="list-style-type: none"> • Promoted consultation on the new <i>Telepractice Guideline and Standard of Practice for Infection Control</i> to the Citizen Advisory Group. • Wrote article for CAG newsletter thanking participants in Governance Review consultation and sharing outcomes from Advertising by Regulated Health Professionals CAG survey and meeting led by CONO. • On July 7, the communications department joined a Zoom meeting with the CAG.

Activity (Ends Reference)	Results for this Period	Results Year to Date
<p>The College will engage Registrants on regulatory and profession-specific matters.</p>	<ul style="list-style-type: none"> • Articles submitted for <i>iNformeD</i>: <ul style="list-style-type: none"> ○ Revised: Standard of Practice for Infection Control and COVID-19 keep being promoted in <i>iNformeD</i>, <i>News Bulletins</i> and promoted on the Home page of the Website, ○ Student’s Corner in <i>iNformeD</i>: Tips for NDs Joining a Practice ○ Providing Regulatory Guidance for Naturopaths ○ Complying with Orders of College Committees ○ ICRC: Non-compliance with an order ○ Understanding the difference between the regulatory College and the professional associations ○ Protect Against Phishing ○ Blog articles: <i>Professional vs. Personal Opinions— Being cautious in these troubled times</i> and <i>Providing immune support to patients during COVID-19</i> • Monthly Regulatory Guidance FAQ published in the <i>News Bulletin</i> • COVID-19 Guidelines was updated as well as information provided regarding practising in grey zones and during lockdowns. 	<ul style="list-style-type: none"> • Registrants were invited via the <i>News Bulletin</i> and website to participate in the current Standard & Guideline Consultation. • Articles submitted for <i>iNformeD</i>: <ul style="list-style-type: none"> ○ Revised: Standard of Practice for Infection Control and COVID-19 promoted in <i>iNformeD</i>, <i>News Bulletins</i> and promoted on the Home page of the Website, ○ Student’s Corner in <i>iNformeD</i>: Tips for NDs Joining a Practice • Providing Regulatory Guidance for Naturopaths • Monthly Regulatory Guidance FAQ published in the <i>News Bulletin</i> • COVID-19 FAQ updated on July 7
<p>The College will engage naturopathic educational students on regulatory and profession-specific matters.</p>	<p>No activity this quarter.</p>	<p>Promoted ETP examination changes to CCNM and to Naturopathic Students’ Association.</p> <p>Conducted an info session webinar on July 23, 2020 to educate new graduates on the Clinical Sciences exam online delivery platform.</p>

Activity (Ends Reference)	Results for this Period	Results Year to Date Item 4.02
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4. Program Development

In addition to the continued delivery of its existing examinations, the College will focus on the development and launch of new written Entry-to-Practise and biomedical exams. Demonstration-based Objectively Structured Clinical Examinations (OSCEs), initially envisioned for PLAR, will be developed to replace the College's current clinical examinations in the future.

4.1 Written Biomedical Examination

4.1.1 BME Development

The College will continue the development of the written biomedical entry-to-practise examination.

This activity has been completed.

This activity has been completed.

4.2 Prior Learning Assessment and Recognition Program (PLAR)

The College will engage external experts who, in concert with College staff, Committees and Council, will conduct a review of the PLAR program, redevelop it as necessary and fully operationalise the program. As such, the following operational activities will be undertaken.

4.2.1 PLAR Redevelopment

The PLAR Program will be refined and streamlined.

Proposed refinements to the PLAR Program were incorporated into draft amendments to the PLAR Program policy during this reporting period.

Proposed refinements to the PLAR Program were incorporated into draft amendments to the PLAR Program policy during this reporting period.

4.2.2 PLAR Program Implementation

PLAR documentation will be fully developed and operationalised.

This activity remains ongoing.

This activity remains ongoing.

PLAR training will be developed and implemented.

PLAR assessor training materials continue to be refined using the tools developed by the PLAR consultants based on the refined PLAR program.

A PLAR "train the trainer" training session was conducted with Registration and Examinations staff on July 9, 2020 on the demonstration-based component of PLAR (with the exception of the OSCEs).

4.2.3 PLAR Information for Applicants

The College will provide information for PLAR applicants as set out in the report of the Office of the Fairness Commissioner

In this reporting period revisions to the PLAR Program Policy and Language Proficiency Policy were completed to align with consultant recommendations following completion of the PLAR review and revision project in July. A draft PLAR Appeals Policy was also completed. Work was also continued on updating the Document of Education and Experience and associated guide, drafting a

PLAR program and Language proficiency amendments completed, and a PLAR Appeals Policy drafted.

Proposed revisions to the fee schedule for the PLAR Program circulated for 60-day consultation with the draft by-law amendments.

Activity (Ends Reference)	Results for this Period	Results Year to Date
	<p>PLAR application tracker and a PLAR applicant handbook in anticipation of policy approvals.</p> <p>Additional revisions to the draft Alternative Documentation policy were undertaken, with the proposed policy anticipated to go to the Registration Committee for review in February 2021.</p> <p>A proposed revised PLAR program fee schedule was also circulated for consultation as part of the draft by-law amendments.</p>	
4.2.4 Demonstration-based PLAR component		
No activities planned for this planning year.	No activity during this reporting period.	Beta testing of the developed PLAR OSCEs has been postponed due to COVID-19.

4.3. Registration Practices

The College will align its registration practices with the fair registration practices as set out by the Office of the Fairness Commissioner’s audit and report.

4.3.1 Information for Applicants		
Provide applicants support and consistent opportunities for translation of materials.	Translation of all applicant material is ongoing. Translated materials are currently made available upon request.	
Provide applicants with relevant fee information.	Fee schedules related to making an application for registration are updated regularly and posted in the Application for Registration Handbook.	
Creation of a decision-making guideline describing the registration process	No activity during this reporting period	
4.3.2 Policies, Procedures & Guidelines		
Develop needed guidelines to support registration processes.	No activity during this reporting period.	
Develop needed policies and procedures in support of the registration process.	No activity during this reporting period.	
4.3.3 Registration Audit		
Establish an audit process to monitor, verify and improve the consistency and	No registration audits were conducted during this reporting period.	

Activity (Ends Reference)	Results for this Period	Results Year to Date
accuracy of registration decisions.		
Establish processes to ensure third parties used in the registration process have assessment practices that meet OFC requirements.	No audits of third-party assessment practices were conducted during this reporting period.	

4.4 Volunteer Program Redevelopment

4.4.1 Program Development

The College will develop a competency-based approach to the recruitment process for non-Council Committee members and volunteers.	As described above, the framework is being discussed with HPRA and the Directors College in an effort to make it applicable across many or all Colleges.	A further review and update of the competencies has been completed and is under internal review. They will be reviewed by the NEC in early October with an eye to conducting a brief consultation on them.
A new process for the recruitment of non-Council Committee members and volunteers based on the competencies necessary to fill the roles will be developed and implemented.	The NEC reviewed the materials and provided feedback during this period. Work is continuing.	A new process has been drafted and is being incorporated into the overall Program Overview. This will be reviewed by the NEC in early October with an eye to conducting a brief consultation on them.
A new process for welcoming and training non-Council Committee members and volunteers will be developed and implemented with consideration to the approach being developed by other Colleges.		A new process has been drafted and is being incorporated into the overall Program Overview. This will be reviewed by the NEC in early October with an eye to conducting a brief consultation on them

4.5 Inspection Program Review

4.5.1 Inspection Timing

The College will undertake a review of the timing of inspections with the intent of adjusting the schedules for the original “existing premises” that had to be inspected within the first two (2) years of launch to spread those over a longer period.	A schedule has been drafted to implement a staggered approach for re-inspection of existing premises.	No activity this fiscal year.
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4.5.2 Inspection Fees

Activity (Ends Reference)	Results for this Period	Results Year to Date
The College will undertake a review of all costs of inspections, as the initial five-year cycle will end in the subsequent fiscal year, with the intent of adjusting the fees to ensure that the program is revenue-neutral, that is, the inspections conducted pay for the costs of operating the program.	The Inspection Committee has completed a review of the program costs and will be initiating public consultation in Q4.	The Inspection Committee has completed a review of the program costs and will be initiating public consultation in Q4.

4.6 College Data Management System Redevelopment

4.6.1 Data Management System Implementation

A new database to manage College operational systems and replace iMIS will be implemented.	Phase 1 of the implementation of new data base was delayed due to some unanticipated issues with one of the Registries and was successfully launched on December 11, 2020. Work on Phase 2 is underway.	Phase 1 of the implementation of new data base was delayed due to some unanticipated issues with one of the Registries and was successfully launched on December 11, 2020. Work on Phase 2 is underway.
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4.6.2 Public Registry Redevelopment

An operating policy governing the public registry will be developed, in compliance with the College by-laws in preparation for re-programming of the Registry.	Public Registry policy remains in draft.	Public Registry policy is in draft.
A new registry will be developed in conjunction with any changes to the College's data management system.	Corporations Registry has been approved and final approval is pending on the IVIT Premise and Unauthorized Practitioners Register.	Public Register is now completed within the new data management system-currently working on additional registries. Corporations Registry has been approved and final approval is pending on the IVIT Premise and Unauthorized Practitioners Register.

4.6.3 College Website Redevelopment

A new College website will be developed.	Development of the new College website has been completed and the new site launched on December 14, 2020.	Development of the new College website has been completed and the new site launched on December 14, 2020.
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4.7 Review of College Finances and Fees

4.7.1 Request for Proposals

Activity (Ends Reference)	Results for this Period	Results Year to Date Item 4.02
No activities in this planning period.		
4.7.2 Five-Year Review		
No activities in this planning period.		
4.8 Property Search		
4.8.1 Request for Proposals		
No activities in this planning period.		

ACTIVITIES OUTSIDE OF THE OPERATING PLAN

The College was required to undertake the following activities although they were not anticipated and fall outside of the current Operational Plan:

This reporting period:

COVID-19 continues to impact our ongoing planning and operations. Daily briefings with the government and held earlier are now held weekly and attended by the Deputy CEO. We also continue to respond to ongoing questions from Registrants and the public about the virus and naturopathic practice. As important changes are made, updates are provided to the profession with the most recent one in this reporting period released around December 22, 2020.

An RFP for Independent Legal Counsel was issued on behalf of the Discipline Committee and a Selection Committee was formed by the Chair of the Discipline Committee to review proposal submissions.

During the reporting period the CEO presented the Council's governance review to the Councils of the College of Traditional Chinese Medicine and Acupuncturists and the College of Dental Hygienists of Ontario. In addition, the Deputy CEO along with the President & CEO of Benard + Associates presented a debate on Alternate Dispute Resolution at the Canadian Network of Agencies of Regulation (CNAR)'s annual education conference.

REPORT ON EXECUTIVE LIMITATIONS COMPLIANCE

This part of the Report on Operations will provide the Council with information regarding the CEO's compliance with the Executive Limitation Policies established by the transitional Council.

Policy No.	Name	Compliance	Explanation/Notes
EL01.00	Global Executive Constraint	Yes	
EL02.00	Emergency CEO Replacement	Yes	
EL03.00	Communications and Council Support	Yes	
EL04.00	Treatment of Staff	Yes	
EL05.00	Financial Condition and Activity	Yes	
EL06.00	Financial Planning and Budgeting	Yes	
EL07.00	Financial transactions	Yes	
EL08.00	Asset Protection	No	See note 1
EL09.00	Workplace Violence	Yes	
EL10.00	Workplace Harassment	Yes	
EL11.00	Administration of Statutory Committees and Panel	Yes	
EL12.00	Operation of the Register	Yes	
EL13.00	Treatment of Registrants	Yes	
EL14.00	Support to Council	Yes	
EL15.00	Program Administration	Yes	
EL16.00	Treatment of the public	Yes	

Note 1:

EL.08 #9: "Deposit monies in an unsecured chequing account."

At the start of each month, the College requires a capital of \$120,000 - \$160,000 to cover wages, rent and all other

Activity (Ends Reference)	Results for this Period	Results Year to Date
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accounts payable. Any amount greater than \$100,000 is considered as unsecured. However, under #8, all College assets are with a bank under schedule 1 – in which risk of bankruptcy is very minute.

Respectfully submitted,

Andrew Parr, CAE
Chief Executive Officer
January 15, 2021



The College of Naturopaths of Ontario

BRIEFING NOTE Proposed By-law Changes

PURPOSE: To consider proposed by-law changes developed based on the Council's *Governance Report: A Mandate for Change*.

OUTCOME Approval of the by-laws

NATURE OF DECISION Strategic Regulatory Processes & Actions Other: Governance

PROCESS:

Activity:	Review and discussion of by-law changes		
Results:	Decision		
Overall Timing:	20 minutes		
Steps/Timing:	1.	Presentation of the proposed changes – CEO	10 minutes
	2.	Discussion, Q&A – All	8 minutes
	3.	Motion/Vote - Council	2 minutes

BACKGROUND:

In July 2020, the Council of the College of Naturopaths of Ontario completed a Governance Review that was initiated in April 2019 by approving a final report entitled *Governance Report: A Mandate for Change*. The Council also accepted the *Governance Report Implementation Plan* presented by the Chief Executive Officer (CEO) of the College.

Both the Report and the Implementation Plan laid out the Council's desire to seek meaningful changes to implement those aspects of the Report that could be implemented without legislative change.

In early October 2020, the CEO initiated a mandatory 60-day consultation on the proposed by-law changes. The proposals were posted to the College's website and notice was sent out to Registrants and all stakeholders to alert them of the consultation. The proposals were also highlighted in the College's News Bulletin, a special e-mail to Registrants and Stakeholders and in the iNformeD newsletter.

This consultation document set out the changes, both in general terms based on the overarching principles, as well as within the specific sections of the by-laws that were redlined to highlight the specific changes.

DISCUSSION POINTS:

Board Principles behind the Proposed Changes

The proposed changes have been grouped and categorized to streamline the consultation document.

Terminology/Nomenclature—The Council has directed that a number of terms commonly used by the College be changed in order to improve the collective understanding of stakeholders about the role of the College. The following terms are being altered by the Council and the proposed changes to the by-laws reflect the Council’s direction:

- Member to Registrant (T1)—The Council has asked that references to Members of the College be altered to Registrants of the College in order to create a better understanding that the College is not beholden to its Members as a professional association would be, but rather, created to regulate the individuals it “registers”.
- Registrar to CEO (T2)—The Council has directed that references to the Registrar (and Registrar & CEO) be altered to Chief Executive Officer (CEO). A “registrar” position is typically associated with educational institutions and the use of the term by the College adds to the confusion of the College in this regard¹.
- President to Council Chair and Vice-President to Council Vice-Chair (T3)—The Council has directed that these titles be amended. The premise is that the titles President and Vice-President are often used to describe the senior staff member of organizations or alternative, the senior volunteer member of a professional association. As neither are true in the case of the College, the Council hopes to add clarity to the role of the Chair and Vice-Chair of the Council.
- Public Representative (T4)—In the changes made to the by-laws previously, the Council added an ability to appoint members of the public to its Committees. The terminology introduced at that time created confusion with Public Members appointed by the Ontario Government to the Council. Introducing a defined term “Public Representative” is intended to add clarity.

Governing Council—In its governance review and final report, the Council articulated a number of concerns about the structure of the governing Council and asked that a number of changes be instituted to improve the efficiency and effectiveness of the Council and to bring the College’s governance model closer to best practices.

- Role of Council (C1)—The lack of clarity around the role of the Council of the College is a concern of the Council inasmuch as there is often confusion between when the Council is acting in the capacity of the Council and when its members are performing other functions. The Council has asked the Minister of Health to introduce a defined role for Council in the Code; however, in the interim, it has asked that it be set out in the College’s by-laws (see proposed article 9.01.1).
- Standard Setting (C2)—The literature review undertaken by the Council found concerns in a number of sectors about the role of the Council governing the College, setting the standards of practice and then also adjudicating complaints and discipline matters of Registrants who are alleged to have breached the standards it has set. As a result, the Council is proposing to delegate the standard setting function to a Committee of the College (see proposed article 9.01.2).
- Council Composition (C3)—The Council considered the size and composition of the Council. While it was of the view that the Council size was a more modern approach than other regulatory authorities, given that the College’s legislation is much more recent, it did agree with much of the information found in research and the efforts of other Ontario health regulatory authorities that the Council should have parity between Registrants elected and Public Members appointed by the Government. As a result, the Council has proposed to reduce the number of Registrants elected to seven (a reduction of one Registrant) and has asked the Minister to assist in achieving parity by appointing seven Public Members.
- Governance Committee (C4)—The Council has asked that a new competency-based program for the appointment of Public Representatives and Registrants be developed and include both an assessment process and educational process. In order to accommodate

¹ The Council would have preferred to alter the name of the organization away from College to regulatory authority; however, as the name is set out in a statute of the Government of Ontario, legislative change is required in order to effect such a change.

this, it is proposed that the Nominations and Elections Committee be repurposed to become the Governance Committee and to take on this role in addition to overseeing elections. The name change also reflects the Council's desire that legislative changes be made to remove the process for electing Registrants to the College Council to be replaced by a competency-based appointment process².

- **Committee Composition (C5)**—The Council has considered whether Council members should also sit on the Committees of the Council. While there is ample research that suggests that they should not, as it can create a conflict between the roles of policy maker and regulatory adjudicator, the Council felt it was important to maintain one Council member on each Committee to create a bridge for information sharing.
- **Public Representative Eligibility (C6)**—As an extension of the ability of the Council to appoint Public Representatives, it is necessary to set out eligibility criteria for interested individuals.
- **Elimination of Executive Committee (C7)**—The Council has indicated its desire to eliminate the Executive Committee through legislative change and, in the interim, reduce its functioning to emergency situations only.

PLAR Fees (PF)—Although not considered as a part of the Governance Review, the College has determined that changes to the fee structure that is applied is needed for cases where individuals are accessing the Prior Learning Assessment and Recognition (PLAR) Program to determine whether their education and experience is substantially equivalent to that of a graduate from a program accredited by the Council on Naturopathic Medical Education (CNME). Recent program refinements have better identified the steps in the process allowing the costs to be refined and applied to these specific steps. For PLAR applicants, it ensures a fair process by allowing individuals to pay for each step at the point of becoming eligible, rather than paying associated costs for portions they are not eligible for or decide not to complete. For the College, the refined PLAR fee schedule still ensures that the PLAR program is cost neutral, with fees directly reflective of the costs incurred by the College in administering the program.

Housekeeping (H)—As is common, when changes are made to by-laws, there are often minor grammatical errors that are identified such as spelling errors or missed words. These changes are not significant, but it is a good practice to make these corrections when the by-laws are being amended.

Specific Changes Proposed to the By-law Provisions

Attached to this briefing are the detailed proposed changes to the by-laws as applicable to those sections to be amended. For reference purposes, the following table has been provided to note the rationale for each change.

Reference	Meaning—Reference in explanations of proposed changes
T1	Terminology: Member to Registrant
T2	Terminology: Registrar to CEO
T3	Terminology: President to Council Chair, Vice-President to Council Vice-Chair
T4	Terminology: member of the public to Public Representative
C1	Governing Council: Role of Council
C2	Governing Council: Standard Setting
C3	Governing Council: Council Composition
C4	Governing Council: Governance Committee
C5	Governing Council: Committee Composition
C6	Governing Council: Defining Public Representative Eligibility

² This change is not proposed in the College's by-laws as significant legislative change is required before it could be implemented.

C7	Governing Council: Elimination of Executive Committee
PF	PLAR Fees
H	Housekeeping

Consultation Outcomes

As noted above, the College conducted public consultation on the proposed by-law changes. The consultation document was released on or about October 7, 2020 with a deadline of December 10, 2020 for any feedback.

Just prior to the release of the document, the College engaged in dialogue with the Ontario Association of Naturopathic Doctors (OAND), the professional association for NDs in Ontario and alerted the CEO to the upcoming consultation and the nature of the proposed changes. Given the high level of awareness around the Governance Review process of the Council and the Council's Report and Implementation Plan, it was not anticipated by the OAND that concerns would be raised.

In addition, the Council's two reports had been provided to the other 25 health regulatory Colleges with positive feedback received from many. The proposed by-laws changes were circulated to the Colleges and discussions held with several of them.

At the close of consultations, no feedback was received from Registrants or stakeholders of the College.

Further Amendments – Committee Composition

As part of the analysis of the Committee Composition for the January 2021 Council meeting, an incongruity between the by-laws and the Health Professions Procedural Code (the Code) has been identified. This is specific to several Statutory Committees have a requirement for a Public member on a panel.

Specifically, the Code requires that a panel of ICRC, FTPC, and RC have at least one Public member and that a panel of the Discipline Committee have at least two Public members and one Registrant on the Council.

The by-laws require that the ICRC has at least one Council member but does not specify whether the Council member is a Registrant or a Public member. This could lead to a situation where the Council mistakenly only appoints a Registrant who is a Council member and no Public member rendering the ICRC unable to establish a panel. While diligence on the part of the Council and staff could avoid this, over time this may be forgotten.

To avoid any risks, it is recommended that the following series of amendments be made to ensure that the by-laws properly reflect the requirements for a panel as set out in the Code:

13.02 Registration Committee:

- (i) at least one Council member who is a Public member and any number of additional Council members;

13.03 Inquiries, Complaints and Reports Committee

- (i) at least one Council member who is a Public member and any number of additional Council members;

13.04 Discipline Committee

- (i) at least two Council members who are Public members and at least one Registrant who is a Council member;

13.05 Fitness to Practise Committee

- (i) at least one Council member who is a Public member and any number of additional Council members;

Except for the Discipline Committee, the wording changes are the same and would require the Council to appoint a Public member to the ICRC and allow the Council to appoint any number, including zero, of additional Council members. In the case of the Discipline Committee, the Council would be required to appoint at least two Public members and at least one Registrant who is a Council member; however, additional Council members can also be appointed.

Quality Assurance Committee – The Quality Assurance Committee (QAC) requires some special consideration. The Code has no requirements for a panel of the QAC; however, section 3. of the Quality Assurance Regulation (Ontario Regulation 33/13) reads as follows:

Panels

3. (1) A panel of the Committee shall be composed of at least three persons, at least one of whom shall be a member of the Council that was appointed to the Council by the Lieutenant Governor in Council and at least one of whom shall be a member of the College. O. Reg. 33/13, s. 3 (1).

(2) Two members of a panel of the Committee constitute a quorum, as long as at least one of the members is a member of the Council who was appointed by the Lieutenant Governor in Council and one of the members is a member of the College. O. Reg. 33/13, s. 3 (2).

This means that the QAC can, if it desires, meet in panels, however, if it does so, the panel must be three persons, one of which must be a Public member. Furthermore, if it meets in panels, quorum is two of the panel members, one of which must be a Public member.

- (i) at least one Council member who is a Public member and any number of additional Council members.

As the Council contemplates this question, it should also consider that in its Governance Report, its stated desire was to have one and only one Council member appointed to any committee. To implement this further by-law change, while maintaining the intent of the Governance Report, the Council could merely appoint a Public member as the sole Council member on the QAC. To do so in combination with the other changes noted above, the Council needs to have six public members appointed to the Council.

This question and any decision that the Council makes, will impact item 6.03 – Appointments on the January Council Agenda.

ANALYSIS

Risk Assessment – 1) Liability risk – as the by-laws are based on the Governance Report and as the Governance Report pushes the envelope in terms of altering the governance approach to the limits of the legislative framework, there is a small risk that external organizations might challenge the College and future decisions before the courts. 2) Strategic (political) risk – some of what the Council is attempting to do is to push the envelope which ultimately relies on the Minister making changes to the legislation. There is a risk that this might not actually occur.

Privacy Considerations – There are no privacy considerations.

Transparency – Transparency of these proposed changes has been achieved through the 60-day consultation period undertaken by the College, as well as by this briefing being made public and the Council discussion being undertaken in an open Council meeting.

Financial Impact – The financial impact of the matters emanates from the original governance decisions rather than the actual by-law changes.

Public Interest – The primary rationale for the changes set out in the Council's Governance Report are intended to enhance the public interest by improving governance approaches and increasing the public voice on Council and its Committees.

RECOMMENDATIONS

It is recommended that the Council approve the proposed by-law changes as set out in Appendix 1.

It is also recommended that paragraph (i) of sections 13.02, 13.03, 13.05 be amended to read:

- (i) at least one Council member who is a Public member and any number of additional Council members.

It is further recommended that paragraph (i) of section 13.04 be amended to read:

- (i) at least two Council members who are Public members and at least one Registrant who is a Council member.

Finally, it is recommended that section 13.06 not be further amended and as such, the Quality Assurance Committee may not be able to meet in panels depending on the composition of the Committee at any time.

Andrew Parr, CAE
Chief Executive Officer
January 2021

Appendix 1



The College of Naturopaths of Ontario

**Proposed amendments to the by-laws
of the
College of Naturopaths of Ontario**

January 2021

Current Provision	Proposed Change	Rationale/Explanation
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Item 6.01a

By-laws of the College of Naturopaths of Ontario

1. INTERPRETATION

Current Provision	Proposed Change	Rationale/Explanation
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1.01 Definitions

In these by-laws, unless otherwise defined or required by the context:

No change.

N/A

No change.

N/A

“Act” means the *Naturopathy Act, 2007* and includes the regulations made under it;

No change.

N/A

“Auditor” means the chartered accountant or firm of chartered accountants appointed by Council;

No change.

N/A

“Chief Executive Officer (CEO)” New proposed provision.

means the senior staff person appointed by the Council to oversee operations and perform the duties of the Registrar as set out in and defined in subsection 1(1) of the Code;

T2

“Code” means the *Health Professions Procedural Code*, being Schedule 2 to the *RHPA*;

No change.

N/A

“College” means the College of Naturopaths of Ontario;

No change.

N/A

Current Provision	Proposed Change	Rationale/Explanation	
“Committee”	means a committee of the College and includes statutory, standing and ad hoc committees and any committee established by Council under these by-laws;	means a committee of the College and includes statutory, standing and ad hoc committees, including panels of a committee and any committee established by Council under these by-laws;	H
“Council”	means the Council established under subsection 6(1) of the Act;	No change.	N/A
“Council Chair”	New proposed provision.	means the President of the Council as set out in section 7 of the Act and who shall, for the purposes of these by-laws, be referred to as the Council Chair;	T3
“Council Vice Chair”	New proposed provision.	means the Vice President of the Council as set out in section 7 of the Act, and who shall, for the purposes of these by-laws, be referred to as the Council Vice-Chair;	T3
“Deputy CEO”	New proposed provision.	means the Deputy Chief Executive Officer as appointed by the Chief Executive Officer;	T2
“Election Package”	means the Nomination and Consent form, Conflict of Interest Questionnaire, Confirmation of Eligibility form, Education and Undertaking, Fiduciary Agreement, and Agreement Regarding	means the Nomination and Consent form, Conflict of Interest Questionnaire, Confirmation of Eligibility form, Education and Undertaking, Fiduciary Agreement, and Agreement Regarding Duties of Members Council members ;	H

Current Provision	Proposed Change	Rationale/Explanation
	Duties of Members of Council;	
“Member”	means a person registered with the College;	T1 – the term is no longer used in the by-laws and therefore a definition is not needed.
“Payment Schedule”	means a schedule as determined by the Registrar and agreed to by a Member for the periodic payment of annual registration fees;	T2, T1.
“Professional Association”	means an organized group of Members who promote and advocate for the interests of the profession, but does not include a school whose primary purpose is to educate;	T1
“Public Member”	No change.	N/A
“Public Representative”	New proposed provision.	T4
“Registrar”	means the person appointed by Council as Registrar for the College, which includes any	T2 – the term is no longer used in the by-laws and therefore a definition is not needed.

Current Provision	Proposed Change	Rationale/Explanation
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	person appointed as Interim or Acting Registrar;		
"Registrant"	New proposed provision.	means a member of the College as defined in subsection 1(1) of the Code and who shall, for the purposes of these by-laws, be referred to as a Registrant;	T1
"RHPA"	means the <i>Regulated Health Professions Act, 1991</i> and includes the regulations made under it; and	No change.	N/A
SCERP	means a specified continuing education or remediation program as set out in the Code.	means a specified continuing education or remediation program as set out referred to in subsection 26(3) of the Code.	H

Articles 1.02 through 1.06 have been omitted as no changes have been proposed.

2. GENERAL

2.01 Head Office

The head office of the College shall be in the Province of Ontario, at such place as Council may determine from time to time.

No change.

No change.

N/A

N/A

2.02 Forms

Certificates of registration and other documentation issued by the College shall be in such form as the Registrar shall provide, from time to time.

No change.

Certificates of registration and other documentation issued by the College shall be in such form as the Registrar CEO shall provide, from time to time.

N/A

T2

Current Provision	Proposed Change	Rationale/Explanation
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3. EXECUTION OF CONTRACTS AND OTHER DOCUMENTS

3.01 General Signing Authority

Documents requiring execution by the College, such as a contract, may be signed by one of the Registrar or Deputy Registrar when the value associated with the document is less than \$5,000 or one of the Registrar or Deputy Registrar together with one of the President, Vice-President or other such person as Council may designate, when the value of the document is \$5,000 or more. All documents so signed are binding upon the College without further authorization or formality.

No change.
 Documents requiring execution by the College, such as a contract, may be signed by one of the Registrar ~~CEO~~ or Deputy Registrar ~~CEO~~ when the value associated with the document is less than \$5,000 or one of the Registrar ~~CEO~~ or Deputy Registrar ~~CEO~~ together with one of the ~~President Council Chair, Vice-President Council Vice-Chair~~ or other such person as Council may designate, when the value of the document is \$5,000 or more. All documents so signed are binding upon the College without further authorization or formality.

N/A
T2, T3

Articles 3.02 through 3.04 have been omitted as no changes are proposed.

4. BANKING AND FINANCE

Articles 4.01 through 4.02 have been omitted as no changes are proposed.

4.03 Authorized Signatories for Amounts Less Than \$5,000

Subject to article 3.02, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$5,000 may be signed by the Registrar or Deputy Registrar alone.

No change.
 Subject to article 3.02, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$5,000 may be signed by the Registrar ~~CEO~~ or Deputy Registrar ~~CEO~~ alone.

N/A
T2

4.04 Authorized Signatories for Amounts of \$5,000 or More

No change. N/A

Current Provision	Proposed Change	Rationale/Explanation
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Subject to article 3.02, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount of \$5,000 or more shall be signed by one of the Registrar or Deputy Registrar and one of the President, Vice-President or such other person as Council may designate.

Subject to article 3.02, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount of \$5,000 or more shall be signed by one of the ~~Registrar~~ **CEO** or Deputy ~~Registrar~~ **CEO** and one of the ~~President~~ **Council-Chair**, ~~Vice-President~~ **Council Vice Chair** or such other person as Council may designate.

T2, T3

Articles 4.05 through 4.07 have been omitted as no changes are proposed.

4.08 Expenses

Approval of purchases or leasing of goods and acquisition of services shall occur in accordance with the following:

No change.
No change.

N/A
N/A

- (i) the Registrar or Deputy Registrar may authorize expenses not exceeding \$25,000 if the expenditure has previously been approved as an item in the College budget;
- (ii) one of the Registrar or Deputy Registrar and one of the President, or Vice-President may authorize expenses in excess of \$25,000 if the expenditure has previously been approved as an item in the College budget;
- (iii) the Registrar or Deputy Registrar may authorize expenses not exceeding \$5,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar believes that the expenditure is necessary for the operations of the College; and

- the ~~Registrar~~ **CEO** or Deputy ~~Registrar~~ **CEO** may authorize expenses not exceeding \$25,000 if the expenditure has previously been approved as an item in the College budget;
- one of the ~~Registrar~~ **CEO** or Deputy ~~Registrar~~ **CEO** and one of the ~~President~~ **Council Chair**, or ~~Vice-President~~ **Council Vice-Chair** may authorize expenses in excess of \$25,000 if the expenditure has previously been approved as an item in the College budget;
- the ~~Registrar~~ **CEO** or Deputy ~~Registrar~~ **CEO** may authorize expenses not exceeding \$5,000 if the expenditure has not previously been approved as an item in the College budget if the ~~Registrar~~ **CEO** believes that the expenditure is necessary for the operations of the College; and

T2,

T2, T3

T2

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
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(iv) the Executive Committee shall review any proposed expense exceeding \$5,000 if the item is not an expenditure in the College budget and shall make recommendations to Council for approval, and if immediate action is required, the Executive Committee may authorize the expenditure.	the Executive Committee Council shall review any proposed expense exceeding \$5,000 if the item is not an expenditure in the College budget and shall make recommendations to Council for approval, and however; if immediate action is required, the Executive Committee may authorize the expenditure and immediately report it to the Council.	C7 – references to the urgent action of the Executive Committee will remain until legislative change is completed to eliminate the Committee.
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4.09 Grants The Executive Committee may negotiate the obtaining of a grant on behalf of the College but such agreements shall be approved by Council before they are finalized.	No change. The Executive Committee CEO may negotiate the obtaining of a grant on behalf of the College but such agreements shall be approved by Council before they are finalized	N/A C7
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Articles 4.10 through 4.16 have been omitted as no changes are proposed.

5. OFFICERS – GENERAL

5.01 Officers of the College The officers of the College shall be the President, Vice-President, Officers-at-Large who are elected to the Executive Committee, and such other officers as Council may determine.	No change. The officers of the College shall be the President Council Chair , Vice-President Council Vice-Chair , Officers-at-Large who are elected to the Executive Committee, and such other officers as Council may determine.	N/A T3
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Articles 5.02 and 5.03 have been omitted as no changes are proposed.

6. ELECTION OF OFFICERS

6.01 Eligibility for Nomination Only a Council member is eligible for nomination or election as an officer of the College.	No change. No change.	N/A N/A
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Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
<p>6.02 Election Procedure At the first regular Council meeting after the election of Members to Council, Council shall elect from among those Council members eligible for election the President, Vice-President, Officers-at-Large, and any other officer positions, in accordance with Council policy.</p>	<p>No change. At the first regular Council meeting after the election of Members Registrants to Council, Council shall elect from among those Council members eligible for election the President Council Chair, Vice-President Council Vice-Chair, Officers-at-Large, and any other officer positions, in accordance with Council policy.</p>	<p>N/A T1, T3</p>
<p>6.03 Filling Vacancies (President) In the event that the President is removed from office, resigns or dies or the position of President becomes vacant for any reason, the Vice-President shall become the President for the remaining term of the office and the office of the Vice-President shall become vacant.</p>	<p>Filling Vacancies (President Council Chair) In the event that the President Council Chair is removed from office, resigns or dies or the position of President becomes vacant for any reason, the Vice-President Council Vice-Chair shall become the President Council Chair for the remaining term of the office and the office of the Vice-President Council Vice-Chair shall become vacant.</p>	<p>T3 T3</p>
<p>6.04 Filling Vacancies (Vice-President and Officers-at-Large) In the event that the Vice-President or an Officer-at-Large is removed from office, resigns or dies or any of the positions become vacant for any reason, Council may elect a Council member to hold the office for the remaining term of office, in accordance with Council policy.</p>	<p>Filling Vacancies (Vice-President Council Vice-Chair and Officers-at-Large) In the event that the Vice-President Council Vice Chair or an Officer-at-Large is removed from office, resigns or dies or any of the positions become vacant for any reason, Council may elect a Council member to hold the office for the remaining term of office, in accordance with Council policy.</p>	<p>T3 T3</p>
<p>7. DUTIES OF OFFICERS</p>		
<p>7.01 Duties of the President The President shall:</p>	<p>Duties of the President Council Chair The President Council Chair shall:</p>	<p>T3 T3</p>

Current Provision	Proposed Change	Rationale/Explanation
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| (i) if present, preside as Chair at all meetings of the Council unless the President designates an alternate Chair, including persons not on Council who would act as a non-voting Chair, for all or any portion of the meeting; | if present, preside as Chair at all meetings of the Council unless the President designates an alternate Chair, including persons not on Council who would act as a non-voting Chair, for all or any portion of the meeting; | T3 |
| (ii) serve as Chair of the Executive Committee; | No change. | N/A |
| (iii) perform those duties assigned to the President in these by-laws; and | perform those duties assigned to the President Council Chair in these by-laws; and | T3 |
| (iv) perform all duties and responsibilities pertaining to their office and such other duties and responsibilities as may be decided by Council. | No change. | N/A |

7.02 Duties of the Vice-President

The Vice-President shall:

- | | | |
|--|--|----------|
| (i) perform the duties of the President in the event that the President is unable to perform those duties; | The Vice-President Council Vice-Chair shall:
perform the duties of the President in the event that the President Council Chair is unable to perform those duties; | T3
T3 |
| (ii) perform those duties assigned to the Vice-President in these by-laws; | perform those duties assigned to the Vice-President Council Vice-Chair in these by-laws; | T3 |
| (iii) serve on the Executive Committee; and | No change. | N/A |
| (iv) perform all duties and responsibilities pertaining to their office and such other duties and responsibilities as may be decided by Council. | No change. | N/A |

Article 7.03 has been omitted as no changes are proposed.

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
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8. THE REGISTRAR CHIEF EXECUTIVE OFFICER (CEO)

8.01 Appointment of the Registrar

The Registrar shall be appointed by Council and, despite subsection 12(1) of the Code, the Executive Committee shall not exercise the authority of Council under this article.

Appointment of the Registrar CEO

The Registrar CEO shall be appointed by Council and, despite subsection 12(1) of the Code, the Executive Committee shall not exercise the authority of Council under this article.

T2
T2

8.01.1 Removal of the Registrar

The Registrar may be removed from their position by a two-thirds vote of the Council members present and eligible to vote at a meeting.

Removal of the Registrar CEO

The Registrar CEO may be removed from their position by a two-thirds vote of the Council members present and eligible to vote at a meeting duly called for this purpose.

T2
T2, H – the addition of the meeting having been called for this purpose was articulated by Council previously but omitted in error. It is intended to ensure that Council members are aware of this item on an agenda and they can be there to weigh in. It prevents a meeting that barely meets quorum from acting on the item of which the remainder of Council is unaware.

8.02 Duties of the Registrar

The Registrar shall be the Chief Executive Officer of the College and shall have such duties and responsibilities as are conferred by the Act, the RHPA, these by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council.

Duties of the Registrar CEO

The Registrar shall be the Chief Executive Officer of the College and shall have such duties and responsibilities pursuant to subsection 9(2) of the Code, as are conferred to the “Registrar” by the Act, the RHPA, as set out in these by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council.

T2
T2

8.03 Acting Registrar

In the absence of the Registrar, a senior staff member appointed by the Registrar, shall be the Acting Registrar until the Registrar

Acting Registrar CEO

In the absence of the Registrar CEO, a senior staff member appointed by the Registrar CEO, shall be the Acting Registrar CEO until

T2
T2, H

Current Provision	Proposed Change	Rationale/Explanation
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returns. During an extended absence of more than three consecutive months, the Executive Committee may appoint an Interim Registrar to serve until such time as the Registrar returns or the position become vacant.

the Registrar CEO returns. During an extended absence of more than three consecutive months, the Executive Committee Council may appoint an Interim Registrar CEO to serve until such time as the Registrar CEO returns or the position becomes vacant.

9. COUNCIL - GENERAL

9.01 Authority of Council

Council shall perform the functions assigned to it under the Act in order to meet the Objects of the Council as set out in the Code. At all times, the Council shall act in a manner that serves the public interest.

No change.
No change.

N/A
N/A

9.01.1 Role of Council

New proposed provision.

- Without limiting the authority set out in the Code, the role of Council shall be to:
 - (i) Ensure compliance of the College with the mandate set out in the RHPA, the Code and the Act and the regulations made under them; C1
 - (ii) Set the strategic directions of the College and monitor the College’s performance against these directions; and C1
 - (iii) Appoint the Chief Executive Office and monitor their performance against the agreed upon priorities. C1

9.01.2 Delegation of Standards Setting

New proposed provision

The role of approving the Standards of Practice and any related guidelines for the profession, except any standard that is set out in Regulation, which would typically be

C2 – the original intent was for the Quality Assurance Committee to assume this role; however, it has been identified that there is a legal prohibition for the role of a statutory

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
	performed by the Council, is delegated in full to the Standards Committee.	committee to be altered through by-laws. A new, non-statutory Committee is therefore required.
<p>9.02 Per Diem Members who are Council members shall be paid a per diem and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with the Per Diem and Expenses policy approved by Council.</p>	<p>No change. Members Registrants who are Council members shall be paid a per diem and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with the Per Diem and Expenses policy approved by Council.</p>	<p>N/A T1</p>
<p>9.03 Composition of Council Council shall be composed of eight Members and as many Public Members as are appointed by Lieutenant Governor in Council in accordance with subsection 6(1) of the Act.</p>	<p>No change. Council shall be composed of eight seven Members Registrants and as many Public Members as are appointed by Lieutenant Governor in Council in accordance with subsection 6(1) of the Act.</p>	<p>N/A C3, T1</p>
<p>9.04 Term of Office The term of office of a Member elected to Council shall commence at the first Council meeting immediately after the election and shall continue for approximately three years until their successor takes office in accordance with these by-laws, or until the Council member resigns or is removed from Council, or until such other time designated by Council, whichever occurs first.</p>	<p>No change. The term of office of a Member Registrant elected to Council shall commence at the first Council meeting immediately after the election and shall continue for approximately three years until their successor takes office in accordance with these by-laws, or until the Council member resigns or is removed from Council, or until such other time designated by Council, whichever occurs first.</p>	<p>N/A T1</p>
<p>10. ELECTION OF REGISTRANTS TO COUNCIL MEMBERS</p>		
<p>10.01 Electoral Districts The following electoral districts are established for the purposes of the electing</p>	<p>No change. The following electoral districts are established for the purposes of the electing</p>	<p>N/A H, T1, T2</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
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Members to Council (with necessary modifications by the Registrar to ensure any missing or new postal codes are added to the district they believe is most appropriate such that the entire province is covered and that there is no overlap of districts):

~~Members~~ Registrants to Council (with necessary modifications by the Registrar CEO to ensure any missing or new postal codes are added to the district they believe is most appropriate such that the entire province is covered and that there is no overlap of districts):

Electoral district 1, the West composed of communities served by the postal codes beginning with “N”, excluding the following postal codes: N0A, N0C, N0E, N0G, N0H, N1A, N2Z, N3L, N3P, N3R, N3S, N3T, N3V, N3W, N3Y, N4B, N4K, N4L, N4N, N4W;

No change.

N/A

Electoral district 2, the South composed of communities served by the postal codes: L0J, L0P, L0R, L0S, L2A, L2E, L2G, L2H, L2J, L2M, L2N, L2P, L2R, L2S, L2T, L2V, L2W, L3B, L3C, L3K, L3M, L6H, L6J, L6K, L6L, L6M, L6P, L6R, L6S, L6T, L6V, L6W, L6X, L6Y, L6Z, L7A, L7C, L7G, L7J, L7K, L7L, L7M, L7N, L7P, L7R, L7S, L7T, L8E, L8G, L8H, L8J, L8K, L8L, L8M, L8N, L8P, L8R, L8S, L8T, L8V, L8W, L9A, L9B, L9C, L9G, L9H, L9K, L9T, N0A, N0E, N1A, N3L, N3P, N3R, N3S, N3T, N3V, N3W, N3Y, N4B;

the South composed of communities served by the postal codes: L0J, L0P, L0R, L0S, L2A, L2E, L2G, L2H, L2J, L2M, L2N, L2P, L2R, L2S, L2T, L2V, L2W, L3B, L3C, L3K, L3M, L4T, L4V, L4W, L4X, L4Y, L4Z, L5A, L5B, L5C, L5E, L5G, L5H, L5J, L5K, L5L, L5M, L5N, L5P, L5R, L5S, L5T, L5V, L5W, L6H, L6J, L6K, L6L, L6M, L6P, L6R, L6S, L6T, L6V, L6W, L6X, L6Y, L6Z, L7A, L7C, L7G, L7J, L7K, L7L, L7M, L7N, L7P, L7R, L7S, L7T, L8E, L8G, L8H, L8J, L8K, L8L, L8M, L8N, L8P, L8R, L8S, L8T, L8V, L8W, L9A, L9B, L9C, L9G, L9H, L9K, L9T, M7R, N0A, N0E, N1A, N3L, N3P, N3R, N3S, N3T, N3V, N3W, N3Y, N4B;

C3 – Registrants in the added postal codes are being moved to Electoral District 2 from Electoral District 5.

Current Provision	Proposed Change	Rationale/Explanation
Electoral district 3, the Toronto West composed of communities served by the postal codes: M2R, M3H, M3J, M3K, M3L, M3M, M3N, M3R, M4R, M4V, M5G, M5H, M5J, M5K, M5L, M5M, M5N, M5P, M5R, M5S, M5T, M5V, M5X, M6A, M6B, M6C, M6E, M6G, M6H, M6J, M6K, M6L, M6M, M6N, M6P, M6R, M6S, M7A, M8V, M8W, M8X, M8Y, M8Z, M9A, M9B, M9C, M9L, M9M, M9N, M9P, M9R, M9V, M9W;	No change.	N/A
Electoral district 4, the Toronto East composed of communities served by the postal codes: M1B, M1C, M1E, M1G, M1H, M1J, M1K, M1L, M1M, M1N, M1P, M1R, M1S, M1T, M1V, M1W, M1X, M2H, M2J, M2K, M2L, M2M, M2N, M2P, M3A, M3B, M3C, M4A, M4B, M4C, M4E, M4G, M4H, M4J, M4K, M4L, M4M, M4N, M4P, M4S, M4T, M4W, M4X, M4Y, M5A, M5B, M5C, M5E, M5W, M7Y;	No change.	N/A
Electoral district 5, the South Central composed of communities served by the postal codes: L1S, L1T, L1V, L1W, L1X, L1Y, L1Z, L3P, L3S, L3R, L3T, L4A, L4B, L4C, L4E, L4G, L4H, L4J, L4K, L4L, L4S, L4T, L4V, L4W, L4X, L4Y, L4Z, L4T, L4V, L4W, L4X, L4Y, L4Z,	the South Central composed of communities served by the postal codes: L1S, L1T, L1V, L1W, L1X, L1Y, L1Z, L3P, L3S, L3R, L3T, L4A, L4B, L4C, L4E, L4G, L4H, L4J, L4K, L4L, L4S, L4T, L4V, L4W, L4X, L4Y, L4Z, L5A, L5B, L5C, L5E, L5G, L5H, L5J, L5K,	C3 – Electoral District 5 will be eliminated and Registrants will be moved into either Electoral District 3 or Electoral District 6, depending on their postal code.

Current Provision	Proposed Change	Rationale/Explanation
	<p>L5L, L5M, L5N, L5P, L5R, L5S, L5T, L5V, L5W, L6A, L6B, L6C, L6E, L6G, M7R;</p> <p>Repealed.</p>	
<p>Electoral district 6,</p> <p>the North Central composed of communities served by the postal codes: L0A, L0B, L0C, L0E, L0G, L0H, L0K, L0L, L0M, L0N, L1A, L1B, L1C, L1E, L1G, L1H, L1J, L1K, L1L, L1M, L1N, L1P, L1R, L3V, L3X, L3Y, L3Z, L4M, L4N, L4P, L4R, L7B, L7E, L9J, L9L, L9M, L9N, L9P, L9R, L9S, L9V, L9W, L9Y, L9Z, N0C, N0G, N0H, N2Z, N4K, N4L, N4N, N4W;</p>	<p>the North Central composed of communities served by the postal codes: L0A, L0B, L0C, L0E, L0G, L0H, L0K, L0L, L0M, L0N, L1A, L1B, L1C, L1E, L1G, L1H, L1J, L1K, L1L, L1M, L1N, L1P, L1R, L1S, L1T, L1V, L1W, L1X, L1Y, L1Z, L3P, L3S, L3R, L3T, L3V, L3X, L3Y, L3Z, L4A, L4B, L4C, L4E, L4G, L4H, L4J, L4K, L4L, L4S, L6A, L4M, L4N, L4P, L4R, L6B, L6C, L6E, L6G, L7B, L7E, L9J, L9L, L9M, L9N, L9P, L9R, L9S, L9V, L9W, L9Y, L9Z, N0C, N0G, N0H, N2Z, N4K, N4L, N4N, N4W;</p>	<p>C3 – Registrants in the added postal codes are being moved to Electoral District 6 from Electoral District 5.</p>
<p>Electoral district 7,</p> <p>the East composed of communities served by the postal codes beginning with “K”; and</p>	<p>No change.</p>	<p>N/A</p>
<p>Electoral district 8,</p> <p>the North composed of communities served by the postal codes beginning with “P”.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.02 Number of Members per Electoral District</p> <p>There will be one Member elected to the Council from each electoral district.</p>	<p>Number of Members Registrants Elected per Electoral District</p> <p>There will be one Member Registrant elected to the Council from each electoral district.</p>	<p>T1</p> <p>T1</p>
<p>10.03 Election Date</p> <p>Election of Members to Council shall be held on a date determined by the Registrar between January and March, inclusive, of</p>	<p>Election of Members Registrants to Council shall be held on a date determined by the Registrar CEO between January and March,</p>	<p>T1, T2</p>

Current Provision	Proposed Change	Rationale/Explanation
each year, according to the following schedule:	inclusive, of each year, according to the following schedule:	
(i) there shall be an election for electoral districts 2 (South), 4 (Toronto East), and 6 (North Central) in 2015 and every third year thereafter;	No change.	N/A
(ii) there shall be an election for electoral districts 1 (West), 3 (Toronto West), and 5 (South Central) in 2015, again in 2016 and every third year thereafter; and	there shall be an election for electoral districts 1 (West), and 3 (Toronto West), and 5 (South Central) in 2015, again in 2016 and every third year thereafter; and	C3, H
(iii) there shall be an election for electoral districts 7 (East) and 8 (North) in 2015, again in 2017 and every third year thereafter.	No change.	N/A
10.04 Number of Members Elected	Number of Members Registrants Elected	T1
The number of Members elected to Council each year shall correspond to the sum of:	The number of Members Registrants elected to Council each year shall correspond to the sum of:	T1
(i) the number of Members of Council whose terms of office have expired or will expire on the day of the first Council meeting after the elections; and	the number of Members of Council Registrants whose terms of office have expired or will expire on the day of the first Council meeting after the elections; and	T1
(ii) the number of Members of Council whose seats have become vacant and have not been filled.	the number of Members of Council Registrants whose seats have become vacant and have not been filled.	T1
10.04.1	Reduction of Districts	C3
New proposed provision.	In the event that the Council should reduce or eliminate one or more districts set out in article 10.01, the incumbent Registrant shall retain their seat on Council until the earlier of:	C3

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
New proposed provision.	(i) The term that the Registrant was serving at the time the district was eliminated expires; or	C3
New proposed provision.	(ii) The Registrant is nominated to run for election in the new district to which they are assigned, at which point they shall be deemed to have resigned from the district to which they were first elected.	C3
10.05 Eligibility for Election	No change.	N/A
A Member is eligible for election to Council if the Member has been nominated in accordance with these by-laws, the Member has completed and returned the Election Package and if, on the deadline for the receipt of nominations and up to and including the date of the election:	A Member Registrant is eligible for election to Council if the Member Registrant has been nominated in accordance with these by-laws, the Member Registrant has completed and returned the Election Package and if, on the deadline for the receipt of nominations and up to and including the date of the election:	T1
(i) repealed;	No change.	N/A
(ii) the Member is principally engaged in the practise of the profession in the electoral district for which they are nominated or, if the Member is not engaged in the practise of the profession, the Member principally resides in the electoral district for which they are nominated;	the Member Registrant is principally engaged in the practise of the profession in the electoral district for which they are nominated or, if the Member Registrant is not engaged in the practise of the profession, the Member Registrant principally resides in the electoral district for which they are nominated;	T1
(iii) the Member is not in default of payment of any fees to the College;	the Member Registrant is not in default of payment of any fees to the College;	T1
(iv) the Member is not the subject of any disciplinary or incapacity proceeding;	the Member Registrant is not the subject of any disciplinary or incapacity proceeding;	T1
(v) the Member has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three years;	the Member Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three years;	T1

Current Provision	Proposed Change	Rationale/Explanation
(vi) the Member's certificate of registration has not been revoked or suspended in the preceding six years for any reason other than non-payment of fees;	the Member's Registrant's certificate of registration has not been revoked or suspended in the preceding six years for any reason other than non-payment of fees;	T1
(vii) the Member's certificate of registration is not subject to a term, condition, or limitation imposed by either the Discipline Committee or the Fitness to Practise Committee;	the Member's Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by either the Discipline Committee or the Fitness to Practise Committee;	T1
(viii) the Member has not held any position such as director, owner, board member, officer or employee that the Member held with a professional association relating to naturopathy for a minimum of two years prior to seeking election;	the Member Registrant has not held any position such as director, owner, board member, officer or employee that the Member Registrant held with a professional association relating to naturopathy for a minimum of two years prior to seeking election;	T1
(ix) the Member has not held any position such as director, owner, board member, or officer that the Member holds with an educational institution relating to naturopathy for a minimum of two years prior to seeking election;	the Member Registrant has not held any position such as director, owner, board member, or officer that the Member Registrant holds with an educational institution relating to naturopathy for a minimum of two years prior to seeking election;	T1
(x) the Member has not been disqualified from Council within the preceding three years;	the Member Registrant has not been disqualified from Council within the preceding three years;	T1
(xi) the Member is not a member of a council of any other college regulated under the RHPA;	the Member Registrant is not a member of a council of any other college regulated under the RHPA;	T1
(xii) the Member is not an employee of the College;	the Member Registrant is not an employee of the College;	T1
(xiii) the Member does not have a conflict of interest to serve as a member of Council or has agreed to remove any	the Member Registrant does not have a conflict of interest to serve as a member of Council or has agreed to remove any such conflict of interest before taking office;	T1

Current Provision	Proposed Change	Rationale/Explanation
<p>such conflict of interest before taking office;</p> <p>(xiv) the Member has substantially complied with the Election Guidelines of the College;</p> <p>(xv) the Member is not in any default of returning any required form or information to the College; and</p> <p>(xvi) the Member meets the competencies required and has successfully completed any qualifying process established by the Council.</p>	<p>the Member Registrant has substantially complied with the Election Guidelines of the College;</p> <p>the Member Registrant is not in any default of returning any required form or information to the College; and</p> <p>the Member Registrant meets the competencies required and has successfully completed any qualifying process established by the Council.</p>	<p>T1</p> <p>T1</p> <p>T1</p>
<p>10.06 Eligibility to Vote</p>	<p>No change.</p>	<p>N/A</p>
<p>A Member is eligible to vote in a Council election if, on the day of the election, the Member:</p>	<p>A Member Registrant is eligible to vote in a Council election if, on the day of the election, the Member Registrant:</p>	<p>T1</p>
<p>(i) holds a certificate of registration;</p>	<p>No change.</p>	<p>N/A</p>
<p>(ii) has their principal place of practice or, if the Member does not practise the profession, their principal place of residence, in the electoral district for which an election is being held;</p>	<p>has their principal place of practice or, if the Member Registrant does not practise the profession, their principal place of residence, in the electoral district for which an election is being held;</p>	<p>T1</p>
<p>(iii) is not in default of any fees or other amounts owed to the College; and</p>	<p>No change.</p>	<p>N/A</p>
<p>(iv) is not in default of returning any required form or information to the College.</p>	<p>No change.</p>	<p>N/A</p>
<p>10.07 Disputes</p>	<p>No change.</p>	<p>N/A</p>
<p>Any disputes regarding a Member's eligibility to vote in an election shall be decided by the Nominations and Elections Committee.</p>	<p>Any disputes regarding a Member's Registrant's eligibility to vote in an election shall be decided by the Nominations and Elections Governance Committee.</p>	<p>T1, C4</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
<p>10.08 Notice of Election and Nominations At least ninety days before the date of an election, the Registrar shall notify every Member of the date of the election and of the nomination procedure, including the deadline for submitting nominations to the College.</p>	<p>No change. At least ninety days before the date of an election, the Registrar CEO shall notify every Member Registrant of the date of the election and of the nomination procedure, including the deadline for submitting nominations to the College.</p>	<p>N/A T2, T1</p>
<p>10.09 Nomination Deadline The nomination of a Member for election to Council shall be on a form prescribed by the Registrar and shall be received by the Registrar at least sixty days before the date of the election.</p>	<p>No change. The nomination of a Member Registrant for election to Council shall be on a form prescribed by the Registrar CEO and shall be received by the Registrar CEO at least sixty days before the date of the election</p>	<p>N/A T1, T2</p>
<p>10.10 Signed Nominations The nomination form shall be signed by at least three Members eligible to vote in the electoral district in which the Member intends to run and shall also be signed by the Member being nominated as a signal of their consent to the nomination.</p>	<p>No change. The nomination form shall be signed by at least three Members Registrants eligible to vote in the electoral district in which the Member Registrant intends to run and shall also be signed by the Member Registrant being nominated as a signal of their consent to the nomination.</p>	<p>N/A T1</p>
<p>10.11 Confirmation of Eligibility The Registrar shall request every Member who is being nominated to confirm their eligibility for election to Council in writing and any Member who fails to provide such confirmation in the manner and by the deadline set by the Registrar shall be deemed to be not nominated for election.</p>	<p>No change. The Registrar CEO shall request every Member Registrant who is being nominated to confirm their eligibility for election to Council in writing and any Member Registrant who fails to provide such confirmation in the manner and by the deadline set by the Registrar CEO shall be deemed to be not nominated for election.</p>	<p>N/A T2, T1</p>
<p>10.12 Election Package</p>	<p>No change.</p>	<p>N/A</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
<p>The Registrar shall request every Member who is being nominated to complete and return the Election Package and any Member who fails to complete and return the election package in the form and by the deadline set by the Registrar shall be deemed to be not nominated for election.</p>	<p>The Registrar CEO shall request every Member Registrant who is being nominated to complete and return the Election Package and any Member Registrant who fails to complete and return the election package in the form and by the deadline set by the Registrar CEO shall be deemed to be not nominated for election.</p>	<p>T2, T1</p>
<p>10.12.1 Confirmation as a Candidate for Election to Council After the nomination deadline has passed, the Registrar shall review the nomination of and the Election Package submitted by a Member who is being nominated to determine their eligibility to stand for election. The Registrar shall inform Members who have been nominated, in writing, whether they are a candidate for election.</p>	<p>No change. After the nomination deadline has passed, the Registrar CEO shall review the nomination of and the Election Package submitted by a Member Registrant who is being nominated to determine their eligibility to stand for election. The Registrar CEO shall inform Member Registrant who have been nominated, in writing, whether they are a candidate for election.</p>	<p>N/A T2, T1</p>
<p>10.13 Personal Statement The Registrar shall invite every candidate to provide a biography and a personal statement for use by the College as part of the election. The biography and personal statement shall be in a form and be of content that is acceptable to the Nominations and Elections Committee, which has the sole discretion to exclude or modify a biography and personal statement as it deems necessary. Any biography and personal statement, or portions thereof, that are not acceptable to the Nominations and Elections Committee, or that are not received by the deadline set by the Registrar, shall not be</p>	<p>No change. The Registrar CEO shall invite every candidate to provide a biography and a personal statement for use by the College as part of the election. The biography and personal statement shall be in a form and be of content that is acceptable to the Nominations and Elections Governance Committee, which has the sole discretion to exclude or modify a biography and personal statement as it deems necessary. Any biography and personal statement, or portions thereof, that are not acceptable to the Nominations and Elections Governance Committee, or that are not received by the</p>	<p>N/A T2, C4, T1</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
included with the materials sent to Members under article 10.17.	deadline set by the Registrar CEO , shall not be included with the materials sent to Members Registrants under article 10.17.	
<p>10.14 Withdrawal of Candidacy A candidate may withdraw from an election by giving notice, in writing, to the Registrar and paying the fee specified in Schedule 3. Upon receiving written notice of a candidate's withdrawal from the election, the Registrar shall make reasonable efforts to remove the name of the candidate from the ballot and, if the Registrar is unable to remove the name of the candidate from the ballot in a sufficient and timely manner, the Registrar shall make reasonable efforts to notify the Members eligible to vote that the candidate has withdrawn from the election.</p>	<p>No change. A candidate may withdraw from an election by giving notice, in writing, to the Registrar CEO and paying the fee specified in Schedule 3. Upon receiving written notice of a candidate's withdrawal from the election, the Registrar CEO shall make reasonable efforts to remove the name of the candidate from the ballot and, if the Registrar CEO is unable to remove the name of the candidate from the ballot in a sufficient and timely manner, the Registrar CEO shall make reasonable efforts to notify the Members Registrants eligible to vote that the candidate has withdrawn from the election.</p>	<p>N/A T2, T1</p>
<p>10.15 Acclamation If, following the confirmation of eligibility, the Registrar determines that only one candidate is nominated for an electoral district, the Registrar shall declare that candidate to be elected by acclamation and shall notify the candidate and the Members of this result in a manner the Registrar deems most expedient and practical.</p>	<p>No change. If, following the confirmation of eligibility, the Registrar CEO determines that only one candidate is nominated for an electoral district, the Registrar CEO shall declare that candidate to be elected by acclamation and shall notify the candidate and the Members Registrants of this result in a manner the Registrar CEO deems most expedient and practical.</p>	<p>N/A T2, T1</p>
<p>10.16 Registrar's Electoral Duties The Registrar or, if the Registrar so requests, the Registrar with the assistance of the Nominations and Elections Committee, shall supervise and administer the election of</p>	<p>Registrar's CEO's Electoral Duties The Registrar CEO or, if the Registrar CEO so requests, the Registrar CEO with the assistance of the Nominations and Elections Governance Committee, shall supervise and</p>	<p>T2 T2, C4</p>

Current Provision	Proposed Change	Rationale/Explanation
candidates and, without limiting the generality of the above, the Registrar may, subject to these by-laws:	administer the election of candidates and, without limiting the generality of the above, the Registrar CEO may, subject to these by-laws:	
(i) appoint returning officers and scrutineers;	No change.	N/A
(ii) establish procedures and any necessary deadlines including procedures and deadlines relating to the receipt of nominations, biographies and personal statements and ballots (or equivalent if voting is done electronically);	No change.	N/A
(iii) establish procedures for the opening and counting of ballots (or equivalent if voting is done electronically);	No change.	N/A
(iv) provide for the notification of the results of the election to all candidates and Members;	provide for the notification of the results of the election to all candidates and Members	T1
(v) provide for the destruction of ballots (or equivalent if voting is done electronically) following an election; and	No change.	N/A
(vi) do anything else that the Registrar deems necessary and appropriate to ensure that the election is fair and effective.	do anything else that the Registrar CEO deems necessary and appropriate to ensure that the election is fair and effective.	T2
10.16.1 Supplemental Election Procedures	No change.	N/A
If no nominations are received in an electoral district by the deadline referred to in article 10.03, there shall be a supplementary election and:	No change.	N/A
(i) the provisions of these by-laws that apply to the conduct of elections shall	No change.	N/A

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
apply to the conduct of supplementary elections, with all necessary modifications;		
(ii) the term of office of a Member elected to the Council in a supplementary election shall commence upon acclamation or election and shall continue until the end of the term of office prescribed in article 9.04 for a Member elected in the electoral district in which that Member was elected; and	the term of office of a Member Registrant elected to the Council in a supplementary election shall commence upon acclamation or election and shall continue until the end of the term of office prescribed in article 9.04 for a Member Registrant elected in the electoral district in which that Member Registrant was elected; and	T1
(iii) the necessity for a Supplemental Election shall not prevent the election of the Officers of the College at the time set out in article 6.02 of these by-laws.	No change.	N/A
10.16.2 Further Supplemental Election Procedures	No change.	N/A
If no nominations are received in an electoral district by the deadline set in a supplemental election held in accordance with article 10.16.1, Council may:	No change.	N/A
(i) appoint a Member who is eligible for election set out in article 10.05; or	appoint a Member Registrant who is eligible for election set out in article 10.05; or	T1
(ii) direct the Registrar to hold another supplemental election in accordance with article 10.16.1.	direct the Registrar CEO to hold another supplemental election in accordance with article 10.16.1.	T2
10.17 Voting Process	No change.	N/A
No later than thirty days before the date of an election, the Registrar shall inform Members eligible to vote in the election the names of eligible candidates, the biography and	No later than thirty days before the date of an election, the Registrar CEO shall inform Members Registrants eligible to vote in the election the names of eligible candidates, the	T2, T1, C4

Current Provision	Proposed Change	Rationale/Explanation
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personal statement accepted by the Nominations and Elections Committee of every eligible candidate who has submitted one by the deadline established by the Registrar, and a ballot (or equivalent if voting is done electronically) and an explanation of the voting process.

biography and personal statement accepted by the ~~Nominations and Elections~~ Governance Committee of every eligible candidate who has submitted one by the deadline established by the Registrar CEO, and a ballot (or equivalent if voting is done electronically) and an explanation of the voting process.

10.18 Ballot Verification

Ballots (or equivalent if voting is done electronically) returned to the College must be received by the College at or before the date and time specified for the election in order to be counted in the vote.

No change.
No change.

N/A
N/A

10.19 Number of Votes Cast

A Member may cast one ballot (or equivalent if voting is done electronically) in an election.

No change.
A Member Registrant may cast one ballot (or equivalent if voting is done electronically) in an election.

N/A
T1

10.20 Results

As soon as practicable after the ballots (or equivalent if voting is done electronically) have been counted, the Registrar shall advise each candidate of the results of the election, the number of votes they received and of their right to request a recount in accordance with article 10.22. After the period to request a recount has passed and no request is received, or after any recounts have been concluded as the case may be, the Registrar shall advise the Members of the results of the election, including the number of votes each candidate received, in a manner deemed appropriate by the Registrar.

No change.
As soon as practicable after the ballots (or equivalent if voting is done electronically) have been counted, the Registrar CEO shall advise each candidate of the results of the election, the number of votes they received and of their right to request a recount in accordance with article 10.22. After the period to request a recount has passed and no request is received, or after any recounts have been concluded as the case may be, the Registrar CEO shall advise the Members Registrants of the results of the election, including the number of votes each candidate

N/A
T2, T1

Current Provision	Proposed Change	Rationale/Explanation
	received, in a manner deemed appropriate by the Registrar CEO .	
<p>10.21 Tie Votes In the event that a winner cannot be declared because two or more candidates have received the same number of votes, the Registrar shall break the tie by lot.</p>	<p>No change. In the event that a winner cannot be declared because two or more candidates have received the same number of votes, the Registrar CEO shall break the tie by lot.</p>	<p>N/A T2</p>
<p>10.22 Request for Recount A candidate may require a recount by delivering a written request to the Registrar no more than seven days after the date they are notified of the result of the election and by paying the fee specified in Schedule 3.</p>	<p>No change. A candidate may require a recount by delivering a written request to the Registrar CEO no more than seven days after the date they are notified of the result of the election and by paying the fee specified in Schedule 3.</p>	<p>N/A T2</p>
<p>10.23 Manner of Recount The Registrar shall hold a recount no more than fifteen days after receiving a written request and the recount shall be conducted in as transparent a manner as the voting system reasonably permits.</p>	<p>No change. The Registrar CEO shall hold a recount no more than fifteen days after receiving a written request and the recount shall be conducted in as transparent a manner as the voting system reasonably permits.</p>	<p>N/A T2</p>
<p>10.24 Change in Results In the event that the recount changes the election outcome, the candidate requiring the recount is entitled to reimbursement of the fee required under article 10.22.</p>	<p>No change. No change.</p>	<p>N/A N/A</p>
<p>10.25 Proxy Voting A Member cannot vote in an election by means of a proxy.</p>	<p>No change. A Member Registrant cannot vote in an election by means of a proxy.</p>	<p>N/A T1</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
<p>10.26 Referral of Disputes to Nominations and Elections Committee</p> <p>If the Executive Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the results of the election of any Member, the Executive Committee shall refer the matter to the Nominations and Elections Committee.</p>	<p>Referral of Disputes to Nominations and Elections Governance Committee</p> <p>If the Executive Committee Council is of the opinion that there are reasonable grounds to doubt or dispute the validity of the results of the election of any Member Registrant, the Executive Committee Council shall refer the matter to the Nominations and Elections Governance Committee</p>	<p>C4</p> <p>C7, T1, C4</p>
<p>10.27 Report and Recommendation of Nominations and Elections Committee</p> <p>Where a matter has been referred to the Nominations and Elections Committee under article 10.26, the Nominations and Elections Committee shall hold an inquiry into the validity of the election and, following the inquiry, shall make a report and recommendation(s) to Council.</p>	<p>Report and Recommendation of Nominations and Elections Governance Committee</p> <p>Where a matter has been referred to the Nominations and Elections Governance Committee under article 10.26, the Nominations and Elections Governance Committee shall hold an inquiry into the validity of the election and, following the inquiry, shall make a report and recommendation(s) to Council.</p>	<p>C4</p> <p>C4</p>
<p>10.28 Options Available to Council</p> <p>Council may, after reviewing the report and recommendation(s) of the Nominations and Elections Committee and subject to article 10.29, do one of the following:</p> <p>(i) declare the election result in question to be valid; or</p> <p>(ii) declare the election result in question to be invalid; and either:</p> <p>(a) declare another candidate to have been elected; or</p> <p>(b) direct that another election be held.</p>	<p>No change.</p> <p>Council may, after reviewing the report and recommendation(s) of the Nominations and Elections Governance Committee and subject to article 10.29, do one of the following:</p> <p>No change.</p> <p>No change.</p> <p>No change.</p> <p>No change.</p>	<p>N/A</p> <p>C4</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
<p>10.29 Minor Irregularities Not Fatal Council shall not declare an election result to be invalid solely on the basis of a minor irregularity regarding the requirements of these by-laws or a procedure established by the Registrar and / or the Nominations and Election Committee.</p>	<p>No change. Council shall not declare an election result to be invalid solely on the basis of a minor irregularity regarding the requirements of these by-laws or a procedure established by the Registrar CEO and / or the Nominations and Elections Governance Committee.</p>	<p>N/A T2, C4</p>
<p>10.30 Disqualification of Elected Members</p>	<p>Disqualification of Elected Members Registrants</p>	<p>T1</p>
<p>Council shall disqualify a Member elected to Council, if the they:</p>	<p>Council shall disqualify a Member Registrant elected to Council, if the they:</p>	<p>T1, H</p>
<p>(i) resign from Council;</p>	<p>No change.</p>	<p>N/A</p>
<p>(ii) cease to hold a certificate of registration;</p>	<p>No change.</p>	<p>N/A</p>
<p>(iii) are in default of payment of any fee or information return prescribed by these by-laws for a period of more than sixty days;</p>	<p>No change.</p>	<p>N/A</p>
<p>(iv) are found to have committed professional misconduct or to be incompetent by a panel of the Discipline Committee;</p>	<p>No change.</p>	<p>N/A</p>
<p>(v) are found to be incapacitated by a panel of the Fitness to Practise Committee;</p>	<p>No change.</p>	<p>N/A</p>
<p>(vi) obtain a responsible position such as director, owner, board member or officer or retain employment or becomes an employee of any professional association relating to naturopathy;</p>	<p>No change.</p>	<p>N/A</p>
<p>(vii) become a member of a council of any other college regulated under the RHPA;</p>	<p>No change.</p>	<p>N/A</p>

Current Provision	Proposed Change	Rationale/Explanation
(viii) fail, without reasonable cause, to attend two consecutive meetings of Council;	No change.	N/A
(ix) are convicted of a criminal offence which is of a nature that warrants disqualification;	No change.	N/A
(x) fail to discharge properly or honestly any office to which they have been elected or appointed.	No change.	N/A
(xi) fail, without cause, to attend three consecutive meetings of a Committee to which they are appointed;	No change.	N/A
(xii) fail, without cause, to attend a hearing or review panel for which they have been selected;	No change.	N/A
(xiii) cease to either practise or reside in Ontario;	No change.	N/A
(xiv) obtain a responsible position such as a director, owner, board member or officer of any educational institution relating to naturopathy;	No change.	N/A
(xv) in the opinion of Council, breaches the conflict of interest provision(s) for Council and Committee members;	No change.	N/A
(xvi) breaches section 36 of the RHPA which, in the opinion of Council, is of a nature that warrants disqualification; or	No change.	N/A
(xvii) initiates, joins, materially contributes or continues a legal proceeding against the College or any Committee or representative of the College.	No change.	N/A

10.31 Registrar’s Receipt of Information

If the Registrar receives information that suggests that a Member elected to Council meets one or more of the criteria for disqualification set out in article 10.30, the Registrar shall follow the procedure set out in article 15.02. Where the Registrar has reasonable and probable grounds to believe that a Member elected to Council meets the criteria for disqualification and no one else has made a complaint, the Registrar shall make a complaint in writing.

Registrar’s CEO’s Receipt of Information

If the Registrar CEO receives information that suggests that a Member Registrant elected to Council meets one or more of the criteria for disqualification set out in article 10.30, the Registrar CEO shall follow the procedure set out in article 15.02. Where the Registrar CEO has reasonable and probable grounds to believe that a Member Registrant elected to Council meets the criteria for disqualification and no one else has made a complaint, the Registrar CEO shall make a complaint in writing.

T2
T2, T1

10.32 Effect of Disqualification

A Member elected to Council who is disqualified by Council ceases to be a Council member and ceases to be a member of any Committee to which they have been appointed.

No change.
A Member Registrant elected to Council who is disqualified by Council ceases to be a Council member and ceases to be a member of any Committee to which they have been appointed.

N/A
T1

10.33 Filing of Vacancies

If the seat of a Member elected to Council becomes vacant less than twelve months before the expiry of the term of office, Council may,

- (i) leave the seat vacant;
- (ii) appoint a Member who meets the criteria for eligibility for election set out in article 10.05; or
- (iii) direct the Registrar to hold a by-election in accordance with these by-laws.

No change.
If the seat of a Member Registrant elected to Council becomes vacant less than twelve months before the expiry of the term of office, Council may,

- No change.
- appoint a Member Registrant who meets the criteria for eligibility for election set out in article 10.05; or
- direct the Registrar CEO to hold a by-election in accordance with these by-laws.

N/A
T1

N/A
T1

T2

Current Provision	Proposed Change	Rationale/Explanation
<p>10.34 By-Election Required If the seat of a Member elected to Council becomes vacant more than twelve months before the expiry of the term of office, the Registrar shall hold a by-election in accordance with these by-laws.</p>	<p>No change. If the seat of a Member Registrant elected to Council becomes vacant more than twelve months before the expiry of the term of office, the Registrar CEO shall hold a by-election in accordance with these by-laws.</p>	<p>N/A T1, T2</p>
<p>10.35 Manner of Holding By-Elections A by-election shall be held in the same manner and shall be subject to the same criteria and processes as a regular election, subject to any necessary modifications.</p>	<p>No change. No change.</p>	<p>N/A N/A</p>
<p>10.36 Term of Office for Members Filling Vacancies The term of office of a Council member appointed or elected to fill a vacancy shall commence on the day of the appointment or election, as the case may be, and shall continue until the date that the former Council member's term would have expired.</p>	<p>Term of Office for Members Registrants Filling Vacancies The term of office of a Council member Registrant appointed or elected to fill a vacancy shall commence on the day of the appointment or election, as the case may be, and shall continue until the date that the former Council member's term would have expired.</p>	<p>T1 T1</p>
<p>11. COUNCIL MEETINGS</p>		
<p>11.01 Location and Frequency of Meetings A Council meeting shall, wherever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for Council to conduct its business but shall, in any event, occur at least three times per year.</p>	<p>No change. No change.</p>	<p>N/A N/A</p>

Current Provision	Proposed Change	Rationale/Explanation
<p>11.02 Notice of Meetings Subject to article 11.17, the Registrar shall notify Council members of the meeting, setting out the date, time and place of the meeting and the general nature of the business to be transacted at least ten days before the date of the meeting.</p>	<p>No change. Subject to article 11.17, the Registrar CEO shall notify Council members of the meeting, setting out the date, time and place of the meeting and the general nature of the business to be transacted at least ten days before the date of the meeting.</p>	<p>N/A T2</p>
<p>11.03 Waiver of Notice A Council member may, at any time, waive the requirement that they be provided notice of a meeting.</p>	<p>No change. No change.</p>	<p>N/A N/A</p>
<p>11.04 Business at Meetings Council may only consider or transact at a regular meeting:</p>	<p>No change. No change.</p>	<p>N/A N/A</p>
<p>(i) matters on the agenda;</p>	<p>No change.</p>	<p>N/A</p>
<p>(ii) matters brought by the Executive Committee or the Registrar;</p>	<p>matters brought by the Executive a Committee of the Council or the Registrar CEO;</p>	<p>N/A C7, T2</p>
<p>(iii) repealed</p> <p>(iv) matters for which notice was given by a Council member at the preceding meeting or where written notice was given at least thirty days in advance of the meeting; and</p>	<p>repealed;</p> <p>No change.</p>	<p>H N/A</p>
<p>(v) such other matters, not included on the agenda, as the majority of members in attendance determine to be of an urgent nature.</p>	<p>such other matters, not included on the agenda, as the majority of Council members in attendance determine to be of an urgent nature.</p>	<p>H</p>

Current Provision	Proposed Change	Rationale/Explanation
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11.05 Secretary

Repealed.

No change.

No change.

N/A

N/A

11.06 Chair

The President acts as Chair of Council unless the President has designated an alternate Chair, including a person not on Council who would act as a non-voting Chair, for any portion of the meeting. In the event that the President is absent, the Vice-President shall serve as Chair of the meeting. In the event that both the President and the Vice-President are absent from the meeting, Council shall elect, from among its members, a Council member to serve as Chair at that meeting.

No change.

The ~~President~~ **Council Chair** acts as ~~C~~Chair of Council unless the ~~President~~ **Council Chair** has designated an alternate ~~C~~Chair, including a person not on Council who would act as a non-voting ~~C~~Chair, for any portion of the meeting. In the event that the ~~President~~ **Council Chair** is absent, the ~~Vice-President~~ **Council Vice-Chair** shall serve as ~~C~~Chair of the meeting. In the event that both the ~~President~~ **Council Chair** and the ~~Vice-President~~ **Council Vice-Chair** are absent from the meeting, Council shall elect, from among its members, a Council member to serve as ~~C~~Chair at that meeting.

N/A

T3

Articles 11.07 through 11.13 omitted as no changes are proposed.

11.14 Minutes

The Registrar shall ensure that accurate minutes of all Council meetings are recorded, approved and maintained at the College office.

No change.

The ~~Registrar~~ **CEO** shall ensure that accurate minutes of all Council meetings are recorded, approved and maintained at the College office.

N/A

T2

11.15 Adjournments

Whether or not a quorum is present, the presiding Chair may, from time to time, with the consent of the majority of Council members present and voting, adjourn any properly called meeting to a fixed time and place, and any matter brought before the original meeting may be considered and

No change.

No change.

N/A

N/A

Current Provision	Proposed Change	Rationale/Explanation
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transacted at a reconvened meeting provided that a quorum is present.

11.16 Calling Special Meetings

The President may call and convene a special meeting of Council:

- (i) at their discretion;
- (ii) upon receipt of the written request of any six Council members; or
- (iii) if a request is received from the Executive Committee under article 15.02.

No change.
 The ~~President~~ **Council Chair** may call and convene a special meeting of Council:
 No change.
 No change.
 if a request is received from the ~~Executive~~ **Governance** Committee under article 15.02.

N/A
 T3
 N/A
 N/A
 C7

11.17 Notice of Special Meetings

The Registrar shall notify Council members of the special meeting, setting out the date, time and place of the meeting and the general nature of the business to be transacted, at least five days prior to the date of the meeting, and Council may only consider or transact at a special meeting those items of business contained in the notice.

No change.
 The ~~Registrar~~ **CEO** shall notify Council members of the special meeting, setting out the date, time and place of the meeting and the general nature of the business to be transacted, at least five days prior to the date of the meeting, and Council may only consider or transact at a special meeting those items of business contained in the notice.

N/A
 T2

11.18 Waiver of Notice of a Special Meeting

The Council may waive the notice requirements set out under article 11.17.

No change.
 No change.

N/A
 N/A

12. COMMITTEES – GENERAL

Articles 12.01 through 12.04 are omitted as no changes are proposed.

12.05 Vacancies

Despite anything in these by-laws, a Committee is properly constituted despite any

No change.
 Despite anything in these by-laws, a Committee is properly constituted despite any

N/A
 H

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
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vacancy so long as there are sufficient Members to form a quorum of the Committee or a panel of the Committee.

vacancy so long as there are sufficient ~~Members~~ **Committee** members to form a quorum of the Committee or a panel of the Committee.

Articles 12.06 through 12.08 have been omitted as no changes are proposed.

12.09 Per Diem

Members who are Committee members and members of the public who are not Council members and who are appointed to Committees, shall be paid a per diem and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with the Per Diem and Expenses policy approved by Council.

No change.
~~Members~~ **Registrants** who are Committee members and ~~members of the public who are not Council members and who are~~ **Public Representatives** appointed to Committees, shall be paid a per diem and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with the Per Diem and Expenses policy approved by Council.

N/A
T1, T4, H

13. SPECIFIC COMPOSITION AND SELECTION OF COMMITTEES

13.01 Executive Committee

The Executive Committee shall be composed of the President, the Vice-President and three Council members who shall be Officers-at-Large, of which three shall be Members and two shall be Public Members. One of, but not both, the President or Vice-President shall be a Public Member.

No change.
The Executive Committee shall be composed of the ~~President~~ **Council Chair**, the ~~Vice President~~ **Council Vice-Chair** and three Council members who shall be Officers-at-Large, of which three shall be ~~Members~~ **Registrants** and two shall be Public Members. One of, but not both, the ~~President~~ **Council Chair** or ~~Vice President~~ **Council Vice-Chair** shall be a Public Member.

N/A
T3, T1 – the Executive Committee must be retained until such time as legislative changes are made.

13.02 Registration Committee

The Registration Committee shall be composed of no fewer than three members, but as many members as the Council deems appropriate, including:

No change.
The Registration Committee shall be composed of no fewer than three ~~members~~, but as many ~~members~~ **individuals** as the Council deems appropriate, including:

N/A
H

Current Provision	Proposed Change	Rationale/Explanation
(i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member who is not a Council member; and (iv) any number of members of the public who are not Council members.	(i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member Registrant who is not a Council member; and (iv) any number of members of the public who are not Council members Public Representatives.	H C5 T1 T4
13.03 Inquiries, Complaints and Reports Committee	No change.	N/A
The Inquiries, Complaints and Reports Committee shall be composed of no fewer than three members, but as many members as the Council deems appropriate, including:	The Inquiries, Complaints and Reports Committee shall be composed of no fewer than three members individuals as the Council deems appropriate, including:	H
(i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member who is not a Council member; and (iv) any number of members of the public who are not Council members.	(i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member Registrant who is not a Council member; and (iv) any number of members of the public who are not Council members Public Representatives.	H C5 T1 T4
13.04 Discipline Committee	No change.	N/A
The Discipline Committee shall be composed of no fewer than five members, but as many members as the Council deems appropriate, including:	The Discipline Committee shall be composed of no fewer than five members individuals as the Council deems appropriate, including:	H
(i) at least one Member who is a Council member; (ii) at least two Public Members; (iii) at least two Members who are not Council members; and	(i) at least one Member Registrant who is a Council member; (ii) No change. (iii) at least two Members Registrants who are not Council members; and	H N/A T1

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
(iv) any number of members of the public who are not Council members.	(iv) any number of members of the public who are not Council members Public Representatives .	T4
13.05 Fitness to Practise Committee The Fitness to Practise Committee shall be comprised of no fewer than five members, but as many members as the Council deems appropriate, including:	No change. The Fitness to Practise Committee shall be comprised of no fewer than five members , but as many members individuals as the Council deems appropriate, including:	N/A H
(i) at least one Member who is Council member;	(i) at least one Member Registrant who is a Council member;	H
(ii) at least one Public Member;	(ii) No change.	N/A
(iii) at least two Members who are not Council members; and	(iii) at least two Members Registrants who are not Council members; and	T1
(iv) any number of members of the public who are not Council members.	(iv) any number of members of the public who are not Council members Public Representatives .	T4
13.06 Quality Assurance Committee The Quality Assurance Committee shall be composed of no fewer than three members, but as many members as the Council deems appropriate, including:	No change. The Quality Assurance Committee shall be composed of no fewer than three members , but as many members individuals as the Council deems appropriate, including:	N/A H
(i) at least one Member who is a Council member;	(i) at least one Member who is a Council member	H
(ii) at least one Public Member;	(ii) at least one Public Member;	C5
(iii) at least one Member who is not a Council member; and	(iii) at least one Member Registrant who is	T1
(iv) any number of members of the public who are not Council members.	(iv) any number of members of the public who are not Council members Public Representatives .	T4
13.07 Patient Relations Committee The Patient Relations Committee shall be composed of no fewer than three members,	No change. The Patient Relations Committee shall be composed of no fewer than three, but as	N/A H

Current Provision	Proposed Change	Rationale/Explanation
<p>but as many members as the Council deems appropriate, including:</p> <ul style="list-style-type: none"> (i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member who is not a Council member; and (iv) any number of members of the public who are not Council members. 	<p>many members individuals as the Council deems appropriate, including:</p> <ul style="list-style-type: none"> (i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member Registrant who is not a Council member; and (iv) any number of members of the public who are not Council members Public Representatives. 	<p>H</p> <p>C5</p> <p>T1</p> <p>T4</p>
<p>13.08 Examination Appeals Committee The Examination Appeals Committee shall be composed of no fewer than three members, but as many members as the Council deems appropriate, none of whom shall be members of the Registration Committee, including:</p>	<p>No change. The Examination Appeals Committee shall be composed of no fewer than three members, but as many members individuals as the Council deems appropriate, none of whom shall be members of the Registration Committee, including:</p>	<p>N/A</p> <p>H</p>
<ul style="list-style-type: none"> (i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member who is not a Council member; and (iv) any number of members of the public who are not Council members. 	<ul style="list-style-type: none"> (i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member Registrant who is not a Council member; and (iv) any number of members of the public who are not Council members Public Representatives. 	<p>H</p> <p>C5</p> <p>T1</p> <p>T4</p>
<p>13.08.1 Inspection Committee The Inspection Committee shall be composed of no fewer than three members, but as many members as the Council deems appropriate, including:</p>	<p>No change. The Inspection Committee shall be composed of no fewer than three members, but as many members individuals as the Council deems appropriate, including:</p>	<p>N/A</p>
<ul style="list-style-type: none"> (i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member who is not a Council member; and 	<ul style="list-style-type: none"> (i) at least one Member who is a Council member; (ii) at least one Public Member; (iii) at least one Member Registrant who is not a Council member; and (ii) at least one Public Member; 	<p>H</p> <p>C5</p> <p>T1</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
(iv) any number of members of the public who are not Council members.	(iv) any number of members of the public who are not Council members (iii) Public Representatives.	T4
13.09 Appointment of Committee Members	No change.	N/A
Unless otherwise stated in these by-laws, every Committee member shall be appointed by Council with the exception of the Executive Committee, whose members shall be elected to office in accordance with these by-laws.	No change.	N/A
13.10 Appointment of Non-Council Members	Appointment of Non-Council Members Registrants	C6, T1
Subject to any specific composition requirements in these by-laws, Council may, at its discretion, appoint Members who are not Council members to any Committee.	Subject to any specific composition requirements in these by-laws, Council may, at its discretion, appoint Members Registrants who are not Council members to any Committee.	T1
13.10.1 Appointment of Non-Council Members of the Public	Appointment of Non-Council Members of the Public Registrants	T4
The Council may, at its discretion, appoint members of the public who are not Council members and are not members of any health professions as set out in Schedule 1 of the RHPA, to any Committee except the Executive Committee.	The Council may, at its discretion, appoint members of the public Public Members Registrants who are not Council members and are not members of any health professions as set out in Schedule 1 of the RHPA who meet the eligibility criteria set out in these by-laws , to any Committee except the Executive Committee.	T4, H – note that the restriction that Public Representatives not be a member of another regulated health profession has been moved below to the eligibility criteria for public members.

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
<p>13.11 Terms of Office of Committee Members</p>	No change.	N/A
<p>The term of office of a Committee member shall commence immediately after the appointment and shall continue for approximately one year.</p>	No change.	N/A
<p>13.12 Chairs</p>	No change.	N/A
<p>Unless stated otherwise in these by-laws, the Chair or Chairs of each Committee shall be appointed by Council.</p>	<p>Unless stated otherwise in these by-laws, the Chair or Chairs of each Committee, with the exception of the Executive Committee, shall be appointed by Council.</p>	H
<p>13.13 Decisions Regarding Appointments</p>	No change.	N/A
<p>In making an appointment under article 13.09, 13.10, or 13.10.1 Council shall take into consideration the location of practice, if applicable, as well as the experience, expertise, availability and other qualifications and characteristics of the Member, Public Member or member of the public, in order to complement the attributes of the other Committee members or members of the working group.</p>	<p>In making an appointment under article 13.09, 13.10, or 13.10.1, Council shall take into consideration the location of practice, if applicable, as well as the experience, expertise, availability and other qualifications and characteristics of the Member Registrant, Public Member or member of the public Public Representative, in order to complement the attributes of the other Committee members or members of the working group.</p>	T1, T4, H
<p>13.14 Eligibility for Appointment</p>	<p>Registrant Eligibility for Appointment</p>	H
<p>A Member is eligible for appointment to a Committee, if on the date of the appointment:</p>	<p>A Member Registrant is eligible for appointment to a Committee, if on the date of the appointment:</p>	T1
<p>(i) repealed;</p> <p>(ii) the Member is not in default of payment of any fees prescribed by College by-law;</p>	<p>No change.</p> <p>the Member Registrant is not in default of payment of any fees prescribed by College by-law;</p>	N/A T1

Current Provision	Proposed Change	Rationale/Explanation
(iii) the Member is not the subject of any disciplinary or incapacity proceeding;	the Member Registrant is not the subject of any disciplinary or incapacity proceeding;	T1
(iv) the Member has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three years;	the Member Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding in the preceding three years;	T1
(v) the Member's certificate of registration has not been revoked or suspended in the preceding six years for any reason other than non-payment of fees;	the Member's Registrant's certificate of registration has not been revoked or suspended in the preceding six years for any reason other than non-payment of fees;	T1
(vi) the Member's certificate of registration is not subject to a term, condition, or limitation imposed by either the Discipline Committee or the Fitness to Practise Committee;	the Member's Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by either the Discipline Committee or the Fitness to Practise Committee;	T1
(vii) the Member has agreed to and does resign, before taking office, any position such as director, owner, board member, officer or employee that the Member holds with a professional association relating to naturopathy;	the Member Registrant has agreed to and does resign, before taking office, any position such as director, owner, board member, officer or employee that the Member Registrant holds with a professional association relating to naturopathy;	T1
(viii) the Member has agreed to and does resign, before taking office, any position such as director, owner, board member, or officer that the Member holds with an educational institution relating to naturopathy;	the Member Registrant has agreed to and does resign, before taking office, any position such as director, owner, board member, or officer that the Member Registrant holds with an educational institution relating to naturopathy;	T1
(ix) the Member has not been disqualified from Council within the preceding three years;	the Member Registrant has not been disqualified from Council within the preceding three years;	T1
(x) the Member is not a Council member of any other college regulated under the RHPA;	the Member Registrant is not a Council member of any other college regulated under the RHPA;	T1
(xi) the Member is not an employee of the College; and	the Member Registrant is not an employee of the College; and	T1

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
(xii) the Member is not in any default of returning any required form or information to the College.	the Member Registrant is not in any default of returning any required form or information to the College; and	T1, H
(xiii) New proposed provision.	the Registrant meets the competencies required and has successfully completed any qualifying process established by the Council.	H – aligns the appointment of Registrants to Committees with the requirements for Council insomuch as they may be competency-based, require an assessment and education program.
13.14a New proposed provision.	Eligibility to be Appointed as a Public Representative	C6
New proposed provision.	A person is eligible for appointment to a Committee, if on the date of the appointment the person:	C6
	(i) is not a Public Member of any Council of a College of a profession and is not a member of any health professions as set out in Schedule 1 of the RHPA;	C6
	(ii) has not declared bankruptcy within the past seven years;	C6
	(iii) has does not have a prior conviction and is not currently charged under the Criminal Code (Canada) or with Provincial Offences;	C6
	(iv) has agreed to and does resign, before taking office, any position such as director, owner, board member, officer or employee that the person holds with a professional association relating to naturopathy or with a naturopathic educational program;	C6
	(v) is not an employee of the College nor of any other College of any health profession set out in Schedule 1 of the RHPA;	C6

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- | | | |
|--------|--|----|
| (vi) | has no concerning social media posts relating to any regulated profession; | C6 |
| (vii) | does not have any real or perceived conflict of interest as determined by the CEO; | C6 |
| (viii) | has not initiated, joined, materially contributed or continued a legal proceeding against the College or any Committee or representative of the College; and | C6 |
| (vix) | meets the competencies required and has successfully completed any qualifying process established by the Council. | C6 |

Articles 13.15 and 13.16 have been omitted as no changes are proposed.

14. COMMITTEE MEETINGS

14.01 Location and Frequency of Meetings

Committee meetings shall, wherever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business.

No change.

N/A

No change.

N/A

14.02 Manner of Meeting

Any meeting of a Committee, other than a hearing that must be held in person, may be conducted by means of teleconference or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio or video

No change.

Any meeting of a Committee, **at the discretion of the Chair**, ~~other than a hearing that must be held in person~~, may be conducted by means of teleconference, **videoconference** or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and

N/A

H

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conferencing), and persons participating in the meeting by such means are deemed to be present at the meeting.

instantaneously (~~including audio or video conferencing~~), and persons participating in the meeting by such means are deemed to be present at the meeting.

Articles 14.03 through 14.07 have been omitted as no changes are proposed.

15. DUTIES OF COUNCIL AND COMMITTEE MEMBERS

15.01 Expectations and Duties

Council and Committee members shall, in the performance of their duties:

No change.

N/A

(i) familiarize themselves with the Act, the RHPA, these by-laws and any policies of the College;

No change.

N/A

(ii) familiarize themselves with any other records, documents and guidelines that may be necessary for the performance of their duties;

No change.

N/A

(iii) comply with the provisions of the Act, the RHPA, these by-laws, any policies of the College and rules that are adopted by Council;

No change.

N/A

(iv) regularly attend meetings on time and participate constructively in discussions;

No change.

N/A

(v) ensure that confidential matters coming to their attention are not disclosed, except as required for the performance of their duties or as permitted by the RHPA;

No change.

N/A

(vi) conduct themselves in an appropriate manner with College staff, other Council or Committee members, Members and members of the public;

conduct themselves in an appropriate manner with College staff, other Council or Committee members, ~~Members~~ Registrants and ~~members of the public~~ Public Representatives;

T1, T4

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
(vii) comply with the College's Code of Conduct, as set out in the College's governance policies established by Council;	No change.	N/A
(viii) avoid, or where that is not possible, declare all conflicts of interest in the manner set out in these by-laws;	No change.	N/A
(ix) recuse themselves from their duties as Council or Committee member in the event that allegations regarding their conduct, competence or capacity are referred to the Discipline Committee or Fitness to Practise Committee, or an interim order is imposed by the Inquiries, Complaints and Reports Committee, until such time as the matter has been finally disposed of; and	No change.	N/A
(x) perform the duties associated with their position conscientiously, in good faith, and with due care and diligence in a manner that serves and protects the public interest.	No change.	N/A
15.02 Removal of Council or Committee Member	No change.	N/A
The following procedure shall be followed in the event that a Council or Committee member is alleged to have contravened the duties of a Council or Committee member or meets the criteria for disqualification set out in article 10.30:	No change.	N/A
(i) a written complaint, which can be made by a Member, a member of the public, a Council or Committee member, shall be filed with or by the	a written complaint, which can be made by a Member Registrant , a member of the public Public Representative , a Council or Committee member, or any person , shall be	T1, T4, H, T2

Current Provision	Proposed Change	Rationale/Explanation
<p>Registrar, and if a Council or Committee member receives such a complaint, they shall immediately file it with the Registrar;</p> <p>(ii) the Registrar shall report the complaint to the President and/or the Vice-President, who shall bring the complaint to the Executive Committee if they believe that the complaint may warrant formal action;</p> <p>(iii) if the Executive Committee, after any investigation it deems appropriate, believes that the complaint warrants formal action, it shall request a meeting of the Council, which shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction, which can include one or more of the following:</p> <p>(a) censure of the member verbally or in writing;</p> <p>(b) removal of the member from any Committee and/or working group on which they serve;</p> <p>(c) disqualification of a Member elected to Council from the Council, or</p> <p>(d) where the Council member is a Public Member, correspondence to the Minister of Health and Long-Term Care requesting the removal of that Council member;</p> <p>(iv) A Council or Committee member whose conduct is the subject of</p>	<p>filed with or by the Registrar CEO, and if a Council or Committee member receives such a complaint, they shall immediately file it with the Registrar CEO;</p> <p>the Registrar CEO shall report the complaint to the President Council Chair and/or the Vice-President Council Vice-Chair, who shall bring the complaint to the Executive Governance Committee if they believe that the complaint may warrant formal action;</p> <p>if the Executive Governance Committee, after any investigation it deems appropriate, believes that the complaint warrants formal action, it shall request a meeting of the Council, which shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction, which can include one or more of the following:</p> <p>No change.</p> <p>No change.</p> <p>Where the Council member is a registrant, disqualification of that a Council M that a Council M member elected to Council from the Council, or</p> <p>where the Council member is a Public Member, correspondence to the Minister of Health and Long-Term Care requesting the removal of that Council member from the Council;</p> <p>A a Council or Committee member whose conduct is the subject of concern shall be</p>	<p>T2, T2, C4</p> <p>C4</p> <p>N/A</p> <p>N/A</p> <p>T1, H</p> <p>H</p> <p>H</p>

Current Provision	Proposed Change	Rationale/Explanation
concern shall be given a reasonable opportunity to respond to any allegations against them;	given a reasonable opportunity to respond to any allegations against them;	
(v) A Council or Committee member whose conduct is the subject of concern shall not take part in the deliberation or vote on the matter;	A a Council or Committee member whose conduct is the subject of concern shall not take part in the deliberation or vote on the matter;	H
(vi) a decision finding that there has been a breach of duties or a decision that a Council or Committee member meets the criteria for disqualification set out in article 10.30, or a decision to impose a particular sanction must be approved by a two-thirds affirmative vote of the Council members present and voting;	No change.	N/A
(vii) the Registrar shall notify the Council or Committee member of the decision of the Council.	the Registrar CEO shall notify the Council or Committee member of the decision of the Council.	T2

16. CONFLICTS OF INTEREST

Articles 16.01 through 16.05 have been omitted as no changes are proposed.

16.06 Declaration Forms

Upon appointment or election, and annually thereafter, every Council and Committee member shall fully complete and deliver to the Registrar a form, available from the Registrar, declaring their current and recent affiliations with professional associations and other organizations to facilitate compliance with the above provisions.

No change.
 Upon appointment or election, and annually thereafter, every Council and Committee member shall fully complete and deliver to the ~~Registrar~~ **CEO** a form, available from the ~~Registrar~~ **CEO**, declaring their current and recent affiliations with professional associations and other organizations to facilitate compliance with the above provisions.

N/A
T2

Current Provision	Proposed Change	Rationale/Explanation
<p>16.07 Interests of Related Persons For the purposes of these by-laws, the direct or indirect personal or financial interests of a parent, spouse, child or sibling of a Council or Committee member are interpreted to be the interests of the Council or Committee member. For the purposes of this article, the term “spouse” includes a common-law spouse of the person.</p>	<p>No change. No change.</p>	<p>N/A N/A</p>
<p>16.08 Where a Conflict May Exist Where Council or Committee members believe that they may have a conflict of interest in any matter that is the subject of deliberation or action by the Council or its Committees, they shall:</p>	<p>No change. No change.</p>	<p>N/A N/A</p>
<p>(i) consult, as needed, with the President, and the Registrar and, if there is any doubt about whether they may have or be perceived to have a conflict, prior to any consideration of the matter, declare the potential conflict to the Council or the Committee and accept Council's or the Committee's direction as to whether there is an appearance of a conflict;</p>	<p>consult, as needed, with the President Council Chair, and the Registrar CEO and, if there is any doubt about whether they may have or be perceived to have a conflict, prior to any consideration of the matter, declare the potential conflict to the Council or the Committee and accept Council's or the Committee's direction as to whether there is an appearance of a conflict;</p>	<p>T3, H, T2</p>
<p>(ii) where there appears to be a conflict of interest, not take part in the discussion of, or vote on, any question in respect of the matter;</p>	<p>No change.</p>	<p>N/A</p>
<p>(iii) where there appears to be a conflict of interest, absent themselves from the portion of any meeting relating to the matter; and</p>	<p>No change.</p>	<p>N/A</p>

Current Provision	Proposed Change	Rationale/Explanation
(iv) where there appears to be a conflict of interest, not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other Council or Committee members on the matter.	No change.	N/A
16.08.1 Undeclared Conflict Where a Council or Committee member believes that another Council or Committee member has a conflict of interest that has not been addressed:	No change.	N/A
(i) they shall approach the Council or Committee member in question and discuss the matter;	No change.	N/A
(ii) if this does not resolve the matter, they shall consult with the President and the Registrar about the matter; and	if this does not resolve the matter, they shall consult with the President Council Chair and the Registrar CEO about the matter; and	T3, T2
(iii) the President and/or Registrar shall take such action as they deem appropriate, including but not necessarily limited to raising the matter before the full Council or Committee.	the President Council Chair and/or Registrar CEO shall take such action as they deem appropriate, including but not necessarily limited to raising the matter before the full Council or Committee.	T3, T2

Articles 16.09 though 16.11 have been omitted as no changes have been proposed.

17. CONFIDENTIALITY

Articles 17.01 and 17.02 have been omitted as no changes have been proposed.

17.03 Disclosure Under the RHPA Subsection 36(1) of the RHPA permits disclosure of confidential information in a	No change. Subsection 36(1) of the RHPA permits disclosure of confidential information in a	N/A H, T2
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number of specific circumstances. Council and Committees members, staff and persons retained or appointed by the College are expected to understand when those exceptions apply, seek advice if they are in doubt. Disclosures under subsection 36(1) shall only be made with the approval of Council, a Committee authorized in the Code to disclose the information, or by the Registrar.

number of specific circumstances. Council and Committees members, staff and persons retained or appointed by the College are expected to understand when those exceptions apply, **and** seek advice if they are in doubt. Disclosures under subsection 36(1) shall only be made with the approval of Council, a Committee authorized in the Code to disclose the information, or by the ~~Registrar~~ **CEO**.

17.04 Confidentiality Agreement

Council and Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality or fiduciary agreement approved by Council.

No change.
Council and Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality **and/or** fiduciary agreement approved by Council.

N/A
H

18. FEES

18.01 Registration Year

The registration year for Members shall be from the first day of April to the last day of March of the following year.

No change.
The registration year for ~~Members~~ **Registrants** shall be from the first day of April to the last day of March of the following year.

N/A
T1

18.02 Renewal Process

Unless a Member enrolls in a payment plan established by the Registrar pursuant to article 18.08, the annual registration fee for a registration year is due on or before the last day of March of the preceding registration year. At least forty-five days before the annual registration fee is due, the Registrar shall send to each Member, a notice stating that the annual registration fee is due, setting out the amount of the annual fee for each

No change.
Unless a ~~Member~~ **Registrant** enrolls in a payment plan established by the ~~Registrar~~ **CEO** pursuant to article 18.08, the annual registration fee for a registration year is due on or before the last day of March of the preceding registration year. At least forty-five days before the annual registration fee is due, the ~~Registrar~~ **CEO** shall send to each ~~Member~~ **Registrant**, a notice stating that the annual registration fee is due, setting out the

N/A
T1, T2

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category of registration, and a request for information required under the regulations and these by-laws. The obligation to pay the annual registration fee continues even if the Registrar fails to provide the notice or the Member fails to receive such notice.

amount of the annual fee for each category of registration, and a request for information required under the regulations and these by-laws. The obligation to pay the annual registration fee continues even if the ~~Registrar~~ **CEO** fails to provide the notice or the ~~Member~~ **Registrant** fails to receive such notice.

18.03 Fees Set out in Schedule 3

Schedule 3, as the same may be amended from time to time, sets out the applicable fees and penalties that a Member or person or premises shall pay to the College. Where no fee has been set out in the Schedule, a Member or person or premises shall pay to the College the fee set by the Registrar for anything that the Registrar is required or authorized to do.

No change.
Schedule 3, as the same may be amended from time to time, sets out the applicable fees and penalties that a ~~Member~~ **Registrant** or person or premises shall pay to the College. Where no fee has been set out in the Schedule, a ~~Member~~ **Registrant** or person or premises shall pay to the College the fee set by the ~~Registrar~~ **CEO** for anything that the ~~Registrar~~ **CEO** is required or authorized to do.

N/A
T1, T2

18.04 Automatic Inflationary Increase

The fees for registration set out in Schedule 3 are adjusted annually by an amount equivalent to the change in the Consumer Price Index, by Province, for All-Items Ontario as published by Statistics Canada, or any successor organization, for November and rounded up to the nearest dollar. Annual increases will be published by the Registrar no later than the 15th day of January each year.

No change.
The fees for registration set out in Schedule 3 are adjusted annually by an amount equivalent to the change in the Consumer Price Index, by Province, for All-Items Ontario as published by Statistics Canada, or any successor organization, for November and rounded up to the nearest dollar. Annual increases will be published by the ~~Registrar~~ **CEO** no later than the 15th day of January each year.

N/A
T2

18.05 Inspection Fees

(i) The fees for the inspection of a premises, including all activities

No change.
(~~i~~) The fees for the inspection of a premises, including all activities related to the

N/A
H – the number (i) is not needed as there is no (ii), etc.

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related to the inspection, shall be as set out in Schedule 3 of these by-laws in accordance with the following:

- (a) shall be payable within thirty days of the date of the invoice;
- (b) shall be paid by the premises subject to the inspection, failing which the fees are payable jointly and severally, by those Members who engage in, or supervise procedures at the premises; and
- (c) shall be invoiced directly to the designated Member who shall be responsible for ensuring payment is made.

inspection, shall be as set out in Schedule 3 of these by-laws in accordance with the following:

- shall be payable within thirty days of the date of the invoice, unless the CEO sets a longer payment term;
- shall be paid by the premises subject to the inspection, failing which the fees are payable jointly and severally, by those Registrants who engage in, or supervise procedures at the premises; and
- shall be invoiced directly to the designated ~~Member~~ Registrant who shall be responsible for ensuring payment is made.

H – to ensure consistency with more recent decisions of Council surrounding inspections and COVID-19.

H, T1

T1

18.06 Charging of fees

The College may charge a Member, a health profession corporation, other persons, or a premises, a fee in connection with decisions or activities that the College or a Committee are required or authorized to make or do with respect to a Member, health profession corporation, other person or a premises. Such fees may include an administrative component relating to the decision or activity.

Charging of fees

The College may charge a ~~Member~~ Registrant, a health profession corporation, other persons, or a premises, a fee in connection with decisions or activities that the College or a Committee are required or authorized to make or do with respect to a ~~Member~~ Registrant, health profession corporation, other person or a premises. Such fees may include an administrative component relating to the decision or activity

H

T1, T2

Article 18.07 have been omitted as no changes are proposed.

Current Provision	Proposed Change	Rationale/Explanation
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18.08 Payment Schedules

The Registrar may establish and Members may participate in a payment schedule for the annual registration fee of Members, subject to the following:

- (i) a portion of the annual fee that is no less than 35% of the annual fee, as determined by the Registrar, must be paid by the 20th day of March of each year in order for a Member to qualify for the payment schedule;
- (ii) any subsequent payment(s) by the Member shall be in the designated quantum and shall be delivered to the Registrar by the designated date(s) as set out in the payment schedule;
- (iii) failure to pay the designated quantum and/or make any payment(s) by the designated date(s) may result in:
 - (a) the Member being in default and no longer in good standing with the College;
 - (b) Commencement of proceedings under section 24 of the Health Professions Procedural Code to suspend the Member for non-payment of fees;
 - (c) the application of the Late Renewal Fee as set out in Schedule 3 of these by-laws and a demand for all outstanding registration fees for the registration year by the Registrar in order to avoid

- No change.
- The Registrar CEO may establish and Members Registrants may participate in a payment schedule for the annual registration fee of Member Registrant, subject to the following:
- a portion of the annual fee that is no less than 35% of the annual fee, as determined by the Registrar CEO, must be paid by the 20th day of March of each year in order for a Member Registrant to qualify for the payment schedule;
 - any subsequent payment(s) by the Member Registrant shall be in the designated quantum and shall be delivered to the Registrar CEO by the designated date(s) as set out in the payment schedule;
 - No change.
 - (a) the Member Registrant being in default and no longer in good standing with the College;
 - (b) Commencement of proceedings under section 24 of the Health Professions Procedural Code to suspend the Member Registrant for non-payment of fees;
 - (c) the application of the Late Renewal Fee as set out in Schedule 3 of these by-laws and a demand for all outstanding registration fees for the registration year by the Registrar CEO in order to avoid suspension under section 24 of the Code; and/or

- N/A
- T2, T1
- T2, T1
- T1, T2
- N/A
- T1
- H, T1
- T2

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<p>suspension under section 24 of the Code; and/or</p> <p>(d) the inability of the Member to participate in payment schedules in the future, at the discretion of the Registrar; and</p>	<p>d) the inability of the Member Registrant to participate in payment schedules in the future, at the discretion of the Registrar CEO; and</p>	<p>T1, T2</p>
<p>(iv) an annual enrolment fee, as set out in Schedule 3, being charged to Members who participate in the program.</p>	<p>an annual enrolment fee, as set out in Schedule 3, being charged to Members Registrants who participate in the program.</p>	<p>T1</p>

19. PROFESSIONAL LIABILITY INSURANCE

19.01 Mandatory Insurance Coverage

Subject to article 19.03, all Members shall carry professional liability insurance that has the following characteristics:

<p>(i) on a claims-made form that provides coverage to the full scope of practice of the profession, including the authorized acts, as outlined in sections 3 and 4 of the Act;</p>	<p>No change. Subject to article 19.03, all Members Registrants shall carry professional liability insurance that has the following characteristics:</p>	<p>N/A T1</p>
<p>(ii) a minimum coverage amount of \$2 million per claim;</p>	<p>No change.</p>	<p>N/A</p>
<p>(iii) a minimum coverage amount of \$2 million aggregate level;</p>	<p>No change.</p>	<p>N/A</p>
<p>(iv) a deductible of no more than \$1,000 per occurrence; and</p>	<p>No change.</p>	<p>N/A</p>
<p>(v) either from a provider who is licensed as an insurer with the Financial Services Commissioner of Ontario or a body outside of Ontario that the Registrar considers substantially equivalent to the Financial Services Commissioner of Ontario.</p>	<p>either from a provider who is licensed as an insurer with the Financial Services Commissioner of Ontario or a body outside of Ontario that the Registrar CEO considers substantially equivalent to the Financial Services Commissioner of Ontario.</p>	<p>T2</p>

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19.02 Additional Coverage for IV Infusion Therapy	No change.	N/A
In addition to the mandatory insurance coverage outlined in article 19.01, Members who meet the standard of practice for Intravenous Infusion Therapy, unless they enter into an undertaking with the College to no longer provide this therapy to their patients, shall carry an additional amount of insurance as follows:	In addition to the mandatory insurance coverage outlined in article 19.01, Members Registrants who meet the standard of practice for Intravenous Infusion Therapy, unless they enter into an undertaking with the College to no longer provide this therapy to their patients, shall carry an additional amount of insurance as follows:	T1
(i) additional coverage in the amount of \$3 million per claim; and	No change.	N/A
(ii) additional coverage in the amount of \$3 million aggregate level.	No change.	N/A
19.03 Enduring (Tail) Insurance	No change.	N/A
Members who have practised in Ontario within the past five years and immediately prior to ceasing to practise the profession, shall have enduring (tail) insurance to provide coverage for at least five years after ceasing to practise the profession.	Members Registrants who have practised in Ontario within the past five years and immediately prior to ceasing to practise the profession, shall have enduring (tail) insurance to provide coverage for at least five years after ceasing to practise the profession.	
20. THE REGISTER		
20.01 Name in Register	No change.	N/A
Subject to article 20.02 a Member's name in the register shall be the full name indicated on the document used to support the Member's initial registration with the College.	Subject to article 20.02, a Member's Registrant's name in the register shall be the full name indicated on the document used to support the Member's Registrant's initial registration with the College.	H, T1
20.02 Change of Name	No change.	N/A
The Registrar may enter a name other than the name referred to in article 20.01 in the	The Registrar CEO may enter a name other than the name referred to in article 20.01 in	T2

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register if the Registrar: (i) has received a written request from the Member; (ii) is satisfied that the Member has legally changed their name; and (iii) is satisfied that the name change is not for any improper purpose.	the register if the Registrar CEO : has received a written request from the Member Registrant ; is satisfied that the Member Registrant has legally changed their name; and No change.	T1 T1 N/A
20.03 Clinic or Business Information	No change.	N/A
A Member's clinic or business information in the register shall be:	A Member's Registrant's clinic or business information in the register shall be:	T1
(i) a Member's clinic or business information for every location in Ontario where the Member provides naturopathic services to the public, shall be included in the register, including:	a Member's Registrant's clinic or business information for every location in Ontario where the Member Registrant provides naturopathic services to the public, shall be included in the register, including:	T1
(a) the clinic name, if there is one or otherwise the name under which the Member practises;	the clinic name, if there is one or otherwise the name under which the Member Registrant practises;	T1
(b) the street address, telephone number;	the street address, and telephone number;	H
(c) the e-mail address;	No change.	N/A
(d) the date the Member began offering services at that location; and	the date the Member Registrant began offering services at that location; and	T1
(e) whether the location is a premises;	No change.	N/A
(ii) in the event that the Member provides naturopathic services in more than one location in Ontario, the location where the Member generally works, or anticipates to work, the most hours, shall be designated as their primary location; and	in the event that the Member Registrant provides naturopathic services in more than one location in Ontario, the location where the Member Registrant generally works, or anticipates to work, the most hours, shall be designated as their primary location; and	T1, H
(iii) in the event that the Member is not	in the event that the Member Registrant is not	T1, T2

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providing naturopathic services in Ontario, the location designated by the Member or any other address approved by the Registrar.

providing naturopathic services in Ontario, the location designated by the ~~Member~~ Registrant or any other address approved by the ~~Registrar~~ CEO.

20.04 Duty of Registrar

The Registrar shall maintain a register in accordance with section 23 of the Code.

Duty of Registrar CEO

The ~~Registrar~~ CEO shall maintain a register in accordance with section 23 of the Code.

T2
T2

20.05 Additional Member Information

Pursuant to paragraph 20 of subsection 23(2) of the Code, the register shall contain the following additional information, which is designated as public information, with respect to each Member:

Additional ~~Member~~ Registrant Information

Pursuant to paragraph 20 of subsection 23(2) of the Code, the register shall contain the following additional information, which is designated as public information, with respect to each ~~Member~~ Registrant:

T1
T1

- (i) names other than the proper legal name of the Member including any nicknames or abbreviations that the Member uses in any place of practice;
- (ii) if there have been any changes to the Member's name since the date of the Member's initial application for registration, the former names of the Member;
- (iii) a colour passport-type photograph that is less than five years old;
- (iv) the Member's registration number, class of certificate of registration, status of the registration, an indication to the public as to whether the Member is authorized to provide naturopathic services and whether the public should be aware of information about that Member;
- (v) where the Member holds an Inactive Class Certificate of Registration:

- names other than the proper legal name of the ~~Member~~ Registrant including any nicknames or abbreviations that the ~~Member~~ Registrant uses in any place of practice;
- if there have been any changes to the ~~Member's~~ Registrant's name since the date of the ~~Member's~~ Registrant's initial application for registration, the former names of the ~~Member~~ Registrant;
- No change.
- the ~~Member's~~ Registrant's registration number, class of certificate of registration, status of the registration, an indication to the public as to whether the ~~Member~~ Registrant is authorized to provide naturopathic services and whether the public should be aware of information about that ~~Member~~ Registrant;
- where the ~~Member~~ Registrant holds an Inactive Class Certificate of Registration:

T1
T1
N/A
T1
T1

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(a) the last known primary practice location of the Member; or	the last known primary practice location of the Member Registrant; or	T1
(b) if it is different, the name and address of the custodian of the Member's patient records;	if it is different, the name and address of the custodian of the Member's Registrant's patient records;	T1
(vi) where the Member's certificate of registration is subject to a suspension, the reason for the suspension and the date of the suspension in addition to the fact of that suspension;	where the Member's Registrant's certificate of registration is subject to a suspension, the reason for the suspension and the date of the suspension in addition to the fact of that suspension;	T1
(vii) the date of the Member's initial registration with the College;	the date of the Member's Registrant's initial registration with the College;	T1
(viii) the dates on which each class of registration and specialist status that the Member holds was obtained and, if applicable, the dates on which each terminated;	the dates on which each class of registration and specialist status that the Member Registrant holds was obtained and, if applicable, the dates on which each terminated;	T1
(ix) Whether the Member:	Whether the Member Registrant:	H, T1
(a) meets the Standard of Practice for Prescribing and/or the Standard of Practice for Intravenous Infusion Therapy;	No change.	N/A
(b) the date on which the Member met the Standard(s); and	the date on which the Member Registrant met the Standard(s); and	T1
(c) the date on which the Member ceased to meet the Standard(s);	the date on which the Member Registrant ceased to meet the Standard(s);	T1
(x) any information jointly agreed to be placed on the register by the College and the Member;	any information jointly agreed to be placed on the register by the College and the Member Registrant;	T1
(xi) if the Member ceased to be a Member, a notation specifying the reason for the termination of membership and the date upon which the Member ceased to be a Member;	if the Member ceased to be a Member Registrant, a notation specifying the reason for the termination of membership registration and the date upon which the Member Registrant ceased to be a Member;	T1
(xii) where the Member has resigned, retired, is deceased or has had their	where the Member Registrant has resigned, retired, is deceased or has had their	T1

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<p>registration revoked or otherwise terminated, the register shall be maintained for a period of ten years, except for any information related to discipline proceedings in Ontario, in which case it shall be entered on the register for a period of fifty years after the termination of registration, and the register shall also include:</p>	<p>registration revoked or otherwise terminated, the register shall be maintained for a period of ten years, except for any information related to discipline proceedings in Ontario, in which case it shall be entered on the register for a period of fifty years after the termination of registration, and the register shall also include:</p>	
<p>(a) the date on which registration ended; and</p>	<p>No change.</p>	<p>N/A</p>
<p>(b) the name and address of the custodian of the former Member's patient records; and</p>	<p>the name and address of the custodian of the former Member's Registrant's patient records; and</p>	<p>T1</p>
<p>(xiii) if the Member holds registration or is licensed by any regulatory authority in any jurisdiction, the name of the regulatory authority, the jurisdiction and any designation available to the Member by virtue of that license or registration.</p>	<p>if the Member Registrant holds registration or is licensed by any regulatory authority in any jurisdiction, the name of the regulatory authority, the jurisdiction and any designation available to the Member Registrant by virtue of that license or registration.</p>	<p>T1</p>
<p>20.06 Information about Member Offences and Findings by other Regulators</p>	<p>Information about Member Registrant Offences and Findings by other Regulators</p>	<p>T1</p>
<p>Pursuant to Ontario Regulation 261/18 and paragraph 20 of subsection 23(2) of the Code, the register shall contain the following information with respect to offences of a Member and findings by other regulators, which is designated as public information:</p>	<p>Pursuant to Ontario Regulation 261/18 made under the RHPA and paragraph 20 of subsection 23(2) of the Code, the register shall contain the following information with respect to offences of a Member Registrant and findings by other regulators, which is designated as public information:</p>	<p>H, T1</p>
<p>(i) a summary of any findings of guilt and sentence of which the College is aware if made by a court after April 1, 2015, against a Member in respect of a</p>	<p>summary of any findings of guilt and sentence of which the College is aware if made by a court after April 1, 2015, against a Member Registrant in respect of a federal or</p>	<p>T1</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
<p>federal or provincial or other offence that the Registrar believes is relevant to the Member's suitability to practise until such time as any of the following are met:</p>	<p>provincial or other offence that the Registrar CEO believes is relevant to the Member's Registrant's suitability to practise until such time as any of the following are met:</p>	
(a) the Parole Board of Canada has ordered a record suspension in respect of the conviction;	No change.	N/A
(b) a pardon in respect of the conviction has been obtained; or	No change.	N/A
(c) the conviction has been overturned on appeal;	No change.	N/A
(ii) a summary of any current charges, including the fact and content, and date and place of the charge, against a Member, of which the College is aware, in respect of a federal, provincial or other offence, that the Registrar believes is relevant to the Member's suitability to practise until such time as any of the following are met:	summary of any current charges, including the fact and content, and date and place of the charge, against a Member Registrant, of which the College is aware, in respect of a federal, provincial or other offence, that the Registrar CEO believes is relevant to the Member's Registrant's suitability to practise until such time as any of the following are met:	T1, T2
(a) the Parole Board of Canada has ordered a record suspension in respect of the conviction;	No change.	N/A
(b) a pardon in respect of the conviction has been obtained; or	No change.	N/A
(c) the conviction has been overturned on appeal; and	No change.	N/A
(iii) a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in federal, provincial or other offence processes of which the College is aware and that the Registrar believes is relevant to the Member's suitability to practise.	a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member Registrant in federal, provincial or other offence processes of which the College is aware and that the Registrar CEO believes is relevant to the Member's Registrant's suitability to practise.	T1, T2

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20.07 Member Information about Terms, Conditions, Limitations, Orders or Undertakings

Pursuant to Ontario Regulation 261/18 and paragraph 20 of subsection 23(2) of the Code, the register shall contain the following information with respect to terms, conditions, limitations, orders or undertakings placed upon Members, which is designated as public information:

- (i) where applicable, a summary of any restriction on a Member's right to practise resulting from an undertaking given by the Member to the College or an agreement entered into between the Member and the College;
- (ii) where terms, conditions or limitations on a Member's certificate of registration have been varied or removed, and the effective date of the variance or removal of those terms, conditions and limitations; and
- (iii) where the Member's certificate of registration is subject to an interim order:
 - (a) a notation of that fact;
 - (b) the nature of the order; and
 - (c) the date that the order took effect and ceased (if applicable).

~~Member~~ **Registrant Information about Terms, Conditions, Limitations, Orders or Undertakings**

Pursuant to Ontario Regulation 261/18 ~~made~~ **under the RHPA** and paragraph 20 of subsection 23(2) of the Code, the register shall contain the following information with respect to terms, conditions, limitations, orders or undertakings placed upon ~~Members~~ **Registrants**, which is designated as public information:

- where applicable, a summary of any restriction on a ~~Member's~~ **Registrant's** right to practise resulting from an undertaking given by the ~~Member~~ **Registrant** to the College or an agreement entered into between the ~~Member~~ **Registrant** and the College;
- where terms, conditions or limitations on a ~~Member's~~ **Registrant's** certificate of registration have been varied or removed, and the effective date of the variance or removal of those terms, conditions and limitations; and
- where the ~~Member's~~ **Registrant's** certificate of registration is subject to an interim order:
 - No change.
 - No change.
 - No change.

T1

H, T1

T1

T1

T1

N/A

N/A

N/A

20.08 Member Information about Complaints and Reports

Pursuant to Ontario Regulation 261/18 and paragraph 20 of subsection 23(2) of the

~~Member~~ **Registrant Information about Complaints and Reports**

Pursuant to Ontario Regulation 261/18 ~~mde~~ **under the RHPA** and paragraph 20 of

T1

H

Current Provision	Proposed Change	Rationale/Explanation
Code, the register shall contain the following information with respect to complaints and reports, which is designated as public information:	subsection 23(2) of the Code, the register shall contain the following information with respect to complaints and reports, which is designated as public information:	
(i) for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved:	No change.	N/A
(a) a notation of that fact, including the date of the referral;	No change.	N/A
(b) a summary of each specified allegation;	No change.	N/A
(c) the notice of hearing;	No change.	N/A
(d) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced;	No change.	N/A
(e) if the hearing is awaiting scheduling, a statement of that fact; and	No change.	N/A
(f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact;	No change.	N/A
(ii) a notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally	No change.	N/A

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<p>resolved, until the matter has been resolved;</p> <p>(iii) where a panel of the Inquiries, Complaints and Reports Committee requires a Member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned:</p> <p>(a) a notation of the fact, including a summary of the caution;</p> <p>(b) the date of the panel's decision; and</p> <p>(c) where the decision of the panel is appealed, a notation of that fact, until the appeal is finally disposed of;</p>	<p>where a panel of the Inquiries, Complaints and Reports Committee requires a Member Registrant to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned:</p> <p>No change.</p> <p>No change.</p> <p>No change.</p>	<p>T1</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>
<p>(iv) where a panel of the Inquiries, Complaints and Reports Committee requires a Member to complete a specified continuing education or remediation program (SCERP):</p> <p>(a) a notation of the fact, including a summary of the SCERP;</p> <p>(b) the date of the panel's decision; and</p> <p>(c) where the decision of the panel is appealed, a notation of that fact, until the appeal is finally disposed of;</p>	<p>where a panel of the Inquiries, Complaints and Reports Committee requires a Member Registrant to complete a specified continuing education or remediation program (SCERP):</p> <p>No change.</p> <p>No change.</p> <p>No change.</p>	<p>T1</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>
<p>(v) where the College is aware that a Member has been required to appear before a panel of an Inquiries, Complaints and Reports Committee created pursuant to the RHPA or a similar committee of a body that governs a profession inside or outside of Ontario to be cautioned:</p>	<p>where the College is aware that a Member Registrant has been required to appear before a panel of an Inquiries, Complaints and Reports Committee created pursuant to the RHPA or a similar committee of a body that governs a profession inside or outside of Ontario to be cautioned:</p>	<p>T1</p>

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(a) a notation of the fact, including a summary of the caution;	No change.	N/A
(b) the date of the panel's decision; and	No change.	N/A
(c) where the decision is appealed, a notation of that fact, until the appeal is finally disposed of;	No change.	N/A
(vi) where the College is aware that a Member has been required by an Inquiries, Complaints and Reports Committee created pursuant to the RHPA or a similar committee of a body that governs a profession inside or outside of Ontario to complete a SCERP:	where the College is aware that a Member Registrant has been required by an Inquiries, Complaints and Reports Committee created pursuant to the RHPA or a similar committee of a body that governs a profession inside or outside of Ontario to complete a SCERP:	T2, T1
(a) a notation of the fact, including a summary of the SCERP;	No change.	N/A
(b) the date of the panel's decision;	No change.	N/A
(c) the date the SCERP was completed; and	No change.	N/A
(d) where the decision is appealed, a notation of that fact, until the appeal is finally disposed of; and	No change.	N/A
(vii) where, for a pending complaint or other type of investigation, the Registrar confirms that the College is investigating a Member because there is a compelling public interest in disclosing this information pursuant to subsection 36(1)(g) of the RHPA, the fact that the Member is under investigation.	where, for a pending complaint or other type of investigation, the Registrar CEO confirms that the College is investigating a Member Registrant because there is a compelling public interest in disclosing this information pursuant to subsection 36(1)(g) of the RHPA, the fact that the Member Registrant is under investigation.	T1
20.09 Member Information about Discipline and Conduct	Member Registrant Information about Discipline and Conduct	T1
Pursuant to paragraph 20 of subsection 23(2)	Pursuant to paragraph 20 of subsection 23(2)	T1

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of the Code, the register shall contain the following information with respect to discipline and conduct of Members, which is designated as public information:

- (i) where the College is aware that a finding of professional misconduct or incompetence or similar finding has been made against the Member by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:
 - (a) a notation of the finding;
 - (b) the name and jurisdiction of the governing body that made the finding;
 - (c) the date the finding was made;
 - (d) a summary of any order made; and
 - (e) information regarding any appeals of the finding;
- (ii) for every application to the Discipline Committee for reinstatement that has not been finally resolved, until that matter has been resolved:
 - (a) a notation of that fact, including the date of the application;
 - (b) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
 - (c) if the hearing has been adjourned and no future date has been set, the fact of that adjournment; and

of the Code, the register shall contain the following information with respect to discipline and conduct of ~~Members~~ Registrants, which is designated as public information:

where the College is aware that a finding of professional misconduct or incompetence or similar finding has been made against the ~~Member~~ Registrant by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:

- No change.
- No change.
- No change.
- No change.
- No change.
- No change.
- No change.
- No change.
- No change.

- T1
- N/A
- N/A
- N/A
- N/A
- N/A
- N/A
- N/A
- N/A

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(d) if the decision is under reserve, that fact.	No change.	N/A
(iii) if an application to the Discipline Committee for reinstatement has been decided, the decision of the Discipline Committee; and	No change.	N/A
(iv) where a decision of the Discipline Committee has been published by the College with the Member's name or former name included:	where a decision of the Discipline Committee has been published by the College with the Member's Registrant's name or former name included:	T1
(a) a notation of that fact; and	No change.	N/A
(b) identification of the specific publication of the College that contains the information.	No change.	N/A
20.10 Member Information about Professional Corporations	Member Registrant Information about Professional Corporations	T1
Pursuant to paragraph 20 of subsection 23(2) of the Code, the register shall contain the following information with respect to professional corporations of Members, which is designated as public information:	Pursuant to paragraph 20 of subsection 23(2) of the Code, the register shall contain the following information with respect to professional corporations of Members Registrants , which is designated as public information:	T1
(i) the name, business address, business telephone number, business e-mails address of every health professional corporation of which the Member is a shareholder;	the name, business address, business telephone number, business e-mails address of every health professional corporation of which the Member Registrant is a shareholder;	T1
(ii) the date on which the Member became (and ceased to be, if applicable) a shareholder of the corporation and the title or office the Member holds in the corporation; and	the date on which the Member Registrant became (and ceased to be, if applicable) a shareholder of the corporation and the title or office the Member Registrant holds in the corporation; and	T1
(iii) if applicable, any operating names of the health profession corporation(s).	No change.	N/A

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20.11 Member Information about Premises and Inspections

Pursuant to paragraph 20 of subsection 23(2) of the Code, the register shall contain the following information with respect to Members' premises and inspections of those premises, which is designated as public information:

- (i) the clinic name, address, telephone number and e-mail address of the premises in which the Member provides services;
- (ii) the date on which the Member began providing services at that location; and
- (iii) for every inspection conducted pursuant to Part IV of Ontario Regulation 168/15, either directly or through the Inspection Report, including:
 - (a) the name and address of the premises inspected;
 - (b) the date and purpose of the inspection;
 - (c) the status of the inspection, including but not necessarily limited to whether it is pending, has been conducted and a report is pending, the report has been received by the College and is under review by the Inspection Committee;
 - (d) the names of the Members performing procedures within the premises and their qualifications;
 - (e) the results of the inspection;

Member Registrant Information about Premises and Inspections

Pursuant to paragraph 20 of subsection 23(2) of the Code, the register shall contain the following information with respect to Members' Registrants' premises and inspections of those premises, which is designated as public information:

- the clinic name, address, telephone number and e-mail address of the premises in which the Member Registrant provides services;
- the date on which the Member Registrant began providing services at that location; and
- for every inspection conducted pursuant to Part IV of Ontario Regulation 168/15 made under the Act, either directly or through the Inspection Report, including:
 - No change.
 - No change.
 - No change.
 - the names of the Members Registrants performing procedures within the premises and their qualifications;
 - No change.

T1

T1

T1

T1, H

H

N/A

N/A

N/A

T1

N/A

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(f) a summary of the reasons for the results of an inspection where a premises either failed or passed with conditions;	No change.	N/A
(g) a summary of any deficiencies identified by the inspection;	No change.	N/A
(h) any conditions that apply to the premises; and	No change.	N/A
(i) whether a subsequent inspection is necessary and, if so, the estimated date that inspection will be conducted.	whether a subsequent inspection is necessary, and, if so, the estimated date that inspection will be conducted.; and	H
(iv) For every Inspection Report any changes in conditions or remedy of any deficiencies.	F or every Inspection Report any changes in conditions or remedy of any deficiencies.	H
20.11.1 History	No change.	N/A
Any information posted to the Register pursuant to articles 20.05 through 20.11 shall remain on the Register, with necessary modifications relating to termination, expiration, variance or removal of the provision for a period of ten years after Member ceases to be a Member of the College, except:	Any information posted to the R egister pursuant to articles 20.05 through 20.11 shall remain on the R egister, with necessary modifications relating to termination, expiration, variance or removal of the provision for a period of ten years after Member the Registrant ceases to be a Member Registrant of the College, except:	T1, H
(i) Information as set out in Article 20.09 shall remain on the Register for fifty years after the Member ceases to be a Member of the College.	I nformation as set out in A rticle 20.09 shall remain on the R egister for fifty years after the Member Registrant ceases to be a Member Registrant of the College.	H, T1
20.12 Information Requests from College	No change.	N/A
The College may forward to its Members requests for information in printed or electronic form approved by the Registrar. Each Member shall accurately and fully	The College may forward to its Members Registrants requests for information in printed or electronic form approved by the Registrar CEO . Each Member Registrant shall	T1, T2

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complete and return such form, electronically or otherwise as specified by the College, by the due date set by the College. A request for Member information may include, but is not limited to, the following:	accurately and fully complete and return such form, electronically or otherwise as specified by the College, by the due date set by the College. A request for Member Registrant information may include, but is not limited to, the following:	
(i) information required to be maintained in the register in accordance with subsection 23(2) of the Code and these by-laws;	No change.	N/A
(ii) information for the purpose of compiling statistical data;	No change.	N/A
(iii) information establishing the Member's electoral district, for the purposes of elections to the Council;	information establishing the Member's Registrant's electoral district, for the purposes of elections to the Council;	T1
(iv) the Member's areas of practice, including but not necessarily limited to the authorized acts the Member incorporates into their practice and categories of clients seen;	the Member's Registrant's areas of practice, including but not necessarily limited to the authorized acts the Member Registrant incorporates into their practice and categories of clients seen;	T1
(v) the Member's previous employers and previous practice locations;	the Member's Registrant's previous employers and previous practice locations;	T1
(viii) whether the Member acts in the capacity of a preceptor as part of their practice;	whether the Member Registrant acts in the capacity of a preceptor as part of their practice;	T1
(ix) the Member's gender, date of birth and languages in which they provide services;	the Member's Registrant's gender, date of birth and languages in which they provide services;	T1
(x) the Member's currency hours;	the Member's Registrant's currency hours;	T1
(xi) information pertaining to the Member's compliance with the College's Quality Assurance program;	information pertaining to the Member's Registrant's compliance with the College's Quality Assurance program;	T1
(xii) proof of professional liability insurance including:	No change.	N/A
(a) the name of the insurer and the policy number;	the name of the insurer (underwriter), broker and the policy number;	H – clarifies that the insurer is also commonly referred to as the underwriter, adds broker

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(b) the name of the insured that matches the name of the Member;	the name of the insured that matches the name of the Member Registrant;	name to be consistent with Council policy. T1
(c) the address of the insured;	No change.	N/A
(d) the policy period; and	No change.	N/A
(e) any other documents specified by the Registrar with respect to professional liability insurance coverage;	any other documents specified by the Registrar CEO with respect to professional liability insurance coverage;	T2
(xiii) the Member's primary e-mail address that is checked personally by the Member on a regular basis; and	the Member's Registrant's primary e-mail address that is checked personally by the Member on a regular basis; and	T1
(xiv) a colour passport-type photograph taken within three months of the College's request.	No change.	N/A
20.13 Automatic Notification of the College	No change.	N/A
The Member shall notify the College, in writing, of any changes to the following information:	The Member Registrant shall notify the College, in writing, of any changes to the following information:	T1
(i) within thirty days of the effective date, any change to the information published on the Register as set out in articles 20.01 through 20.11 of these by-laws inclusive;	within thirty days of the effective date, any change to the information published on the R register as set out in articles 20.01 through 20.11 of these by-laws inclusive;	H
(ii) within thirty days of the effective date, information about any finding of incapacity or similar finding that has been made against the Member by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal, including:	within thirty days of the effective date, information about any finding of incapacity or similar finding that has been made against the Member Registrant by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal, including:	T1
(a) the finding;	No change.	N/A

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(b) the name of the governing body that made the finding;	No change.	N/A
(c) the date the finding was made;	No change.	N/A
(d) a summary of any order made; and	No change.	N/A
(e) information regarding any appeals of the finding;	information regarding any appeals of the finding; and	H
(iii) within two days, any change to the information set out in paragraph (xiii) of article 20.12 of these by-laws regarding the Member's professional liability insurance.	within two days, any change to the information set out in paragraph (xiii) of article 20.12 of these by-laws regarding the Member's Registrant's professional liability insurance.	H, T1
20.14 Safety Concerns All of the information in the register is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.	No change. All of the information in the register is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar CEO may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar CEO has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.	N/A T2
21. PROFESSIONAL CORPORATIONS		
21.01 Application Fee The Registrar shall charge a fee for the processing of an application for a Certificate of Authorization or for an application for reinstatement of a Certification of Authorization of a professional corporation as set out in Schedule 3 of these by-laws.	No change. The Registrar CEO shall charge a fee for the processing of an application for a Certificate of Authorization or for an application for reinstatement of a Certification of Authorization of a professional corporation as set out in Schedule 3 of these by-laws.	N/A T2
21.02 Issuance Fee	No change.	N/A

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
The Registrar shall charge a fee for the issuance of a Certificate of Authorization as set out in Schedule 3 of these by-laws.	The Registrar CEO shall charge a fee for the issuance of a Certificate of Authorization as set out in Schedule 3 of these by-laws.	T2
<p>21.03 Renewal Fee The Registrar shall charge a fee for the annual renewal of the Certificate of Authorization of a professional corporation as set out in Schedule 3 of these by-laws.</p>	<p>No change. The Registrar CEO shall charge a fee for the annual renewal of the Certificate of Authorization of a professional corporation as set out in Schedule 3 of these by-laws.</p>	<p>N/A T2</p>
<p>21.04 Administrative Fee A professional corporation or a Member listed in the College's records as a shareholder of a professional corporation shall pay an administrative fee as set out in Schedule 3 of these by-laws for each notice sent by the Registrar to the corporation or Member for failure of the corporation to renew its Certificate of Authorization on time. The fee is due within thirty days of the notice being sent.</p>	<p>No change. A professional corporation or a Member Registrant listed in the College's records as a shareholder of a professional corporation shall pay an administrative fee as set out in Schedule 3 of these by-laws for each notice sent by the Registrar CEO to the professional corporation or Member Registrant for failure of the professional corporation to renew its Certificate of Authorization on time. The fee is due within thirty days of the notice being sent.</p>	<p>N/A T1, T2, H</p>
<p>21.05 Documentation Fee The Registrar shall charge a fee, as set out in Schedule 3 of these by-laws, for the issuing of a document or certificate respecting a professional corporation other than the first Certificate of Authorization or one annual renewal of a Certificate of Authorization.</p>	<p>No change. The Registrar CEO shall charge a fee, as set out in Schedule 3 of these by-laws, for the issuing of a document or certificate respecting a professional corporation other than the first Certificate of Authorization or one annual renewal of a Certificate of Authorization.</p>	<p>N/A T2</p>
<p>21.06 Duty to Provide Information Every Member shall, for every professional corporation of which the Member is a shareholder, provide in writing the following information on the application and annual</p>	<p>No change. Every Member Registrant shall, for every professional corporation of which the Member Registrant is a shareholder, provide in writing the following information on the application</p>	<p>N/A T1, T2</p>

Current Provision	Proposed Change	Rationale/Explanation Item 6.01a
renewal forms for a Certificate of Authorization, upon the written request of the Registrar, within thirty days and upon any change in the information within thirty days of the change:	and annual renewal forms for a Certificate of Authorization, upon the written request of the Registrar CEO , within thirty days and upon any change in the information within thirty days of the change:	
(i) the name of the professional corporation as registered with the Ministry of Government Services;	No change.	N/A
(ii) any business names used by the professional corporation;	No change.	N/A
(iii) the name, as set out in the register, and registration number of each shareholder of the professional corporation;	No change.	N/A
(iv) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;	No change.	N/A
(v) the principal practice address, telephone number, facsimile number and email address of the professional corporation;	No change.	N/A
(vi) the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided; and	No change.	N/A
(vii) a brief description of the professional activities carried out by the professional corporation.	No change.	N/A

22. FUNDING FOR THERAPY AND COUNSELLING FOR SEXUAL ABUSE

Articles 22.01 and 22.02 have been omitted as no changes are proposed.

Current Provision	Proposed Change	Rationale/Explanation
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23. LIFE MEMBERS REGISTRANTS

23.01 Designation of Life Members

Upon receiving a request, the Registration Committee may designate a Member as a Life Member if the Member:

- (i) has been registered for 25 years under the Act, or its predecessor, the *Drugless Practitioners Act*;
- (ii) at the time of making the request, the Member is in good standing; and
- (iii) the Member has retired from the practise of naturopathy and agrees not to engage in the practise.

Designation of Life Members Registrants

Upon receiving a request, the Registration Committee may designate a ~~Member~~ Registrant as a Life ~~Member~~ Registrant if the ~~Member~~ Registrant:

- No change.
- at the time of making the request, the ~~Member~~ Registrant is in good standing; and
- the ~~Member~~ Registrant has retired from the practise of naturopathy and agrees not to engage in the practise.

T1

T1

N/A

T1

T1, H

23.02 Entitlements of Life Members

A Life Member is entitled to:

- (i) remain on the register of the College as a Life Member;
- (ii) maintain life member status with the College without being required to pay any registration fees;
- (iii) participate in the activities of the College; except for voting in the election of the Council or holding elected office; and
- (iv) use the title Naturopathic Doctor (Retired) or ND (Ret).

Entitlements of Life Members Registrants

A Life ~~Member~~ Registrant is entitled to:

- remain on the register of the College as a Life ~~Member~~ Registrant;
- maintain ~~Life Member~~ Registrant status with the College without being required to pay any registration fees;
- participate in the activities of the College; except for voting in the election of the Council or holding elected office; and

T1

T1

H

H

N/A

23.03 Termination of Life Membership Status

Life Member status shall be terminated if the Registrar has reasonable grounds to believe that the Member who holds the designation:

Termination of Life Membership Registrant Status

Life ~~Member~~ Registrant status shall be terminated if the ~~Registrar~~ CEO has reasonable grounds to believe that the

T1

T1, T2

Current Provision	Proposed Change	Rationale/Explanation
-------------------	-----------------	-----------------------

	Member Registrant who holds the designation:	
(i) has been found to be in default of any obligation to the College under the regulations or these by-laws;	No change.	N/A
(ii) practises the profession or uses the protected title without first obtaining a certificate of registration from the College;	No change.	N/A
(iii) is the subject of a finding of incompetence, professional misconduct or incapacity; or	No change.	N/A
(iv) otherwise acts in a manner that is inconsistent with an ongoing association with the College.	No change.	N/A

24. CODE OF ETHICS

24.01 Code of Ethics

There shall be a code of ethics for Members, which shall be the code of ethics adopted by the Council.

No change.
There shall be a code of ethics for ~~Members~~ Registrants, which shall be the code of ethics adopted by the Council.

N/A
T1

25. BY-LAWS AND AMENDMENTS

Articles 25.01 and 25.02 have been omitted as no changes are proposed.

Current Provision	Proposed Change	Rationale/Explanation
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Item 6.01a

**SCHEDULE 1 TO THE BY-LAWS
Process for Election of Officers**

Repealed. *(Amended January 29, 2015)*

**SCHEDULE 2 TO THE BY-LAWS
Rules of Order of the Council**

The content of schedule 2 has been omitted as no changes are proposed.

**SCHEDULE 3 TO THE BY-LAWS
Fees³**

As proposed changes only relate to fees for the PLAR program, all other fees have been omitted from this consultation.

	Current Fee	Proposed Fee
Fees Relating to Applications for Registration⁴		
Initial Registration Application	\$275	No change.
Application to Change Class (General Class to Inactive, Inactive to General Class (within 2 years of initial entry to Inactive Class))	\$100	No change.
Application to Change Class (Inactive to General Class 2 years or more since entry to Inactive Class)	\$275	No change.
Prior Learning Assessment Review and Recognition (PLAR) – Paper Based Review	\$750	\$300
Administrative Reconsideration of PLAR Paper Based Review	New	\$300
PLAR Written Examination #1 (Biomedical Examination)	New	\$450
PLAR Written Examination #2 (Clinical Sciences Examination)	New	\$850
Request for administrative reconsideration – Paper Based Review	New	\$300
Appeal of PLAR – Paper Based Review	\$375	\$75
PLAR Demonstration-based Component Assessment Interview (and re-takes)	New	\$450
PLAR Demonstration-based Standardized Patient Assessment (and re-takes)	New	\$1,300
Appeal of PLAR – Demonstration Component	\$875	\$75

³ All fees are subject to applicable taxes.

⁴ Fee covers the review and processing of applications.



The College of Naturopaths of Ontario

BRIEFING NOTE

Vacancies on the Executive Committee

PURPOSE: To discuss and determine whether the Council wishes to appoint/elect a Council Vice-Chair and Officer-at-Large (Public member) to the Executive Committee of the Council of the College.

OUTCOME Decision

NATURE OF DECISION Strategic Regulatory Processes & Actions Other: Governance

PROCESS:

Activity:	Discussion		
Results:	Decision on whether to take action and if so, whether to appoint or elect.		
Overall Timing:	20 minutes		
Steps/Timing:	1.	Introduction and background	5 minutes
	2.	Discussion, Q&A	13 minutes
	3.	Motions/Decisions	2 minutes

BACKGROUND:

On December 15, 2020, the Order-in-Council appointing Barry Sullivan to the Council of the College expired. Although discussions have been on-going for some time, at the time of preparing this briefing, Mr. Sullivan has not been re-appointed to the Council.

On January 14, 2021, the Order-in-Council appointing Dianne Delany to the Council of the College expired. On December 11, 2020, the College received a letter from the Minister of Health to forward to Ms. Delany, thanking her for her service on the Council. Although not explicitly stated, it is understood that this means that she will not be re-appointed to the Council of the College.

Mr. Sullivan held the position of Council Vice-Chair on the Executive Committee and Ms. Delany held the position of Officer-at-Large (Public member). Both are no longer eligible to hold these officer positions as they are no longer Public members as defined in the Code.

Under the by-laws, officers are elected by the Council for “approximately one (1) year until the next election of officers” (section 5.03). This provision anticipates that the term is about one year and if an election cannot be held, the incumbents in the positions would continue to perform those duties until such time as an election can be held.

Section 6.04 Filling Vacancies (Vice-Chair) states:

In the event that the Council Vice-Chair is removed from office, resigns or dies or the position of Vice-Chair becomes vacant for any reason, Council may elect a new Vice-Chair to hold office for the remainder of the term.

The wording of this provision, i.e., “Council **may** elect a new...” (emphasis added) allows for the Council to elect a new person if it desires to do so.

The by-laws are silent on whether the Council may elect or appoint a new Officer-at-Large to the Executive Committee.

Section 13.01 of the by-laws sets out the specific composition of the Executive Committee. The by-laws state:

The Executive Committee shall be composed of the Council Chair, the Council Vice-Chair and three (3) members of Council. Three (3) members of the Executive Committee shall be Registrants and two (2) members of the Executive Committee shall be Public Members. One of, but not both, the Chair or Vice-Chair shall be a Public member of Council.

For the purposes of clarity, it is important to note that the composition requirements require that one of the Chair or Vice-Chair be a public member by stating “**One of, but not both, the Council Chair or Council Vice-Chair shall be a Public member of Council**” (emphasis added).

Governance Process policy GP23.01 – Process for Election of Officers does set out the Council’s preference that there be an election of a replacement individual if any of the Officer positions becomes vacant.

Finally, It is important to note that section 12.05 Vacancies of the by-laws states:

Despite anything in these by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a panel of the Committee.

Therefore, Council can be assured that even though Mr. Sullivan and Ms. Delany will not be reappointed as a Public member of Council, the Executive Committee will still be properly constituted.

DISCUSSION POINTS:

Proper constitution of the Council

In early December when the Executive Committee met, there were serious concerns as to whether the Council would be properly constituted by the date of the January 2021 meeting as it was unclear at that time if either Mr. Sullivan or Ms. Delany would be re-appointed and, in their absence, and with no new appointments, the Council would fall below the minimum requirements set out in the *Naturopath Act, 2007*.¹

Shortly after this meeting, the College learned of the appointment of Mr. Brook Dyson to the Council. Mr. Dyson is the fifth Public member appointed to the Council and his appointment ensures that the Council is presently properly constituted.

¹ Section 6(1) of the *Naturopathy Act*.

6. (1) The Council shall be composed of,

- (a) **at least six and no more than nine persons** who are members elected in accordance with the by-laws;
- (b) **at least five and no more than eight persons** appointed by the Lieutenant Governor in Council who are not,
 - (i) members,
 - (ii) members of a College as defined in the Regulated Health Professions Act, 1991, or
 - (iii) members of a Council as defined in the Regulated Health Professions Act, 1991.

Had the Council not been properly constituted, it would have fallen to the Executive Committee to assume control of the College on behalf of the Council. With two of five Executive Committee positions expected to be vacant by late January, there would have been a desire on the part of the Executive Committee to fill these vacancies before the constitution of the Council was at issue. Hence the planned January 13, 2021 Council meeting which was later cancelled given Mr. Dyson's appointment.

Changes to the Role of the Executive Committee

As part of the Governance Review report and implementation plan, the Council will be receiving revised Terms of Reference for the Executive Committee. These proposed changes, if approved by the Council, would reduce the role of the Committee to addressing only matters that are deemed urgent, meaning they cannot wait until the next Council meeting.

If the Council approves the changes to the Terms of Reference, the reduced role of the Executive Committee may mean that it is not urgent to fill the vacancies on the Executive Committee.

Proper Composition of the Executive Committee

Although the Executive Committee has five positions, under the by-laws it remains properly constituted to conduct any business needed with the existing three individuals.

It is worth noting however that there is currently no public voice on the Executive Committee given that both vacancies exist in the positions held by Public members. The College and the Council has always placed a great deal of emphasis on the need for public representation.

Changes to the Council Schedule

There are also changes coming with respect to the Council's Schedule. With the changes set out in the Governance Report and Implementation Plan, the Council has agreed to meet more frequently, starting in January and every 60-days thereafter.

This means that the meeting where the Executive Committee is elected, which was April under the former quarterly calendar will now be in May. Moving the elections to March would be unfair to individuals who may be newly elected to the Council through the District elections which conclude around the 9th of March.

If the Council determines that it wishes to elect Public members to fill the two vacancies, it would do so at the March meeting; however, they will hold the position for 60-days until the regular election at the end of May.

Seeking new Public member involvement

In its history, finding Public members willing to come forward to sit on the Executive Committee has always been somewhat challenging. When the Officer-at-Large (Public member) position became vacant due to the Minister's decision not to re-appoint Samuel Laldin to the Council, only one person, Ms. Delany, expressed an interest.

The concern here is simply that running an election for one or both positions may not result in a new volunteer from Council coming forward. Delaying the election to the regular cycle would provide the Council and College leadership some opportunity to work with the Public members to lay the groundwork for some interested individuals to come forward.

Appointments

Items 6.03 – Appointments on the Council’s January 2021 Agenda will be impacted by the decisions regarding the by-laws (6.01), it will also be appointed by the decision made on this item. One of the appointments the Council will be required to make relates to the CEO Performance Review Panel.

This panel has no terms of reference at this time; however, the composition and role of the panel is clearly articulated in GP19.01 (Registrar (sic) Annual Performance & Compensation Review). Under this policy, the panel is to be comprised of the Chair and Vice-Chair and two additional Council members.

As of this date, the position of Vice-Chair is vacant due to the expiration of the Order-in-Council of Barry Sullivan. If the Council chooses to neither appoint nor elect a person to this position, then the Panel will be less one individual. This will not be fatal to the work of the panel; however, this broader implication of the decision with respect to the filling of Executive Committee vacancies needed to be identified.

ANALYSIS

Risk Assessment – 1) Process risk – in the absence of an Executive Committee with all positions filled, the process for addressing urgent matters could be hampered due to the inability of the Committee to meet due to quorum requirements. This occurs if any one of the three incumbents on the Committee are not available. 2) People risk – in the absence of a fully constituted Executive Committee, the authority and management experience on the Executive Committee is diminished. In addition, the absence of public representation on the Committee alters the knowledge and experience available to the Committee to deliberate from all perspectives.

Privacy Considerations – There are no privacy considerations.

Transparency – There are no transparency concerns given that this briefing is a public document, and the Council discussion are open to the public.

Financial Impact – The financial impact is marginal as the only costs relate to per diems of attending meetings.

Public Interest – The public interest is served provided the College Council and its Committees are able to fulfill their legal and moral requirements to regulate the profession.

RECOMMENDATIONS

No recommendation is being provided as the outcome is dependent on the priorities of the Council and its ability to ensure Public members are available to be elected or appointed.

Dr. Kim Bretz, ND
Council Chair

Andrew Parr, CAE
Chief Executive Officer
January 2021



The College of Naturopaths of Ontario

BRIEFING NOTE

Committee and Panel Appointments

PURPOSE: That the Council consider appointments of a new Public member and two additional Public Representatives to its various committees and that the CEO Performance Review Panel be appointed.

OUTCOME Decision

NATURE OF DECISION Strategic Regulatory Processes & Actions Other Governance

PROCESS:

Activity:	Discussion		
Results:	Appointment of up to three individuals to the Council committees.		
Overall Timing:	10 minutes		
Steps/Timing:	1.	Introduction and background	3 minutes
	2.	Discussion, Q&A	5 minutes
	3.	Motion and vote	2 minutes

BACKGROUND:

On December 10, 2020, the Minister of Health appointed Brook Dyson to the Council of the College of Naturopaths of Ontario for a one-year term. Council members are typically appointed to one or more committees of the Council to ensure that the public voice is present in the Committee deliberations.

In mid-December and mid-January, the Ministerial appointments of Barry Sullivan and Dianne Delany to the Council expired. As a result, they will no longer be a part of the Council of the College; however, both have indicated a willingness to continue to serve as Public Representatives appointed by Council.

In July 2019, the Council amended the College by-laws to permit it to appoint Public Representatives to the Council's Committees. A Public Representative is an individual who is not a registrant of any regulated health profession and who does not sit on any other Council of any College, but who has an interest and experience in participating in regulatory activities.

In April 2020, the Council appointed its first four Public Representatives and since that time has also appointed Samuel Laldin, a former Public member on Council, to various committees in which he has participated.

DISCUSSION POINTS:

Committee Composition Requirements

Given the degree of transition currently under way, there are a variety of sources that have to be considered when contemplating Committee composition requirements. These include the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991*, the College by-laws and the Council's Committee Terms of Reference established under

GP06 – Committee Principles. The matter is further complicated by the changes under consideration to the by-laws and the Committee Terms of Reference based on the outcomes of the Governance Review.

A detailed analysis and recommendations relating to the Committees is set out in the next section; however, for reference, Appendix 2 sets out in a visual form the Committee composition requirements and number of appointees.

Analysis of Committee Composition

The following is an analysis of the current composition requirements as set out in the Code, the College by-laws (as amended) and the Terms of Reference. To reduce wording, the following terminology has been used:

- Public member is always a Council member appointed by OIC;
- Council member is a person who sits on Council and may either be a Registrant elected to Council or a Public member;
- Council member (ND) is a Registrant on the Council;
- Registrant is an ND who is not on the Council; and
- Public Representative is a public person appointed to the Committee and not on the Council.

Statutory Committees		
DC	Required	Must have one Council member (ND) and two Public members from Council to be able to establish a three-person panel as required in the Code (note that panels must be between three and five persons). Under the by-laws, the DC must have a minimum of five individuals, one of which is a Council member (ND), one of which is a Public member, at least one Registrant and any number of Public Representatives.
	Current	Currently has six NDs from Council, two Public members, four Registrants and two Public Representatives.
	Compliance	The Committee is in compliance with the Code and by-laws; however, more than one panel is needed at certain times and there is a large volume of discipline matters.
	Action	1) It is recommended that the Council continue its current practice of appointing all Public members to either to the ICRC or the DC. 2) It is also recommended that Brook Dyson to be appointed to the DC. 3) It is further recommended that Dianne Delany be appointed to the DC as a Public Representative.
FTPC	Required	Must have one Public member to be able to establish a panel of the Committee for a hearing under the Code (note that the panel must be at least three persons – there is no maximum indicated in the Code). Under the by-laws, the FTPC must have a minimum of five individuals, one of which is a Council member (ND), one must be a Public member, two Registrants and any number of Public Representatives.
	Current	Currently has six Council members (NDs) and two Public members, four Registrants and two Public Representatives.
	Compliance	This Committee is in compliance with the Code and the by-laws; however, it has been the Council's practice that every person appointed to the DC also be appointed to the FTPC.
	Action	1) It is recommended that the Council continue its current practice of appointing the FTPC to follow the DC.

		<p>2) It is also recommended that Brook Dyson to be appointed to the FTPC.</p> <p>3) It is further recommended that Dianne Delany be appointed to the FTPC as a Public Representative.</p>
ICRC	Required	Under the Code, the ICRC must have one Public member from Council to be able to establish a panel of the Committee to assess complaints (note that a panel must be at least three persons). Under the by-laws, ICRC must have a minimum of three individuals, of which one must be a Council member, one Registrant and any number of Public Representatives.
	Current	Presently, there are two Council members (NDs), two Public members, three Registrants and no Public Representatives.
	Compliance	The Committee is in compliance with the Code and the by-laws.
	Action	It is recommended that a Public Representative be added, and that Barry Sullivan be appointed to the Committee.
PRC	Required	Under the by-laws, the Committee must have a minimum of three individuals, at least one of which is Council member, one a Registrant and any number of Public Representatives.
	Current	Presently, there is one Council member, one Registrant and two Public Representatives.
	Compliance	Committee is currently in compliance with the by-laws and Terms of Reference.
	Action	None required.
QAC	Required	<p>The requirements for this Committee are open for discussion under item 6.01 – Proposed By-law Changes. While the Code does not specify the composition of a panel, the College’s Quality Assurance Regulation made under the <i>Naturopathy Act, 2007</i>, does specify the composition of a panel and quorum of a panel, although it too does not require a QAC decision to be rendered by a panel. The Regulation requires that there be at least one Public member on any panel and that a Public member be present for quorum of a panel to be met.</p> <p>Initial proposed by-law changes intended only that there be a Council member on the Committee; however, further changes are possible under earlier item of the Agenda.</p>
	Current	Presently, there are two Council member (ND)s, two Registrants and one Public Representative.
	Compliance	Committee is currently in compliance with the by-laws as they are proposed and with the Terms of Reference; however, there is presently no Committee Chair. However, if the by-laws are further amended under item 6.01, the Committee composition would not be in compliance.
	Action	<p>If no further by-laws changes are made, it is recommended that Barry Sullivan be appointed as a Public Representative and as Chair.</p> <p>If further by-law changes are made under item 6.01, then it is recommended that a Public member be appointed to this Committee.</p>
RC	Required	Under the Code, a panel of the RC must have one Public member to be properly constituted (note that a panel must be at least three persons). Under the by-laws, the Committee must have a minimum of three individuals, one who is a Council member, one who is a

		Registrant and any number of Public Representatives.
	Current	Presently has three Council member NDs, one Public member, one Registrant and one Public Representative.
	Compliance	Committee is currently in compliance with the Code and by-laws.
	Action	1) Recommend no changes at this time. 2) Recommend that in May the Council contemplate reducing the number of Council members on this Committee.
Non-Statutory Committees (Council Committees)		
AC	Required	Under the Terms of Reference, the Committee must have a minimum of three individuals, of which one must be a Council member (ND), one a Public member, one a Registrant and any number of Public Representatives.
	Current	Currently has one Public member, one Council member (ND) and one Registrant.
	Compliance	The Committee is in compliance with the Terms of Reference.
	Action	None required.
EAC	Required	Under the by-laws, EAC must have a minimum of three individuals, one of which is a Council member, one is a Registrant and any number of Public Representatives.
	Current	Presently, there is one Council member, no Registrants and no Public Representatives
	Compliance	This Committee is not in compliance with the by-laws.
	Action	1) It is recommended that Dr. Rick Olazabal, ND, who is a Registrant, be appointed to this Committee in order for it to be properly constituted. 2) It is recommended that Dianne Delany be appointed as a Public Representative.
GC	Required	Under the revised Terms of Reference, the Committee must have a minimum of three individuals, one of which must be a Council member, one a Registrant and any number of Public Representatives.
	Current	Presently, there is one Council member and one Registrant.
	Compliance	The Committee requires a third appointee to be in compliance with the Terms of Reference.
	Action	It is recommended that Dianne Delany be appointed to this Committee as a Public Representative.
GPRC	Required	Under the Terms of Reference, the Committee must have a minimum of two individuals, one of which is a Council member (ND), one must be a Public member, one Registrant and any number of Public Representatives.
	Current	Presently, there is one Council member (ND).
	Compliance	Committee is not in compliance with the Terms of Reference as it requires a Public member from Council to meet the minimum two individuals needed. Additionally, the Terms of Reference are worded in such a way as to be mathematically impossible.
	Action	1) It is recommended that the Terms of Reference be amended to reflect that it has two individuals, at least one of which is a Council member, any number of Registrants and any number of Public Representatives. 2) It is also recommended that Barry Sullivan be appointed as a Public Representative and as Chair of the Committee.
IC	Required	Under the by-laws, IC must have a minimum of three individuals, one of which is a Council member, one a Registrant who meets the Standard of Practice (SOP) for Intravenous Infusion Therapy (IVIT),

		and any number of Public Representatives.
	Current	Presently, there is one Council member, three Registrants who have met the IVIT SOP and one Public Representative.
	Compliance	Complies with by-laws
	Action	No changes recommended.
SC	Required	Under the draft Terms of Reference for the Standards Committee, the Committee must have a minimum of three appointed individuals, one of which must be a Council member, one who is a Registrant, one who is a Registrant who has met the SOP for IVIT and any number of Public representatives.
	Current	This Committee is a new Committee and has not yet been appointed.
	Compliance	Once the terms of reference are approved, the Committee will need to be appointed.
	Action	If the Council approves the Terms of Reference, it is recommended that appointment of the Committee be deferred to either the March or May meeting.
SSRC	Required	Under the Terms of Reference, which have yet to be reviewed by the GPRC, the Committee must have a minimum of five individuals, one of which is a Council member (ND), one a Public Member, one a Registrant and any number of Public Representatives.
	Current	Presently, the Committee has two Council members (NDs), one Public member, three Registrants and no Public Representatives.
	Compliance	The Committee is in compliance with the Terms of Reference.
	Action	None at this time pending review by the GPRC.

CEO Performance Review Panel

As noted in items 6.02 – Filling Executive Committee Vacancies, the Council is required to appoint the CEO Performance Review Panel. Although there are currently no terms of reference for the panel, the composition and role of the panel is clearly articulated in GP19.01 (Registrar (sic) Annual Performance & Compensation Review).

Under this policy, the panel is to be comprised of the Chair and Vice-Chair and two additional Council members, one of which must be a Public member. Furthermore, the policy requires that the Council appoint the panel no later than October annually, a time frame that has been missed. The work of the panel has already been initiated (Item 9.01 CEO Goals and Development Plan for 2021-2022) by the Council Chair in the absence of the full panel; however, there is considerable work to be undertaken by the panel beginning in March.

ANALYSIS

Risk Assessment – Operational risks are primarily in the area of people risks based on the people being selected to assist in Committee work. This is mitigated by the fact that most are known to the Council and have considerable experience.

Privacy Considerations – There are no privacy considerations given that the resumes and backgrounds of individuals is not being tabled for the Council's consideration.

Transparency – Transparency is accomplished through the public release of this briefing and by the Council engaging in its deliberations on the matter in an open Council meeting.

Financial Impact – The financial impact is minimal and involves added per diems and costs for Public Representatives and Registrants on Committees. This is mitigated by the current approach of remote meetings.

Public Interest – The changes to the Committee Terms of Reference and by-laws that warrant new appointments are due to the decision to enhance the governance of the College in the public interest. It is also in the public interest that the public be given broader access to the Council and its Committees.

RECOMMENDATIONS

The following is a summary and amalgamation of the recommendations set out above in this briefing note.

1. That the composition requirements set out in the Terms of Reference of the Governance Policy Review Committee be amended to reflect the following:
The Governance Policy Review Committee shall be appointed by the Council and shall be comprised of at least two (2) but as many members as the Council deems appropriate, including:
 - One (1) or more Council members.
 - One (1) or more Registrants who are not Council members.
 - Any number of Public Representatives as defined in the by-laws.
2. That Public member Brook Dyson be appointed to the Discipline Committee and the Fitness to Practise Committee.
3. That Barry Sullivan be appointed as a Public Representative on the Quality Assurance Committee (as Chair), the Governance Policy Review Committee (as Chair) and the Inquiries, Complaints and Reports Committee.
4. That Dianne Delany be appointed as a Public Representative on the Governance Committee, the Examination Appeals Committee, the Discipline Committee and the Fitness to Practise Committee.
5. That Dr. Rick Olazabal, ND be appointed as a Registrant on the Examination Appeals Committee.
6. That the Council appoint the Council Chair, Council Vice-Chair (unless it remains vacant), and two Council members, one of which is a Public member to the CEO Performance Review Panel.
7. That the Council appoint a Public member to the Quality Assurance Committee if and only if the Council proceeded with by-law changes to the composition of the Quality Assurance Committee to enable panels/

Andrew Parr, CAE
Chief Executive Officer
January 2021

Appendix 1 – Committees and their Acronyms

Acronym	Full Committee Name
Statutory Committees	
DC	Discipline Committee
EC	Executive Committee
FTPC	Fitness-to-Practise Committee
ICRC	Inquiries, Complaints and Reports Committee
PRC	Patient Relations Committee
QAC	Quality Assurance Committee
RC	Registration Committee
Non-Statutory Committees (Council Committees)	
AC	Audit Committee
EAC	Examination Appeals Committee
GC	Governance Committee
GPRC	Governance Policy Review Committee
IC	Inspection Committee
NEC	Nominations and Elections Committee
SC	Standards Committee
SSRC	Schedule Substance Review Committee

Appendix 2

Committee ¹	Council members		Registrants		Public Representatives	
	Needed	Appointed	Needed	Appointed	Needed	Appointed
Statutory Committees²						
DC	1 NDs 2 Public	6 NDs 2 Public	1	4	Any	2
EC	<i>Committee is elected by the Council</i>					
FTPC	0 NDs 1 Public	6 NDs 2 Public	1	4	Any	2
ICRC	0 NDs 1 Public	2 NDs 2 Public	1	3	Any	0
PRC	1	1 NDs 0 Public	1	1	Any	2
QAC	1	2 NDs 0 Public	1	2	Any	1
RC	0 NDs 1 Public	3 NDs 2 Public	1	1	Any	1
Non-Statutory (Council Committees)³						
AC	1	1 ND 1 Public	1	1	Any	0
EAC	1	1	1	0	Any	0
GC	1	1	1	1	Any	0
GPRC ⁴	1 ND 1 Public	1 ND 0 Public	1	0	Any	0
IC	1	1	1 IVIT ND	3	Any	1
NEC	<i>No longer exists – please refer to GC (Governance Committee)</i>					
SC	1	0	1 ND 1 IVIT ND	0 0	Any	0
SSRC	1 ND 1 Public	2 NDs 1 Public	1	3	Any	0

¹ For the full list of Committees, please see Appendix 1

² For Statutory Committees, the needs for Council members and Registrants are based on the requirements set out in the Health Professions Procedural Code for these Committee or panels of these committees.

³ For Non-statutory Committee, the needs are based on the by-laws (as amended) or, where the Committee is not listed in section 13, the Terms of Reference.

⁴ The Terms of Reference for the GPRC and SSRC have yet to be reviewed by the GPRC.



The College of Naturopaths of Ontario

BRIEFING NOTE

Governance Policy Amendments

PURPOSE: To amend Council policies and Committee Terms of Reference to align with the proposed by-law changes and the Governance Report approved by Council in July 2020.

OUTCOME Decision

NATURE OF DECISION Strategic Regulatory Processes & Actions Other Governance

PROCESS:

Activity:	Review and discussion.		
Results:	Approval of policy and Terms of Reference amendments.		
Overall Timing:	45 minutes		
Steps/Timing:	1.	Review of background and proposed changes by GPRC member and CEO.	15 minutes
	2.	Review of policy changes	15 minutes
	3.	Review of Terms of Reference	10 minutes
	4.	Motions and Vote	5 minutes

BACKGROUND:

In July 2020, the Council of the College of Naturopaths of Ontario completed a Governance Review that was initiated in April 2019 by approving a final report entitled *Governance Report: A Mandate for Change*. The Council also accepted the *Governance Report Implementation Plan* presented by the Chief Executive Officer (CEO) of the College.

Both the Report and the Implementation Plan laid out the Council's desire to seek meaningful changes to implement those aspects of the Report that could be implemented without legislative change.

In addition to the by-law changes being discussed as another agenda item at this Council meeting, the Governance Report identified several specific aspects of the Council governance as set out in the Council's governance policies that required review and amending.

This task fell to the Governance Policy Review Committee (GPRC) established earlier this year, in concert with the CEO.

DISCUSSION POINTS:

Implementation of the Governance Report

The Governance Report: A Mandate for Change contained a number of decisions that required amendments to the Council's governance policies. These include:

#	Decision
5	That the composition of statutory committees be reduced to one sitting Council/Board member on each committee, although the same need not apply to non-statutory committees;
10	That the Executive Committee be eliminated;
11	That the Council of the College move away from the President terminology and adopt the term Council Chair;
12	That the position of Vice-President be eliminated;
13	That the Council adopt a formal annual evaluation process that includes a Council/committee performance evaluation, an individual self-assessment for Council and committee members, and an assessment of each Council and committee member by their peers;
14	That an external third party be retained to receive, consolidate, and present the findings to each member of Council and Committees;
15	That a summary report of the evaluation be released publicly by the College;
18	That the senior staff official appointed by the Council be referred to as the “Chief Executive Officer (CEO)” as opposed to “Registrar”, “Registrar & CEO” or “Executive Director”;
19	That the individuals that the regulatory authority regulates be referred to as “Registrants” as opposed to “Members”;
20	That individuals that the regulatory authority regulates be referred to as “registered to practice” as opposed to “licensed”; and
21	That standard setting (development and approval) be mandated to a statutory committee in the legislation, either the Quality Assurance Committee or a separate authorized Standards Committee.

Not all of these changes will be completed at this time as the impact of these decisions is extensive and many of these require the amendments to the by-laws to be completed. Some future changes will require work with external experts.

Changes Proposed

The changes being brought forward by the Governance Policy Review Committee address a number of changes to coincide with the by-law amendments being presented to Council at this time.

PROPOSED CHANGES

Council Registrar Linkage Policies

This group of policies established the linkages between the Council and the senior staff person. The first change, which is the result of the Council governance decisions surrounding terminology/nomenclature is the name of the polices. They will need to renamed Council-CEO Linkage Policies (CCL vs CRL).

There are three policies in this group. Each policy name will be amended as follows:

Current	Amended
CRL01 - Delegation to the Registrar	CCL01 - Delegation to the CEO
CRL02 – Registrar Job Description	CCL02 – CEO Job Description
CRL03 – Monitoring Registrar Performance	CCL03 – Monitoring CEO Performance

Within the body of these three policies, the proposed amendments are:

- Change references of Registrar to CEO.

- Change references of the President to Council Chair.
- Amend wording to accommodate the reference to the CEO.
- Update to match earlier by-law changes to gender neutral language, i.e., he/she to they.

Redlined versions of CCL01 through CCL03 are appended to this briefing.

Council Governance Process Policies

These policies establish the processes by which the Council, with the assistance of the CEO, governs itself. Although many of these policies will require amending to reflect the changes in terminology, not all are being presented at this time. Instead, the GPRC is bringing forward the most urgent matters that need to be addressed due to proposed changes in the by-laws. It is always important that, the by-laws and Council's policies are aligned.

At this time, the GPRC is bringing forward three Governance Process policies for amendment.

GP04 – Council Job Description

The changes set out in these proposed amendments are based on:

- Changes in the by-laws that set out the role of the Council that requires an amendment to the introduction of this policy.
- Clarification of the role in appointing individuals to the Committees (but not to the panels).
- Terminology changes, specifically Registrar & CEO to CEO and Members to Registrants.

GP06 – Committee Principles

The changes set out in these proposed amendments are based on:

- Changes in the by-laws that change the Nominations and Elections Committee to the Governance Committee.
- Changes in the by-laws that delegate the role of setting standards to the Standards Committee.
- Terminology changes, in particular, Registrar to CEO and he/she to they.

GP08 – Annual Planning Cycle

The changes set out in these proposed amendments are based on:

- Changes set out in the Governance Report to the number of Council meetings.
- Changes in terminology, specifically Registrar to CEO.
- Changes to the annual cycle to reflect new requirements surrounding appointments and delegation of standards setting to the Standards Committee, and to reflect the requirements that financial statements can now come to the Council rather than the Executive Committee.

Redlined versions of the policy amendments are appended to this briefing.

Committee Terms of Reference

As a result of the Governance Report and by-law changes, changes are required to the Terms of Reference of all Committees. Given the volume of work, priority has been placed on the Statutory Committees and other Committees as set out in the by-laws.

Changes set out in these amendments to the Terms of Reference are based on:

- Changes in the role of the Executive Committee as set out in the Governance Report.
- Changes in terminology as set out in the by-laws.
- Changes in composition and appointment to reflect by-law changes, as well as the requirements for panels as set out in the Code.

The following Committee Terms of Reference are appended to this briefing.

- SC01 – Discipline Committee
- SC02 – Executive Committee
- SC03 – Fitness to Practise Committee
- SC04 – Inquiries, Complaints and Reports Committee
- SC05 – Quality Assurance Committee
- SC06 – Patient Relations Committee
- CC03 – Examination Appeals Committee
- CC04 – Governance Committee (formerly Nominations and Elections Committee)
- CC07 – Standards Committee (new)
- CC01 – Audit Committee
- CC02 – Scheduled Substances Review Committee
- CC06 – Governance Policy Review Committee.

Please note that CC05 – Inspection Committee was reviewed and approved by the Executive Committee on a matter of urgency to allow the Committee to meet in December.

Quality Assurance Committee (QAC): Item 6.01 – Proposed By-law Changes on the Agenda for the January 2021 meeting includes an option relating to the QAC. The decision before the Council is whether to enable the Committee to form in panels as permitted in the Quality Assurance Regulation but not required either in that Regulation or the Health Professions Procedural Code.

If the Council determined that it would further amend the by-laws to enable the QAC to meet in panels, then the Composition and Appointment component of the Terms of Reference for this Committee should not be approved as presented and the portion that pertains to panels should be reinstated.

If the Council determined that it would not further amend the by-laws, thus not permitting the QAC to meet in panels, then the Composition and Appointment component of the Terms of Reference for this Committee are acceptable in the manner that they are presented as part of this briefing, pending any other matters raised the by Council.

Omnibus Motions

As noted throughout the proposed changes, a large number of policies require amending to reflect not only the changes in terminology coming from the Council's Governance Report, but also earlier changes to the by-laws surrounding the move towards gender neutral language. Many of these changes will be routine and, if it pleases the Council, the GPRC could be authorized to make the changes on behalf of the Council. This would be accomplished through an omnibus motion passed by the Council.

If such a motion were approved, the CEO would review and propose amendments reflecting the changes in terminology set out in the by-laws and the GPRC would review and confirm these. All policies would be renumbered accordingly, and the amendment dates changed to reflect the date the Council approved the omnibus motion. Revised policies would be uploaded to the Council Policy Governance Manual sheet available through SmartSheet.

Taking this action will save the Council considerable time at its next meeting as it would not be required to review and approve the proposed changes. Only changes of greater significance and outside of the scope of the omnibus motion would be brought to the Council at a future meeting.

If it is the Council's desire to take this approach, the GPRC would recommend the following motion:

That the Council authorizes the Chief Executive Officer, subject to review and approval of the Governance Policy Review Committee, to amend all governance policies to reflect the changes in terminology set out in the by-laws, including changes to make all language gender neutral and to make such housekeeping changes to ensure that the wording is grammatically correct and understood and to correct any other grammatical and typographical errors that might be identified.

ANALYSIS

Risk Assessment – Operational risk (process) based on the potential for errors in the alignment of the by-laws and policies.

Privacy Considerations – There are no privacy considerations.

Transparency – Transparency is accomplished through the public disclosure of the briefing and the discussion in an open Council meeting.

Financial Impact – There is no financial impact.

Public Interest – The public interest is served by having information publicly available about the composition and appointment of committee, and the policies governing the Council and the College.


RECOMMENDATIONS

It is recommended that the Council approves the proposed policy amendments as set out in this briefing and its appendices.

It is further recommended that the Council approve the omnibus motion as described above.

Dr. Jordon Sokoloski, ND
GPRC Member

Andrew Parr, CAE
Chief Executive Officer
January 2021

 <p>The College of Naturopaths of Ontario</p>	Policy Type Council-CEO Linkage	COUNCIL POLICIES	
	Title Delegation to the CEO	Policy No.	CRL01.01
		Page No.	1

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The Council delegates its operations to the Chief Executive Officer (CEO) of the College. The CEO is empowered to make all decisions, create all policies, and authorize all engagements that, upon Council request, they can demonstrate to be consistent with a reasonable interpretation of the Council's Ends and Executive Limitations. The Council retains all authority designated to it in accordance with the Regulated Health Professions Act, 1991, the Naturopathy Act, 2007 and the By-laws of the College.

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The CEO is the Council's only link to operational achievement and conduct, so that all authority and accountability of staff, as far as the Council is concerned, is considered the authority, responsibility and accountability of the CEO.


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Accordingly,

- 1 The Council will develop policies instructing the CEO to achieve certain results, for certain groups, at a specified cost. These policies will be developed systematically from the broadest, most general level to more defined levels, and will be called *Ends* policies.
- 2 The Council will develop policies that limit the latitude the CEO may exercise in choosing the organizational means. These policies will be developed systematically from the broadest, most general level to more defined levels, and they will be called *Executive Limitations* Policies.
- 3 As long as the CEO uses any reasonable interpretation of the Council's *Ends* and *Executive Limitations* policies, the CEO is authorized to establish all further operational policies, make all decisions, take all actions, establish all practices, and develop all activities.
- 4 The Council may change its *Ends* and *Executive Limitations* policies, thereby shifting the boundary between Council and CEO domains. By doing so, the Council changes the latitude of choice given to the CEO. However, the Council may not apply such shifts retroactively with respect to the evaluation of the performance of the CEO.
- 5 The Council will respect and support the CEO's choices within the limitations established.
- 6 Only decisions of the Council acting as a body or decisions of a Statutory Committee (or Panel of a statutory Committee) acting as a tribunal authorized under the *Regulated Health Professions Act, 1991*, are binding on the CEO.
 - a) Decisions or directions of individual Council members, Officers or Council Committees are not binding on the CEO except in rare instances when the Council has specifically authorized such exercise of authority or where the Council Committee or a Panel of the Statutory Committee is authorized to render decisions under the *Regulated Health Professions Act, 1991*.
 - b) In the case of Council members or Committees requesting information or assistance without Council or statutory authorization, the CEO can

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 <p>The College of Naturopaths of Ontario</p>	Policy Type Council-CEO Linkage	COUNCIL POLICIES	
	Title Delegation to the CEO	Policy No. CRL01.01	Page No. 2

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- refuse such requests that require, in the CEO's judgment, a material amount of staff time or funds, or are disruptive.
- c) Where the CEO is unclear as to procedure, it is the responsibility of the CEO to seek clarification from the Council.

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DATE APPROVED	DATE LAST REVISED
July 30, 2013	

 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
		Council-CEO Linkage
	Title	CEO Job Description
	Policy No.	CRL02.01
	Page No.	1

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As the Council's single official link to its daily operations and staff, the performance of the Chief Executive Officer (CEO) is synonymous with the College's performance. Accordingly, the CEO's job description can be stated as performance in only three areas:

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- 1 Accomplishment of the Council's broad objectives as set out in the Council's Ends policies;
- 2 Compliance with the Executive Limitations as set out in policy. The CEO is the senior executive responsible for daily operations and has direct control over this major function. This is separate yet related to the policy functions of the Council and the Council Chair;
- 3 Fulfillment of the duties and responsibilities of the CEO in accordance with the Regulated Health Professions Act, 1991, including but not necessarily limited to Schedule II – The Health Professions Procedural Code, the Naturopathy Act, 2007 and the by-laws of the College of Naturopaths of Ontario.

~~Registrar~~

~~chief~~


~~officer~~

~~of~~

~~President~~

~~Registrar~~

DATE APPROVED	DATE LAST REVISED
July 30, 2013	

 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
	Council-CEO Linkage	
	Title	Policy No. CRL03.02
Monitoring CEO Performance		Page No. 1

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The Council will view performance of the Chief Executive Officer (CEO) as identical to organizational performance. Systematic monitoring of the performance of the CEO will be measured against: the accomplishment of the Council Ends policies; fulfillment of the duties and responsibilities of the position as required by the Regulated Health Professions Act, 1991 and operations of the College of Naturopaths of Ontario that are within the boundaries established in Council policies on Executive Limitations.

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Accordingly,

- 1 The Council will refrain from evaluating, either formally or informally, any staff of the College other than the CEO and when evaluating the CEO, the Council shall do so only in accordance with this policy and by way of the process established under any relevant Governance Process policy.
- 2 Monitoring is used to determine the degree of compliance to Council policies. Non-relevant data will not be considered to be monitoring data.
- 3 Monitoring should be as automatic as possible, using a minimum of Council time so that meetings can be used to create the future rather than review the past.
- 4 The Council will acquire monitoring data by one or more of the following methods:
 - a) By internal report, in which the CEO discloses information to the Council;
 - b) By external report, in which an external, disinterested third party selected by the Council assesses compliance with Council policies; and
 - c) By direct Council inspection, in which a designated member or members of the Council assess compliance with the applicable policy criteria. This inspection is a spot check, which allows a "prudent person" test of policy compliance.
- 5 In every case, the standard for compliance shall be any reasonable interpretation of the Council policy being monitored.
- 6 All policies that instruct the CEO will be monitored at a frequency and by a method chosen by the Council. The Council can monitor any policy at any time by any method.
- 7 The Council shall conduct a performance review of the CEO beginning in the spring of each year and concluding at the summer Council meeting. The Council may conduct an interim informal progress review mid-year.


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DATE APPROVED	DATE LAST REVISED
July 30, 2013	March 4, 2014

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Council Job Description	Policy No.	GP04.01
		Page No.	1

The job of the Council is to set the strategic directions of the College and monitor performance against these directions; ensure compliance of the College with its legislative mandate and appoint the Chief Executive Officer and monitor their performance against agreed upon priorities.

Accordingly,

- 1 With respect to its regulatory role, the Council shall:
 - (a) Make, modify, and monitor regulations that Council believes are necessary for regulation of the profession and as required by the Minister of Health;
 - (b) Appoint individuals to the Statutory and non-statutory Committees of the College ensuring that they are properly constituted;
 - (c) Produce quality measures such as Entry-to-Practice standards;
 - (d) Develop, implement, and monitor public policies protecting Ontarians against ineffective, unethical or unsafe practices;
 - (e) Provide a means of communication with the public and the Registrants of the College;
 - (f) Assure the performance of the College in achieving its own broad regulatory objectives.

- 2 With respect to its governance role, the Council shall:
 - (a) Distinguish between the unique job of Council and the job of the CEO and staff;
 - (b) Develop internal rules to ensure the efficient functioning of meetings;
 - (c) Develop and implement rules which promote monitoring and planning of fiduciary responsibilities;
 - (d) Make, modify, and monitor policies which address:
 - i) Ends – broad objectives that define what results the College seeks to achieve, for whom and at what cost;
 - ii) Governance Process – how the Council conceives, carries out and monitors its own task;
 - iii) Council-CEO Linkages – how council delegates, monitors and evaluates the operation of the College;
 - iv) Executive Limitations – the constraints of ethics, prudence and efficiency within which Council delegates the management and operation of the College to the CEO and within which all executive activity and decisions must take place.
 - (e) Monitor CEO performance against the broad objectives and executive limitations on a regular basis.

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 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Committee Principles	Policy No.	GP06.05
		Page No.	1

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Committees established under the *Regulated Health Professions Act, 1991* shall perform the function that is assigned to them under the authority of the Act. Committees established by the Council will be assigned to reinforce the wholeness of the Council's job and never to interfere with the delegation from the Council to the CEO.

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Definitions For the purposes of this policy, the following definitions will apply:

- Statutory Committee** A group of individuals appointed by the Council of the College of Naturopaths of Ontario in accordance with the *Regulated Health Professions Act, 1991*.
- Standing Committee of Council** A group of individuals appointed by the Council of the College of Naturopaths of Ontario under this policy with an on-going function determined by the Council and that makes recommendations to the Council. Such Committees are non-statutory committees.
- Ad hoc Committee or Working Group** A group of individuals appointed by the Council of the College of Naturopaths of Ontario under this policy with a specified and time limited task or function on which they shall report and make recommendations to the Council. Such a committee may be referred to by any number of names, including but not limited to an ad hoc committee, working group or task force.
- Operational Committee** A group of individuals appointed by the CEO to perform management or operational functions or to provide advice to the Registrar.


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- Accordingly, 1 Statutory Committees (SC):
- (a) Shall be appointed by the Council in accordance with the *Regulated Health Professions Act, 1991* and the *Naturopathy Act, 2007* and its regulations and shall perform the functions assigned to it by the Act and as further clarified in Terms of Reference approved by Council;
 - (b) Shall establish panels, as appointed by the Chair of the Committee, and must conform to the requirements of the *Regulated Health Professions Act, 1991* and the *Naturopathy Act, 2007*, the Regulations and by-laws;
 - (c) In as much as the Committee panels are acting as tribunals, they are responsible for the content of their decisions, which may be reviewed only by the Health Professions Appeal and Review Board or a Court of Law;
 - (d) May direct the CEO to take action or implement its decisions in accordance with the individual legislative authority of the Statutory Committee;
 - (e) The following committees are designated as Statutory Committees of the Council of the College of Naturopaths of Ontario:
 - i. Discipline Committee (SC01)
 - ii. Executive Committee (SC02)
 - iii. Fitness to Practise Committee (SC03)
 - iv. Inquiries, Complaints and Reports Committee (SC04)
 - v. Quality Assurance Committee (SC05)
 - vi. Patient Relations Committee (SC06)

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DATE APPROVED	DATE LAST REVISED
July 30, 2013	September 9, 2020

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Committee Principles	Policy No.	GP06.05
		Page No.	2

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vii. Registration Committee (SC07).

- 2 Standing Committees of Council (CC) and Ad Hoc Committees (AHC)
 - (a) Will assist the Council by preparing policy alternatives and implications for Council deliberation; however, in keeping with the Council's broader focus, Council committees will not have dealings with operations.
 - (b) May not speak or act for the Council except when formally given such authority for specific and time limited purposes.
 - (c) Will have written terms of reference wherein the expectations and authority of the Committee will be carefully stated in order not to conflict with authority delegated to the CEO or another Committee;
 - (d) Cannot exercise authority over staff. Because the CEO works for the full Council, they will not be required to obtain approval of a Council Committee before taking an executive action;
 - (e) Chairs of Council Committees may work directly with the staff when so authorized by the CEO;
 - (f) The following committees are designated as Standing Committees of Council:
 - i. Audit Committee (CC01);
 - ii. Scheduled Substances Review Committee (CC02);
 - iii. Examinations Appeals Committee (CC03);
 - iv. Governance Committee (CC04);
 - v. Inspection Committee (CC05);
 - vi. Governance Policy Review Committee (CC06); and
 - vii. Standards Committee (CC07).

- 3 Operational Committees shall be appointed at the discretion of the CEO. Terms of Reference for all Operational Committees shall be developed for each Committee and are subject to acceptance by the Council.

- 4 This policy applies to any group that is formed by Council action, whether or not it is called a Committee and regardless whether the group includes Council members. It does not apply to committees formed under the authority of the CEO.

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DATE APPROVED	DATE LAST REVISED
July 30, 2013	September 9, 2020

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES	
	Title Annual Planning Cycle	Policy No. GP08.02	
		Page No. 1	

The Council adopts an annual planning cycle to optimize its effectiveness in governing, directing and fulfilling its regulatory function.

Accordingly,

- 1 The Council meets a minimum of six (6) times per year, either in person, by videoconference or by other electronic means.
- 2 An Annual General Meeting, for the purposes of receiving the annual report of all committees and operational activities and for the purpose of approving the Auditor's Report and Audited Financial Statements, will be held within six months of the end of the fiscal year.
- 3 At each meeting, the Council will:
 - a) Review the CEO's Report on Operations, including the most recent quarterly financial report if it is available.
 - b) Review reports from all Committees.
 - c) Review any new or proposed changes to existing regulations, or program policies (i.e. Patient Relations, ICRC, Quality Assurance, Registration, Examination) policies.
 - d) Review any committee appointments brought forward by the Governance Committee.
 - e) Review any new or proposed changes to existing governance policies (Ends, Governance Process, Linkage, Executive Limitations) of the Council.
 - f) Review, in depth, one set of governance policies in accordance with the schedule identified in this policy.
- 4 At each meeting, the Council will conduct an in-depth audit or perform the following additional functions, in accordance with the following schedule:
 - Meeting #1 (May)
 - Annual election of Officers and Executive Committee.
 - Committee appointments.
 - Review of Q4 Unaudited Financial Statements.
 - Briefing on the ICRC/Discipline processes.
 - In-depth review of the Governance Process policies (Part 2).
 - Meeting #2 (July)
 - Annual Committee Reports for the prior year.
 - CEO's Performance Review Report for the prior year.
 - Council and Committee evaluation reports.
 - Annual Operational Report for the prior year.
 - Receive the Auditor's Report and Audited Financial Statements.
 - In depth review of the Executive Limitations policies (Part 1).
 - Meeting #3 (September)
 - Briefing on the Quality Assurance Program.
 - Review of Q1 Unaudited Financial Statements.
 - In depth review of the Executive Limitations policies (Part 2).
 - Meeting #4 (November)
 - Review of Q2 Unaudited Financial Statements.
 - Briefing on the Inspection Program.

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DATE APPROVED July 30, 2013	DATE LAST REVISED March 4, 2014
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 <p>The College of Naturopaths of Ontario</p>	Policy Type	COUNCIL POLICIES
	GOVERNANCE PROCESS	
	Title	Annual Planning Cycle
	Policy No.	GP08.02
	Page No.	2

- o [In-depth review of the Ends policies.](#)
- Meeting #5 (January)
 - o [CEO's Performance Review – Goals and Development Plan for the next fiscal year.](#)
 - o [Annual Operational Plan.](#)
 - o [Annual Capital and Operating Budgets.](#)
 - o [Briefing on the Registration Program.](#)
 - o [In-depth review of the Council-CEO Linkage policies.](#)
- Meeting #6 (March)
 - o [Review of the Q3 Unaudited Financial Statements.](#)
 - o [Briefing on the Examinations program.](#)
 - o [In-depth review of the Governance Process policies \(Part 1\).](#)

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 <#>Briefing on the Registration and Examinations Program¶
 Governance Policies: Council-Registrar Linkage

DATE APPROVED	DATE LAST REVISED
July 30, 2013	March 4, 2014

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.04)	1
		Create Date
		July 30, 2013

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Accountability and Authority The Discipline Committee is a statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 10(1)(4) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code").

Limitations The Discipline Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*.

Responsibilities The Discipline Committee shall:

- Develop and maintain policies and procedures governing the disciplinary process of the College of Naturopaths of Ontario;
- Annually review the Discipline Rules of Procedure;
- Establish panels and conduct hearings into allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee.

Composition and Appointment The Discipline Committee shall be appointed by Council and shall be comprised of at least five (5) but as many individuals as the Council deems appropriate, including:

- one (1) or more Registrants who are Council members
- two (2) or more Public Members who are Council members;
- one (1) or more Registrants who are not Council members; and
- any number of Public Representatives as defined in the by-laws.

The Council shall appoint the Chair of the Discipline Committee and wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Panels of the Discipline Committee shall be appointed in accordance with the Health Professions Procedural Code.

Term of Office The members of the Discipline Committee shall be appointed annually by the Council for approximately one (1) year, or until such time as the Council has made further appointments.

Panels of the Discipline Committee shall be appointed as required by the Committee and said appointments shall remain until such time as the Panel has disposed of the matter referred to it, notwithstanding whether the members of the Panel remain members of the Committee (s. 39 of the Code).

Meetings The Discipline Committee will meet at the call of the Chair. Meetings of a Panel shall be at the call of the Chair of the Panel.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Discipline Committee (SC01.04)	2
		Create Date July 30, 2013

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Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Discipline Committee shall be three members of the Committee, at least one of whom shall be a public member of the Council.

Pursuant to section 38(5) of the Code, quorum of a Panel of the Discipline Committee shall be three members of the panel, at least one of whom shall be a public member of the Council.

Reports In accordance with section 11(1) of the Code, the Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any limitations of *the Regulated Health Professions Act, 1991*.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Executive Committee (SC02.02)	1
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Accountability and Authority The Executive Committee is a statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 10(1)(1) the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code"). The Executive Committee acts on behalf of the Council on urgent matters when the Council is not meeting and reports to the Council. In the event that the Council is not properly constituted in accordance with the Act, the Executive Committee shall act in the Council's place on all matters that would normally be brought before the Council.

Deleted: The Executive Committee shall not make, amend or revoke any regulation or by-law of the College of Naturopaths of Ontario.

Limitations Notwithstanding section 12(1) of the Code which authorizes the Executive Committee, between meetings of the Council, to have all of the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law, it is the explicit desire of the Council that the Executive Committee only exercise its authority on matters that are deemed urgent matters by the Council Chair.

Deleted: As established in section 12(1) of the Code, between meetings of the Council, the Executive Committee has all of the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than to make, amend or revoke a regulation or by-law.

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Responsibilities The Executive Committee shall

- exercise the authority of the Council on urgent matters as determined by the Chair of the Committee, subject to the limitations set out in the Code and in these terms of reference.

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Oversee the development and maintenance of the governance structure of the College;

Prepare the agendas for meetings of the Council;

Review and make recommendations to Council on financial matters;

Provide on-going direction and support to the Registrar, subject to the limitation in section 8.01 of the By-laws that the Executive Committee shall not appoint the Registrar;

Lead the process for conducting the annual performance review of the Registrar and make recommendations to the Council on the outcomes of the review, including but not necessarily limited to performance results and changes in compensation;

Fulfill the duties and responsibilities assigned to it in the by-laws, including but not necessarily limited to monitoring, auditing and making recommendations to the Council with respect to the performance of Committees and Committee members;

Composition and Appointment Pursuant to sections 13.01 and 13.08 of the By-laws of the College of Naturopaths, the Executive Committee shall be comprised of the Council Chair, Council Vice-Chair, and three Officers-at-Large as elected by Council from among the Council members. Of the five elected Committee members, three shall be Registrants and two members shall be Public Members.

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The Council Chair shall serve as the Chair of the Executive Committee.

Term of Office The Executive Committee shall be elected annually from among the Council members.

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Meetings The Committee will meet at the call of the Chair.

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Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Executive Committee shall be three members of the Committee, at least one of whom shall be a Public Member of the Council.

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Notice of Meeting When the Council Chair determines that a matter is urgent and calls a meeting of the Executive Committee, the Council Chair shall serve notice to the Council members of the date and time of the meeting and the matter to be addressed by the Executive Committee. Notice shall be provided not less than 48 hours before the meeting.

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Disclosure The Council Chair shall ensure that the notice, along with any materials to be considered by the Executive Committee are posted to the College's website in

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[advance of the meeting and as soon as it is practicable to do so, subject to materials being withheld pursuant to section 7\(2\) of the Code.](#)

[Minutes of Executive Committee meetings, except any portion of the meeting minutes where matters set out in section 7\(2\) of the Code are addressed, shall also be posted to the College's website as soon as practicable after they are approved by the Executive Committee. Where the Executive Committee cites section 7\(2\), an explanation of the rationale shall be provided within the minutes of that meeting.](#)

Reports

Pursuant to section 12(2) of the Code, the Executive Committee shall report to the Council of the College of Naturopaths of Ontario on its actions taken on behalf of the Council at the next meeting of the Council.

In accordance with section 11(1) of the Code, the [Executive](#) Committee shall also provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any limitations [set out in the Code.](#)

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Fitness to Practise Committee (SC03.04)	1 Create Date July 30, 2013

Accountability and Authority The Fitness to Practise Committee is a statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 10(1)(5) of the *Health Professions Procedural Code*, being Schedule 2 to *Regulated Health Professions Act, 1991* (the "Code").

Limitations The Fitness to Practise Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*.

Responsibilities The Fitness to Practise Committee shall:

- Develop and maintain policies and procedures governing the fitness to practise process of the College of Naturopaths of Ontario;
- Annually, in conjunction with the Discipline Committee, review the Discipline Rules of Procedure;
- Establish panels and conduct hearings into allegations of incapacity referred to it by the Inquiries, Complaints and Reports Committee as required under Schedule 2 of the Code.

Composition and Appointment The Fitness to Practise Committee shall be appointed by Council and shall be comprised of at least three (3), but as many individuals as the Council deems appropriate, including:

- At least one (1) Council member who is a Public member and any number of additional Council members;
- one (1) or more Registrants who are not Council members ; and
- any number of Public Representatives as defined in the by-laws.

The Council shall appoint the Chair of the Fitness to Practise Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Panels of the Fitness to Practise Committee shall be appointed in accordance with the Code.

Term of Office The members of the Fitness to Practise Committee shall be appointed annually by the Council for approximately one (1) year, or until such time as the Council has made further appointments.

Panels of the Fitness to Practise Committee shall be appointed as required by the Committee and said appointments shall remain until such time as the Panel has disposed of the matter referred to it, notwithstanding whether the members of the Panel remain members of the Committee (s. 39 and s. 67 of the Code).

Meetings The Fitness to Practise Committee will meet at the call of the Chair. Meetings of a Panel shall be at the call of the Chair of the Panel.

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Governance Process	Fitness to Practise Committee (SC03.04)	2
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Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Fitness to Practise Committee shall be three members of the Committee, at least one of whom shall be a public member of the Council.

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Quorum of a Panel of the Fitness to Practise Committee shall be three members of the panel, at least one of whom shall be a public member of the Council.

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Reports Provide reports to the Council as requested from time to time subject to any limitations of the *Regulated Health Professions Act, 1991* and in accordance with section 11 of the Code.

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Section	Committee	Page
Governance Process	Inquiries, Complaints and Reports Committee (SC04.04)	1
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Accountability and Authority The Inquiries, Complaints and Reports Committee (ICRC) is a statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 10(1)(3) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code").

Limitations The Inquiries, Complaints and Reports Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*.

Responsibilities The Inquiries, Complaints and Reports Committee shall:

- Advise on and make recommendations to the Council policies and procedures governing the inquiries, complaints and reports processes of the College of Naturopaths of Ontario.
- Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments.
- Bi-annually review relevant regulations made under the Naturopathy Act, 2007, including but not necessarily limited to the Professional Misconduct Regulation.
- By way of panels appointed by the ICRC Chair:
 - investigate complaints filed with the CEO, review the submissions from the Registrant(s), make reasonable efforts to review all relevant records and documents and take appropriate action in accordance with section 26 of the Code;
 - consider Reports received from the CEO, review the submissions from the Registrant(s), make reasonable efforts to review all relevant records and documents and take appropriate action in accordance with section 26 of the Code; and
 - inquire into whether a Registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code.

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Composition and Appointment The Inquiries, Complaints and Reports Committee shall be appointed by Council and shall be comprised of no fewer than three (3), but as many individuals as the Council deems appropriate, including:

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In addition, Council may also appoint any number of members of the public who are not Council members.¶

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- at least one (1) Council member who is a Public member and any number of additional Council members.
- one (1) or more Registrants who are not Council members.
- Any number of Public Representatives as defined in the by-laws.

The Council shall appoint the Chair of the Inquiries, Complaints and Reports Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Panels of the Inquiries, Complaints and Reports Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three (3) members of the Committee, one of whom shall be a Public member of the Council. The Chair of the Inquiries, Complaints and Reports

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Section	Committee	Page
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Committee shall, at the time of appointing a Panel, designate one member of the panel as the Chair of the Panel.

Term of Office The members of the Inquiries, Complaints and Reports Committee shall be appointed by the Council for approximately one (1) year, or until such time as the Council has made further appointments.

Panels of the Inquiries, Complaints and Reports Committee shall be appointed as required by the Committee and term of the panel shall be until the matter referred to it has been disposed of. A Panel member may not continue with a matter after that Panel member's term has ended. If a Panel has not concluded a matter before a Panel member's term ends, the remaining Panel members may continue to deal with the matter if quorum exists or the Chair of the Committee may appoint a new Panel.

Meetings The Inquiries, Complaints and Reports Committee will meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Inquiries, Complaints and Reports Committee shall be three members of the Committee, at least one of whom shall be a public member of the Council.

Pursuant to s. 25(3) of the Code, quorum of a Panel of the Inquiries, Complaints and Reports Committee shall be three members of the panel. In cases of urgency as determined by the Chair of the Panel, the public member requirement for the purposes of quorum may be waived.

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Reports In accordance with section 11(1) of the Code, and subject to the limitations identified in section 11(2) of the Code, the Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

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Section	Committee	Page
Governance Process	Quality Assurance Committee (SC05.04)	1
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Accountability and Authority The Quality Assurance Committee is a statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 10(1)(6) the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code").

Limitations The Quality Assurance Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Naturopathy Act, 2007* (the "Act") and the Regulations made under the Act.

Responsibilities The Quality Assurance Committee shall:

- Advise on and recommend to the Council policies and procedures governing the Quality Assurance Program of the College, that includes but is not necessarily limited to:
 - Continuing education or professional development intended to
 - promote continuing competence, and continuing quality improvement among members,
 - address changes in practice environments and
 - incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues as determined by the Council.
 - Self, peer and practice assessments,
 - A mechanism for the College to monitor Registrants' participation in, and compliance with, the quality assurance program (Code, s. 80.1).
- Appoint and train assessors for the purposes of the peer and practice assessments component of the Quality Assurance Program.
- Receive and review reports from assessors with respect to Registrants that have been assessed and take such action as is, in the opinion of the Committee, permitted under section 80.2 of the Code to ensure the continued competence of the Registrant.
- Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments.
- Bi-annually review relevant regulations made under the *Naturopathy Act, 2007*, including but not necessarily limited to the Quality Assurance Regulation.

Composition and Appointment The Quality Assurance Committee shall be appointed by Council and shall be comprised of at least three (3) individuals, but as many members as the Council deems appropriate, including:

- One (1) or more Council members,
- One (1) or more Registrants who are not Council members,
- Any number of Public Representatives as defined in the by-laws.

The Council shall appoint the Chair of the Quality Assurance Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
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Term of Office The members of the Quality Assurance Committee shall be appointed by the Council annually for approximately one (1) year, or until such time as the Council has made further appointments.

Meetings The Quality Assurance Committee will meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Quality Assurance Committee shall be three members of the Committee, at least one of which shall be at least one of which shall be a Public member or a Public Representative as defined in the by-laws.

In cases of urgency as determined by the Chair of the Committee, the Public member/Public Representative requirement for the purposes of quorum may be waived.

Reports In accordance with section 11(1) of the Code, the Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any limitations of *the Regulated Health Professions Act, 1991*.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

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Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.05)	1
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Accountability and Authority The Patient Relations Committee is a statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 10(1)(7) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991* (the "Code").

Limitations The Patient Relations Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*.

Responsibilities The Patient Relations Committee shall:

- Advise on and recommend to the Council policies and procedures governing the Patient Relations Program of the College, a program to enhance relations between [Registrants](#) and patients (Code, s. 1(1) and s. 85);
- Develop and recommend to Council measures for preventing and dealing with sexual abuse of patients, including but not necessarily limited to
 - educational requirements for [Registrants](#);
 - guidelines for the conduct of members with their patients;
 - training for the College's staff; and
 - the provision of information to the public (Code, s. 84(3));
- Administer on behalf of the Council the Funding for Therapy and Counselling Program of the College, including;
 - Developing policies and procedures governing the administration of requests for funding;
 - Developing appropriate forms for patients to seek funding for counselling or therapy under this program;
 - Processing any requests for funding in a timely manner;
 - Overseeing the payment of funds by the [CEO](#) to the therapist or counselor chosen by the person and as approved by the Committee; and
 - Overseeing any proceedings initiated by the College against a member in a court of competent jurisdiction to recover any funds paid by the College where there was a finding by a panel of the Discipline Committee that the member sexually abused a patient (Code, s. 85.7(12)).
- Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments; and
- Bi-annually review relevant regulations made under the *Naturopathy Act, 2007*.

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Composition and Appointment The Patient Relations Committee shall be appointed by Council and shall be comprised of no fewer than three (3) but as many [individuals](#) as the Council deems appropriate, including:

- one (1) [Council member](#);
- one (1) or more [Registrants](#) who are not Council members; and
- Any number of [Public Representatives as defined in the by-laws](#).

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Patient Relations Committee (SC06.05)	2
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The Council shall appoint the Chair of the Patient Relations Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Term of Office The members of the Patient Relations Committee shall be appointed annually by Council for approximately one (1) year, or until such time as the Council has made further appointments.

Meetings The Patient Relations Committee will meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Patient Relations Committee shall be three members of the Committee, at least one of whom shall be a Public member or a Public Representative as defined in the by-laws.

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In cases of urgency as determined by the Chair of the Committee, the Public member/Public Representative requirement for the purposes of quorum may be waived.

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Reports In accordance with section 11(1) of the Code, the Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any limitations of *the Regulated Health Professions Act, 1991*.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

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Section	Committee	Page
Governance Process	Registration Committee (SC07.05)	1
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Accountability and Authority The Registration Committee is a statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 10(1)(2) of the *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act, 1991* (the "Code").

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Limitations The Registration Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Naturopathy Act, 2007* (the "Act") and the Regulations made under the Act.

Responsibilities The Registration Committee shall:

- Advise on and recommend to the Council policies and procedures governing:
 - the registration program and annual renewal of Registrants;
 - the examinations program of the College, including entry-to-practise examinations and post-registration examinations relating to Standards of Practise;
 - the Prior Learning Assessment and Recognition program to assess the competencies of individuals trained in programs other than CNME accredited educational programs;
- Advise on and recommend to the Council the required content for the College's examinations, including the:
 - jurisprudence examination;
 - written Clinical Sciences and Biomedical examinations;
 - Ontario Clinical Examinations;
 - Therapeutic Prescribing examination; and
 - IVIT Examination.
- Consider applications for:
 - registration referred to it by the CEO;
 - applications to remove or modify a term, condition or limitation that was imposed as a result of a Registration proceeding (Code, s. 19)
 - applications and applicants' submissions and make orders with respect to the disposition of the application in accordance with the Code (s.18(2) and s. 19(6));
- Annually review all program policies and related procedures to ensure that they are transparent, objective, impartial and fair and report to the Council on the outcome of the review and make any recommendations for amendments; and
- Bi-annually review relevant regulations made under the *Naturopathy Act, 2007*, including but not necessarily limited to the Registration Regulation.

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Composition and Appointment The Registration Committee shall be appointed by Council and shall be comprised of no fewer than three (3) but as many individuals as the Council deems appropriate, including:

- At least one (1) Council member who is a Public member and any number of additional Council members;
- one (1) or more Registrants who are not Council members; and
- any number of Public Representatives as defined in the by-laws.

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COMMITTEE TERMS OF REFERENCE

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The Council shall appoint the Chair of the Registration Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Panels of the Registration Committee shall be appointed from among the members of the Committee by the Chair and shall be comprised of no fewer than three (3) one (1) of whom shall be a Public Member of the Council. The Chair of the Registration Committee shall, at the time of appointing a Panel, designate one member of the panel as the Chair of the Panel.

Term of Office The members of the Registration Committee shall be appointed annually by the Council for approximately one (1) year, or until such time as the Council has made further appointments.

Meetings The Registration Committee will meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Registration Committee shall be three members of the Committee, at least one of which shall be a public member of the Council.

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Quorum for Panels shall be three members of the Panel, one of whom is a public member of the Council (Code, s.17(3)).

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Reports In accordance with section 11(1) of the Code, the Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any limitations of *the Regulated Health Professions Act, 1991*.

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The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
July 30, 2013	April 24, 2019	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.04)	1
		Create Date November 5, 2013

Deleted: 3

Accountability and Authority The Examination Appeals Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12 of the Registration Regulation and the *Committee Terms of Reference Governance Process* policy (GP06).

Limitations The Examination Appeals Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Responsibilities The Examination Appeals Committee shall:

- Advise on and recommend to the Council policies and procedures governing the examination appeals process;
- Annually review all program policies and related procedures and report to the Council on the outcome of the review and make any recommendations for amendments;
- Receive, review and dispose of appeals of the clinical, intravenous infusion therapy and therapeutic prescribing examinations filed by candidates who have sat and failed a clinical examination.

Composition and Appointment The Examination Appeals Committee shall be appointed by Council and shall be comprised of at least three (3), but as many individuals as the Council deems appropriate, none of whom shall be members of the Registration Committee, including:

- one (1) Council member;
- one (1) or more Registrants who are not Council members;
- Any number of Public Representatives as defined in the by-laws.

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The Council shall appoint the Chair of the Examination Appeals Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Term of Office The members of the Examination Appeals Committee shall be appointed annually by Council for approximately one (1) year, or until such time as the Council has made further appointments.

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Meetings The Examination Appeals Committee shall meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Examination Appeals Committee shall be two (2) members of the Committee, at least one (1) of which shall be a Public member or a Public Representative.

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In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.

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DATE APPROVED	REVIEW DATE	RESPONSIBLE
January 16, 2014	April 24, 2019	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Examination Appeals Committee (CC03.04)	2
		Create Date November 5, 2013

Deleted: 3

Reports

The Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any requirements of *the Regulated Health Professions Act, 1991*.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
January 16, 2014	April 24, 2019	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	<u>Governance Committee</u> (CC04.03)	1
		Create Date
		November 5, 2013

Accountability and Authority The Governance Committee (formerly the Nominations and Elections Committee) is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 and section 10 of the bylaws and the *Committee Terms of Reference Governance Process* policy (GP06).

Limitations The Governance Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized in the bylaws and by these Terms of Reference.

Responsibilities The Governance Committee shall:

- Review and make a final ruling on any disputes regarding a Registrant's eligibility to vote in an election (s.10.07 of the bylaws);
- Review and make a determination on the acceptability of the biography and personal statement submitted by a candidate for election (s. 10.13 of the bylaws);
- Upon the request of the CEO, assist the CEO in the supervision and administration of elections of candidates for the Council (s. 10.16 of the by-laws);
- Upon a referral from the Council, shall hold an inquiry into the validity of the election of a Council member referred by the Council and shall make a report and recommendations to the Council;
- Working with the CEO, develop and maintain a comprehensive volunteer program for Council and Committee members that is acceptable to Council and that:
 - Provides for a process of recruitment and application for elections and/or appointments to Council and its Committees.
 - Provides for a competency-based framework for election and/or appointment to Council and its Committees.
 - Provides for an induction program for the assessment of candidates for Council and Council Committees.
 - Provides for orientation and training of new Council and Committee members appointed by Council.
 - Provides for an evaluation process for Council and Committee members.
 - Provides for a feedback process for all volunteers.
 - Provides for a volunteer recognition program for serving Council and Committee members.

Composition and Appointment The Governance Committee shall be appointed by Council and shall be comprised of at least three (3) but as many members as the Council deems appropriate,, including:

- One (1) or more Council members;
- one (1) or more Registrants who are not Council members and who are not seeking election to the Council in the year on which they sit on the Committee; and
- Any number of Public Representatives as defined in the by-laws.

The Council shall appoint the Chair of the Governance Committee.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
January 16, 2014	April 24, 2019	Council

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COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Committee (CC04.03)	2
		Create Date
		November 5, 2013

Term of Office The members of the [Governance Committee](#) shall be appointed annually by Council for approximately one (1) year, or until such time as the Council has made further appointments.

Meetings The [Governance Committee](#) shall meet at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the [Governance Committee](#) shall be three members of the Committee, [at least one of which shall be a Public member or a Public Representative as defined in the by-laws.](#)

[In cases of urgency as determined by the Chair of the Committee, the Public member/Public Representative requirement for the purposes of quorum may be waived.](#)

Reports The Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any requirements of *the Regulated Health Professions Act, 1991*.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

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DATE APPROVED	REVIEW DATE	RESPONSIBLE
January 16, 2014	April 24, 2019	Council

Section	Committee	Page
Governance Process	Standards Committee (CC07.00)	1
		Create Date October 14, 2020

- Accountability and Authority** The Standards Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the bylaws and the *Committee Terms of Reference Governance Process* policy (GP06).
- Limitations** The Standards Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized in the bylaws and by these Terms of Reference.
- Responsibilities** The Standards Committee shall:
- Develop, undertake consultations on, and approve the Standards of Practice of the profession.
 - Develop, undertake consultations on, and approve Guidelines governing the practice of the profession.
 - Develop, undertake consultations on, and approve policies governing the practice of the profession.
 - Review and respond, as appropriate, to requests from other regulatory authorities for comments on draft standards and guidelines under consultation.
 - Annually review and make recommendations to the Council for any new, or amendments to the Regulations made under the *Naturopathy Act, 2007* and the by-laws as they pertain to the Standards of Practice of the profession.
- Composition and Appointment** The Standards Committee shall be appointed by Council and shall be comprised of at least three (3), but as many members as the Council deems appropriate, subject to the exclusions set out in these terms of reference, including:
- one (1) Council member;
 - one (1) or more Registrants who are not Council Members;
 - one (1) or more Registrants who have met the Standard of Practice on Prescribing and the Standard of Practice on Intravenous Infusion Therapy established in the General Regulation;
 - Any number of Public Representatives as defined in the by-laws.
- The Council shall appoint the Chair of the Standards Committee and, wherever practical, the Chair shall not be a Council member.
- Exclusions** Any person who is appointed to the following Committees shall not be eligible for appointment to the Standards Committee:
1. Discipline Committee.
 2. Inquiries, Complaints and Reports Committee.
- Term of Office** The members of the Standards Committee shall be appointed annually by Council for approximately one (1) year, or until such time as the Council has made further appointments.
- Meetings** The Standards Committee shall meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or

DATE APPROVED	REVIEW DATE	RESPONSIBLE

Section	Committee	Page
Governance Process	Standards Committee (CC07.00)	2
		Create Date October 14, 2020

where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Standards Committee shall be three members of the Committee, unless the Committee is composed of only three members in which case the quorum for such a Committee shall be two members, at least one of which shall be a Public member or a Public Representative as defined in the by-laws.

In cases of urgency as determined by the Chair of the Committee, the Public member/Public Representative requirement for the purposes of quorum may be waived.

Reports The Committee shall submit a quarterly report to the Council addressing matters of importance to the Committee.

DATE APPROVED	REVIEW DATE	RESPONSIBLE

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Audit Committee (CC01.03)	1
		Create Date
		November 5, 2013

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Accountability and Authority The Audit Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and the *Committee Terms of Reference Governance Process* policy (GP06).

Limitations The Audit Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Responsibilities The Audit Committee shall review and make recommendations to the Council for approval with respect to:

- the annual financial statements, having discussed them with the Auditors;
- the Auditor's Report on the annual financial statements, and related issues including accounting practices and financial controls;
- the appointment of the auditors and their fees;
- any areas of disagreement between management and the Auditors;
- the adequacy of the systems of internal control;
- the financial Executive Limitations policies to ensure compliance;
- such other matters that are within the scope of the Audit Committee in accordance with legislation.

Composition and Appointment The Audit Committee shall be appointed by the Council and shall be comprised of at least three (3) members, but as many members as the Council deems appropriate, including:

- one (1) or more Council members;
- one (1) or more Registrants who are not Council members;
- Any number of Public Representatives as defined in the by-laws.

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The Council shall appoint the Chair of the Audit Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Term of Office The Audit Committee shall be appointed annually by Council for approximately one (1) year, or until such time as the Council has made further appointments.

Meetings The Audit Committee shall meet at least twice annually in person or by teleconference at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Audit Committee shall be three members of the Committee, at least one of which shall be a Public member or a Public Representative, as defined in the by-laws.

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In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
January 16, 2014	April 24, 2019	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Audit Committee (CC01.03)	2
		Create Date November 5, 2013

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Reports

The Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any requirements of *the Regulated Health Professions Act, 1991*.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
January 16, 2014	April 24, 2019	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Policy Review Committee (CC06.01)	1
		Create Date
		August 18, 2020

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Accountability and Authority The Governance Policy Review Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant to section 12.02 of the by-laws and the *Committee Terms of Reference Governance Process* policy (GP06).

Limitations The Governance Policy Review Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Responsibilities The Governance Policy Review Committee shall be responsible for the development, maintenance, and regular review of the Council's governance policies. As such, it shall:

- Establish and maintain a process for the identification of non-substantive changes to policies and present proposed amendments based on these.
- Solicit comments from Council members in advance of each Council meeting on the set of policies that will be the subject of a detailed review.
- Review all comments received and, where appropriate, lead the discussion at the Council meeting relating to all policies including but not necessarily limited to those that are the subject of a detailed review.
- Propose any amendments to any of the Council's governance policies and lead the development of any new policies, either as requested by the Council, Council Chair or as recommended by the Chief Executive Officer (CEO).

Composition and Appointment The Governance Policy Review Committee shall be appointed by the Council and shall be comprised of at least two (2) but as many individuals as the Council deems appropriate, including:

- At least one (1) or more Council members;
- one (1) or more Registrants who are not Council members;
- Any number of members of Public Representatives as defined in the by-laws.

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The Council shall appoint the Chair of the Governance Policy Review Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

The CEO shall be an ex officio, non-voting member of this Committee.

Term of Office The Governance Policy Committee shall be appointed annually by Council for approximately one (1) year, or until such time as the Council has made further appointments.

Meetings The Governance Policy Review Committee shall meet in person or by teleconference at the call of the Chair.

In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or

DATE APPROVED	REVIEW DATE	RESPONSIBLE
September 9, 2020		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Governance Policy Review Committee (CC06.01)	2
		Create Date
		August 18, 2020

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where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum

Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Governance Policy Review Committee shall be two members of the Committee, at least one of which shall be a ~~Public member~~ or a Public Representative as defined in the by-laws.

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~~In cases of urgency as determined by the Chair, the Public member/Public Representative~~ requirement for the purposes of quorum may be waived.

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Reports

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

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DATE APPROVED	REVIEW DATE	RESPONSIBLE
September 9, 2020		Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Scheduled Substances Review Committee (CC02.05)	1
		Create Date February 10, 2012

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Accountability and Authority The Scheduled Substances Review Committee is a non-statutory committee of the Council of the College of Naturopaths of Ontario and is established pursuant the *Committee Terms of Reference Governance Process* policy (GP06).

Limitations The Scheduled Substances Review Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference. It has no authority to set policy or made decisions independently of the Council.

Responsibilities The Scheduled Substances Review Committee shall :

- At the direction of Council,;
 - Initiate a call for submissions from and/or undertake consultations with stakeholders regarding amendments to the Tables of the General Regulation and the laboratory tests and specimen collections authorized under the *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA);
 - Review feedback provided and make recommendations to the Council regarding proposed changes to the regulations;
- Annually review all program policies and procedures and report to the Council on the outcome of the review and make any recommendations for amendments;
- Bi-annually review relevant regulations made under the *Naturopathy Act, 2007* and the LSCCLA (as it applies to the profession), including but not necessarily limited to the Tables within the General Regulation.
- Undertake any other duties with respect to the Schedules of Substances under the Controlled Acts Regulation and laboratory testing and specimen collection under the LSCCLA as assigned by the Council.

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Composition and Appointment The Scheduled Substances Review Committee shall be appointed by Council and shall be comprised of at least five (5) but as many individuals as the Council deems appropriate, including:

- one (1) or more Council members;
- one (1) or more Registrants who are not Council members;
- Any number of Public Representatives as defined in the by-laws.

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The Council shall appoint the Chair of the Scheduled Substances Review Committee and, wherever practical, the Chair shall not be a member of the Executive Committee of the Council.

Term of Office The members of the Scheduled Substances Review Committee shall be appointed annually by Council for approximately one (1) year, or until such time as the Council has made further appointments. The length of service of any member of the Committee is a maximum of six consecutive years, provided they wish to remain on the Committee and their re-appointment is confirmed by the Council.

Meetings The Scheduled Substances Review Committee shall meet on a schedule set by the Committee in advance of the program year, or, at the call of the Chair.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
April 16, 2012	April 24, 2019	Council

COMMITTEE TERMS OF REFERENCE

Section	Committee	Page
Governance Process	Scheduled Substances Review Committee (CC02.05)	2
		Create Date
		February 10, 2012

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In the event that the Chair of the Committee is unable to preside at the meeting, the Chair may designate an acting Chair from among the Committee members, or where the Chair has not done so, an acting Chair for the meeting shall be selected from among the Committee members by the Committee.

Quorum

Pursuant to section 12.06 of the By-laws of the College of Naturopaths of Ontario, quorum for meetings of the Scheduled Substances Review Committee shall be three members of the Committee, at least one of which shall be a Public member or Public Representative as defined in the by-laws.

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In cases of urgency as determined by the Chair, the Public member/Public Representative requirement for the purposes of quorum may be waived.

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Reports

The Committee shall provide a report of its activities annually to the Council, as well as when requested from time to time, subject to any requirements of *the Regulated Health Professions Act, 1991*.

The Chair shall also submit a quarterly report to the Council addressing matters of importance to the Committee.

DATE APPROVED	REVIEW DATE	RESPONSIBLE
April 16, 2012	April 24, 2019	Council



The College of Naturopaths of Ontario

BRIEFING NOTE

Amended Ontario Biomedical Examination Blueprints

PURPOSE: To consider changes proposed by the Registration Committee to the Ontario Biomedical Examination blueprints.

OUTCOME Approval of the amended blueprints

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Review and discussion of blueprint changes.		
Results:	Decision.		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Chair, Registration Committee to present overview and decisions point.	5 minutes
	2.	Questions from Council and answers	5 minutes
	3.	Motion and Vote.	5 minutes

BACKGROUND:

In January 2020, following pilot testing of question items for the purpose of collecting necessary psychometric data to help inform the final exam build, the Registration Committee finalized the Ontario Biomedical Examination blueprint for testing exam candidates on foundational Biomedical knowledge of body systems and their interactions. This blueprint was then approved by Council in April 2020.

The first session of the examination was administered on November 19, 2020 with a second session scheduled for March 9, 2021. Proposed revisions to the blueprint (attached) are being made to address both concerns raised by exam item writers in their recent exam maintenance work, and suggested edits from the Examination Committee (ETP) following their review of new Biomedical exam content and the blueprints in October 2020. If approved, the amended blueprint would go into effect for the scheduled September 2, 2021 session of the exam. A larger sitting of candidates is anticipated to occur for this session as it will be the first Biomedical exam administered following cessation on May 15, 2021 of the College's recognition of the NPLEX I, for registration in Ontario.

DISCUSSION POINTS:

Competency amendments

The following amendments to the blueprint competency statements are being proposed:

- Competency 2.04.04: The competency wording has been revised to remove specific terms (e.g., andropause) and keep the competency statement general in nature.

- Competency 2.08.01: minor correction.
- Competency 5.07.01: The Committee felt that prions (proteins) did not fit in with the intent of this microbiology competency and are suggesting deletion of that word.
- Competency 6.05.01: Correction of the competency for accuracy.
- Competency 6.07.01: Amendment to broaden the competency statement.
- Competency 7.03.01: Amendment to broaden the competency statement.
- Competency 7.03.02: Amendment for clarity and to broaden the competency– “of the body” covers off all specific regions without needing to list them out.
- Competency 7.03.03: Amendment for clarity and to broaden competency – “bones of the body” covers off all types of bones without needing to list them out.
- Competency 7.04.01: Removed for redundancy.
- Competency 8.03.04: Amended for clarity.
- Competency 8.05.02: Amended to remove redundancy.
- Competency 10.07.01: Amended to broaden the competency statement.

Item type amendments

At initial development of the blueprints for both the Ontario Clinical Sciences and the Ontario Biomedical examinations, the College was conscious of potential criticism that might be received in not structuring these exams similarly to the ones they were intended to replace for registration in Ontario (NPLEX series). As such, a portion of both examinations were allocated for case-based questions.

During recent maintenance work, item writers expressed considerable concern that attempting to turn a straight-forward, stand-alone biomedical exam question into a case-based question (or into a scenario-based question) solely for the purpose of meeting the blueprint requirements was onerous to the point of slowing down the exam maintenance work being performed and created no additional benefit with respect to assessing a candidate’s competency. The latter statement was supported by the Exam Committee (ETP), who also noted that removing the case-based and scenario-based blueprint requirements would not affect the psychometric validity of the examination.

As such, a recommendation is being made to allow the Ontario Biomedical examination to test competency using independent questions only.

Taxonomy amendments

The Ontario Biomedical examination assesses a candidate’s foundational knowledge regarding body systems and their interactions. Unlike the Clinical Sciences exam, which is assessing a candidate’s ability to apply critical thinking to cases and scenarios, the Biomedical examination is primarily an exam which is assessing knowledge. Amendments therefore have been made to remove the critical thinking taxonomy requirement and reallocate the taxonomy percentages to account for this removal.

ANALYSIS

Risk Assessment – In not approving the draft amendments to the Ontario Biomedical Examination blueprint, the College may be at risk of not meeting its exam maintenance operational targets and contractual obligations with its third-party psychometric company. Additionally, the College may be viewed as trying to hinder candidates in being successful in their examination attempt with the use of unnecessary case or scenario information when presenting a straight-forward knowledge-based question. As with any change to the examinations, the College may also be of risk of criticism from stakeholders or external parties with respect to the validity or robustness of the examination in question as a result of the change.

Privacy Considerations – There are no privacy considerations.

Transparency – As this briefing, as well as the Council's discussion, will be public, transparency requirements have been addressed.

Financial Impact -There are no financial implications with this recommendation.

Public Interest – As the rigor of the examination in assessing entry-to-practise competencies for the provision of safe and competent naturopathic care is not affected by the proposed blueprint amendments, public interest is addressed.

RECOMMENDATIONS

The Registration Committee recommends that the Council approve the amendments to the Ontario Biomedical Examination blueprint as presented.

Danielle O'Connor, ND
Chair, Registration Committee

Erica Laugalys
Director, Registration & Examinations

January 5, 2021

CONO Biomedical Examination Blueprint

Competencies	% of Exam
1. CARDIOVASCULAR SYSTEM	10-12%
<i>1.01 Embryology</i>	
1.01.01 Embryological development of the cardiovascular system, including the valves and chambers of the heart and the blood vessels.	
<i>1.02 Histology</i>	
1.02.01 Microscopic anatomy of the heart and blood vessels.	
<i>1.03 Anatomy</i>	
1.03.01 Location and structure of the heart, major vessels, and pericardium.	
1.03.02 Location and structure of the heart valves.	
1.03.03 Location and branching patterns of coronary arteries.	
1.03.04 Anatomical patterns of the peripheral vascular system.	
1.03.05 Location and structure of microcirculation.	
<i>1.04 Physiology</i>	
1.04.01 Function of the heart valves and their associated sounds in relation to the cardiac cycle.	
1.04.02 Pressure, flow and resistance as it relates to the cardiovascular system.	
1.04.03 Regulation of ventilation, gas exchange and tissue perfusion.	
1.04.04 Autonomic regulation and electrical conduction of the cardiac muscle.	
1.04.05 Electrical measurement of the heart.	
1.04.06 Forces involved in the circulation of blood and lymph, and the regulation of blood flow.	
1.04.07 Physiological adaptive changes related to exercise.	
<i>1.05 Biochemistry</i>	
1.05.01 Metabolic pathways of the heart	
<i>1.06 Genetics</i>	
1.06.01 Gene expression and consequences of the genetic abnormalities that underlie cardiovascular disease processes	
<i>1.07 Microbiology</i>	
1.07.01 Role of infectious agents involved in cardiovascular disease	
<i>1.08 Pathology</i>	
1.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the cardiovascular system	
2. ENDOCRINE SYSTEM	9-11%
<i>2.01 Embryology</i>	
2.01.01 Embryological development of the organs of the endocrine system	
<i>2.02 Histology</i>	
2.02.01 Microscopic anatomy of the endocrine system	
<i>2.03 Anatomy</i>	
2.03.01 Location and structure of the endocrine organs	

Competencies	% of Exam
2.03.02 Location and structure of the circulatory pathways of blood related to the endocrine organs	
<i>2.04 Physiology</i>	
2.04.01 Mechanisms and functions of endocrine organs.	
2.04.02 Hormonal functions, synthesis, release, transport and feedback.	
2.04.03 Hormonal changes occurring during puberty.	
2.04.04 Hormonal changes occurring during aging.	
2.04.05 Physiological adaptive changes related to stress.	
<i>2.05 Biochemistry</i>	
2.05.01 Metabolic pathways related to the endocrine system.	
2.05.02 Synthesis of hormones.	
<i>2.06 Genetics</i>	
2.06.01 Gene expression and consequences of the genetic abnormalities that underlie endocrine disorders.	
<i>2.07 Microbiology</i>	
2.07.01 Role of infectious agents involved in endocrine disorders.	
<i>2.08 Pathology</i>	
2.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the endocrine system.	
3. GASTROINTESTINAL SYSTEM	10-12%
<i>3.01 Embryology</i>	
3.01.01 Embryological development of the gastrointestinal tract and glands.	
<i>3.02 Histology</i>	
3.02.01 Microscopic anatomy of the gastrointestinal tract and related organs.	
<i>3.03 Anatomy</i>	
3.03.01 Location and structure of the organs and glands of the gastrointestinal system.	
3.03.02 Location and structure of the circulatory pathways of blood related to the gastrointestinal system.	
<i>3.04 Physiology</i>	
3.04.01 Mechanisms and functions of the gastrointestinal organs and glands.	
3.04.02 Processes and regulation of digestion, absorption, and elimination.	
3.04.03 Immune functions of the gastrointestinal system.	
<i>3.05 Biochemistry</i>	
3.05.01 Structure, absorption, transport, mechanism of action, and function of vitamins and minerals.	
3.05.02 Metabolism of carbohydrates, fats, proteins.	
3.05.03 Metabolism of essential and non-essential nutrients (fatty acids and amino acids).	
3.05.04 Bilirubin metabolism and detoxification pathways.	

Competencies	% of Exam
<i>3.06 Genetics</i>	
3.06.01 Gene expression and consequences of the genetic abnormalities that underlie gastrointestinal disease processes.	
<i>3.07 Microbiology</i>	
3.07.01 Role of the microbiome in the processes of digestion, nutrient production, absorption, and elimination.	
3.07.02 Role of infectious agents in the gastrointestinal system.	
<i>3.08 Pathology</i>	
3.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the gastrointestinal system.	
4. HEMATOPOIETIC SYSTEM	6-8%
<i>4.01 Embryology</i>	
4.01.01 Role of stem cells in hematopoiesis.	
<i>4.02 Histology</i>	
4.02.01 Microscopic anatomy and origins of blood cells.	
<i>4.03 Anatomy</i>	
4.03.01 Location and structure of the hematopoietic system.	
<i>4.04 Physiology</i>	
4.04.01 Composition and function of blood cells and plasma.	
4.04.02 Synthesis and degradation of blood cells.	
4.04.03 Maturation of blood cells.	
4.04.04 Mechanisms and regulation of hematopoiesis and hemostasis.	
<i>4.05 Biochemistry</i>	
4.05.01 Metabolic pathways related to the hematopoietic system.	
<i>4.06 Genetics</i>	
4.06.01 Gene expression and consequences of the genetic abnormalities that underlie hematopoietic disease processes.	
<i>4.07 Microbiology</i>	
4.07.01 Role of infectious agents involved in the hematopoietic system.	
<i>4.08 Pathology</i>	
4.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the hematopoietic system.	
5. IMMUNE SYSTEM	10-12%
<i>5.01 Embryology</i>	
5.01.01 Embryological development of the immune system.	
<i>5.02 Histology</i>	
5.02.01 Microscopic anatomy of the lymphoid organs.	
<i>5.03 Anatomy</i>	
5.03.01 Location and structure of the lymphatic system.	
5.03.02 Location and structure of the lymphoid organs.	
<i>5.04 Physiology</i>	

Competencies	% of Exam
5.04.01 Processes involved in innate immunity.	
5.04.02 Processes involved in adaptive immunity.	
5.04.03 Functions of cells, antibodies, and cytokines in humoral and cell-mediated immunity.	
5.04.04 Structure and function of histocompatibility antigens and their associated diseases.	
5.04.05 Pathways of cellular and cytokine signaling in response to injury, infection, and foreign bodies.	
5.04.05 Structure, function, and pathways of complement compounds.	
5.04.06 Functions and regulation of lymphatic fluid and lymphoid organs.	
<i>5.05 Biochemistry</i>	
5.05.01 Metabolic pathways related to the immune system.	
5.05.02 Biochemistry of synthesis and degradation of lymphatic fluid and its components.	
<i>5.06 Genetics</i>	
5.06.01 Gene expression and consequences of the genetic abnormalities that underlie immunological disease processes.	
<i>5.07 Microbiology</i>	
5.07.01 Classification of viruses, bacteria, fungi, protozoa, and helminths based on structural and biological characteristics.	
<i>5.08 Pathology</i>	
5.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the immune system.	
6. INTEGUMENTARY SYSTEM	6-8%
<i>6.01 Embryology</i>	
6.01.01 Embryological development of the ectoderm.	
<i>6.02 Histology</i>	
6.02.01 Microscopic anatomy of the layers of the skin and dermal-epidermal junction and normal pigmentation.	
6.02.02 Microscopic anatomy of nails, hair follicles, and associated structures.	
6.02.03 Microscopic anatomy of glands associated with the integumentary system.	
<i>6.03 Anatomy</i>	
--No competency for this category--	
<i>6.04 Physiology</i>	
6.04.01 Physiological processes related to injury, including cellular injury and adaptive change.	
6.04.02 Temperature regulation and sensory reception.	
6.04.03 Absorption and elimination functions of the integumentary system.	
6.04.04 Protective functions of the integumentary system.	
<i>6.05 Biochemistry</i>	
6.05.01 Synthesis of vitamin D in skin.	

Competencies	% of Exam
6.05.02 The role of essential and non-essential nutrients associated with the structure and function of the integumentary system.	
<i>6.06 Genetics</i>	
6.06.01 Gene expression and consequences of the genetic abnormalities that underlie integumentary disease processes.	
<i>6.07 Microbiology</i>	
6.07.01 Characteristics and role of normal flora and role of infectious agents in dermatological conditions.	
<i>6.08 Pathology</i>	
6.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the integumentary system.	
7. MUSCULOSKELETAL SYSTEM	7-9%
<i>7.01 Embryology</i>	
7.01.01 Embryological development of the musculoskeletal system including muscle, bone, connective tissue, and joints.	
<i>7.02 Histology</i>	
7.02.01 Microscopic anatomy of the musculoskeletal system including muscles, bones, and joints.	
<i>7.03 Anatomy</i>	
7.03.01 Classification, location and structure of the different types of joints in the body.	
7.03.02 Origin, insertion, main action, and innervation of the muscles and ligaments of the body.	
7.03.03 Classification, location and structure of the bones of the body.	
<i>7.04 Physiology</i>	
7.04.01 Mechanisms and factors affecting contraction of skeletal, smooth, and cardiac muscle.	
7.04.02 Function of connective tissues of the musculoskeletal system.	
7.04.03 Physiological adaptive changes to the musculoskeletal system in response to fasting and exercise.	
7.04.04 Remodeling and repair of osseous and cartilaginous structures and the nutrients affecting it.	
7.04.06 Integrative functions of the musculoskeletal system related to proprioception, posture, venous return, and lymphatic flow.	
<i>7.05 Biochemistry</i>	
7.05.01 Metabolic pathways of the musculoskeletal system.	
<i>7.06 Genetics</i>	
7.06.01 Gene expression and consequences of the genetic abnormalities that underlie musculoskeletal disease processes.	
<i>7.07 Microbiology</i>	
--No competency for this category--	
<i>7.08 Pathology</i>	

Competencies	% of Exam
7.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the musculoskeletal system.	
8. NEUROLOGICAL SYSTEM	10-12%
<i>8.01 Embryology</i>	
8.01.01 Embryological development of the neural tube and its derivatives.	
<i>8.02 Histology</i>	
8.02.01 Microscopic anatomy of neurons and neuroglia.	
<i>8.03 Anatomy</i>	
8.03.01 Location and structure of the central nervous system and cranial nerves.	
8.03.02 Location and structure of the peripheral nervous system and spinal nerves.	
8.03.03 Structures involved in special senses.	
8.03.04 Pathways of the cerebral blood supply and flow of cerebrospinal fluid.	
<i>8.04 Physiology</i>	
8.04.01 Functions and components of the brain and spinal cord.	
8.04.02 Functions and pathways of the cranial nerves.	
8.04.03 Function of the peripheral nervous system.	
8.04.04 Pathways and functions of the autonomic nervous system.	
8.04.05 Pathways and functions of the somatic nervous system.	
8.04.06 Pathways and functions of the special senses and associated structures.	
8.04.07 Regulation of synaptic transmission, graded potentials, action potential, and axon conduction.	
<i>8.05 Biochemistry</i>	
8.05.01 Metabolic pathways of the neurological system.	
8.05.02 Neurotransmitter synthesis, function, and degradation.	
<i>8.06 Genetics</i>	
8.06.01 Gene expression and consequences of the genetic abnormalities that underlie neurological disease processes.	
<i>8.07 Microbiology</i>	
8.07.01 Infectious agents of the neurological system.	
8.08 Pathology	
8.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the nervous system.	
9. PULMONARY SYSTEM	7-9%
<i>9.01 Embryology</i>	
9.01.01 Embryological development of the respiratory tract.	
<i>9.02 Histology</i>	
9.02.01 Microscopic anatomy of the respiratory tract.	
<i>9.03 Anatomy</i>	
9.03.01 Location and structure of the upper respiratory tract.	
9.03.02 Location and structure of the thorax in relation to the pleura, lungs, heart, mediastinum, and diaphragm.	

Competencies	% of Exam
<i>9.04 Physiology</i>	
9.04.01 Circulation of blood and the flow of air in the lungs.	
9.04.02 Regulation of ventilation.	
9.04.03 Regulation of gas exchange and tissue perfusion.	
9.04.04 Physiological adaptive changes related to exercise and environmental factors.	
9.04.05 Non-respiratory functions of the pulmonary system.	
<i>9.05 Biochemistry</i>	
9.05.01 Metabolic pathways of the pulmonary system.	
<i>9.06 Genetics</i>	
9.06.01 Gene expression and consequences of the genetic abnormalities that underlie pulmonary disease processes.	
<i>9.07 Microbiology</i>	
9.07.01 Infectious agents of the pulmonary system.	
<i>9.08 Pathology</i>	
9.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the pulmonary system.	
10. SEXUAL HEALTH	8-10%
<i>10.01 Embryology</i>	
10.01.01 Embryological development of the sexual organs, the placenta, and the breast.	
10.01.02 Developmental processes related to gametogenesis, implantation, and embryogenesis.	
<i>10.02 Histology</i>	
10.02.01 Microscopic anatomy of the sexual organs and the breast.	
<i>10.03 Anatomy</i>	
10.03.01 Location and structure of the sexual organs and breast.	
<i>10.04 Physiology</i>	
10.04.01 Mechanisms of sexual arousal and response.	
10.04.02 Regulation of hormones related to sexual functions.	
10.04.03 Regulation of menstruation.	
10.04.04 Regulation of oogenesis and spermatogenesis.	
10.04.05 Physiological adaptations related to pregnancy.	
10.04.06 Regulation of lactation.	
<i>10.05 Biochemistry</i>	
10.05.01 Biochemistry of hormone synthesis and degradation related to sexual functions.	
10.05.02 Metabolic pathways of the reproductive system.	
<i>10.06 Genetics</i>	
10.06.01 Gene expression and consequences of the genetic abnormalities that underlie reproductive disease processes.	
<i>10.07 Microbiology</i>	

Competencies	% of Exam
10.07.01 Characteristics of infectious agents involved in sexually transmitted infections.	
<i>10.08 Pathology</i>	
10.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the reproductive system.	
11. URINARY SYSTEM	6-8%
<i>11.01 Embryology</i>	
11.01.01 Embryological development of the urinary system.	
<i>11.02 Histology</i>	
11.02.01 Microscopic anatomy of the urinary system.	
<i>11.03 Anatomy</i>	
11.03.01 Location and structure of the urinary system.	
<i>11.04 Physiology</i>	
11.04.01 Circulation of blood in the urinary system.	
11.04.02 Regulation of urinary filtration, re-absorption, and secretion.	
11.04.03 Regulation of blood pressure and red blood cell production.	
11.04.04 Regulation of fluids, osmolality, electrolytes, vitamins, minerals, and pH.	
<i>11.05 Biochemistry</i>	
11.05.01 Metabolic pathways of the urinary system.	
<i>11.06 Genetics</i>	
11.06.01 Gene expression and consequences of the genetic abnormalities that underlie urinary disease processes.	
<i>11.07 Microbiology</i>	
11.07.01 Infectious agents of the urinary system.	
<i>11.08 Pathology</i>	
11.08.01 Pathogenesis and etiology, risk factors, complications, and clinical characteristics of common conditions related to the urinary system.	

Other Blueprint Parameters

Patient Population	% of Exam
Pediatric (0-14)	10-20%
Adult (15-49)	30-40%
Older Adult (50-65)	30-40%
Geriatric (over 65)	10-20%

Item Type	% of Exam
Independent	100%

Taxonomy (Cognitive Level)	% of Exam
Knowledge/Comprehension	91-95%
Application	5-9%



The College of Naturopaths of Ontario

BRIEFING NOTE

Amendments to the PLAR Program Policy and proposed PLAR Appeals Policy

PURPOSE: The Registration Committee is seeking Council approval of the draft amendments to the PLAR Program Policy and approval of the draft PLAR Appeals Policy.

OUTCOME Approval of the amended policy and of the new policy is sought.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Review and Discussion.		
Results:	Consideration and a Decision		
Overall Timing:	20 minutes		
Steps/Timing:	1.	Chair, Registration Committee to present overview and decisions point.	5 minutes
	2.	Questions from Council and answers	10 minutes
	3.	Motion and Vote.	5 minutes

BACKGROUND:

Section 5 of the College’s Registration Regulation sets out that individuals who have completed a program other than those accredited by the Council on Naturopathic Medical Education (CNME), and have undergone an assessment method approved by Council that evidences that the applicant has the knowledge, skills and judgment equivalent to those of a person who has successfully completed a CNME accredited program, are deemed to have met a portion of the eligibility criteria for issuance of a certificate of registration. This assessment method under the College is the Prior Learning Assessment & Recognition (PLAR) program.

While the program has been in place since proclamation in 2015, it is gone largely untested and as such has not been a reliable source of data and information to help inform changes and amendments that would naturally occur over time with continued use.

In 2018, the College underwent an audit of its registration practices by the Office of the Fairness Commissioner (OFC), and was presented with a report which highlighted both commendable practices and those which would benefit from some additional work, the latter mostly associated with the PLAR program. Key recommendations included: ensuring fairness of the PLAR with an appeals mechanism, providing additional clarity with respect to language requirements, providing information about PLAR assessor criteria, providing additional information about a PLAR applicant’s ability to request and receive accommodations, and the provision of additional information for PLAR applicants regarding timelines and fees for completion of the PLAR program.

To address PLAR program deficiencies, the College re-engaged two consultants who have been involved in the original development process to conduct a review, and to make recommendations on changes to the PLAR program to ensure that process gaps identified by the OFC have been addressed, and that the administration of the PLAR program is sustainable for the College.

Draft amendments to PLAR Program Policy (both an edited and a clean copy attached), along with the draft PLAR Appeals Policy (attached) incorporate recommendations made by the OFC as well as those put forward by the contracted consultants. Other recommendations made in the OFC's audit report which are not policy related, will be implemented in different ways, such as in web content, PLAR applicant and PLAR assessor materials, and within proposed amendments to the fee schedule of the College By-laws.

DISCUSSION POINTS:

PLAR Eligibility Criteria

During the initial creation of the PLAR program, the then transitional Council of the College had been advised that required base level education for eligibility for PLAR should be general, i.e., not specify a discipline or program of study, such as naturopathy. This was attributed to the fact that the practise of the profession elsewhere may be done under different names and that limiting a program of study to 'naturopathy' might unfairly exclude those who have equivalent education that was not formally categorized as "naturopathic."

While the College has not received information that this opinion has changed, research has demonstrated that other Ontario regulatory Colleges who have a means for assessing international applicants for registration outside of recognized programs of study have specific educational requirements which align with the profession the applicant is seeking registration in. As such, draft amendments have been made to stipulate that a Canadian bachelor or equivalent, in a healthcare discipline which is reasonably related to naturopathy, is required to be accepted into the PLAR program for assessment. This is believed to be a fairer and more transparent requirement given that the PLAR is assessing naturopathic competencies. Allowing any field of study, especially those unrelated to healthcare, invites individuals looking for a means of changing careers rather than those who have substantially equivalent education and experience to be competent Ontario NDs. As evidenced to date, not narrowing education also creates an unnecessary burden on staff and College volunteers who are required to compile, assess, and prepare decisions for those who apply to the PLAR program who have little, if any, related education, or experience.

In addition to changes to the educational requirement, language proficiency, previously assessed later in the PLAR program, has been moved to an eligibility requirement. As each stage of the PLAR program, including the initial paper-based assessment, requires sufficient communication skills, assessing language proficiency at the outset is fairer to the PLAR applicant.

PLAR Stages - Order Change

Draft amendments have moved the PLAR program around to better reflect the natural progression for assessing competency and result in a fairer, more comprehensive process.

PLAR Decision Making Body

As the PLAR program is not an application for registration but rather an assessment process for determining whether an individual has a combination of education and experience that is deemed equivalent to that of a CNME-accredited program graduate, the Registration Committee cannot be the body rendering decisions on a PLAR applicant's ability to move forward at each stage in the PLAR program. As such, draft policy amendments propose a separate Committee that will be struck for this purpose.

Paper-based Assessment Changes

As a stage which strongly determines eligibility for successful completion of the PLAR program, the following draft amendments are being recommended:

- Addition of a clinic hour component: as a process to substantiate “equivalency” to a CNME-accredited program graduate, who must complete a set number of clinic hours to graduate, a recommendation was made to require PLAR applicants to provide evidence of having completed clinic hours within a fair threshold of that required in the CNME-accredited program.
- Addition of immunology to the list of general medical subject matter areas: as a medical subject matter that will be assessed in the PLAR examinations, it was determined that immunology should be added to the general medical content areas PLAR applicants are required to substantiate having formal education in.

In addition to the above, the supporting content areas for the 4 mandatory content categories (previously noted only in the Document of Education and Experience that the PLAR applicant submits to initiate the paper-based assessment) have been added for additional transparency.

Demonstration-based Assessment Changes

To simplify the demonstration-based components, while not losing the rigor of the original structure, the following draft amendments are being recommended:

- Combining the case study and panel interview into one component.
- Providing PLAR applicants with the ability to make one re-attempt of demonstration-based components outside of an appeal.
- Renaming the OSCE to “Interaction with a Simulated Patient” to add clarity to those not familiar with the term or format.
- Moving the Interaction with a Simulated Patient to the final stage of the PLAR program.

PLAR Exams

At the time of drafting the PLAR program policy, the College had an uneasy arrangement with the North American Board of Naturopathic Examiners (NABNE) for use of a version of their NPLEX examinations (to be called “PLARnex”) to administer within the PLAR program, with some restrictions including that the exam could not be administered to anyone but internationally educated PLAR applicants, and PLAR applicants could be permitted only one attempt of the exam. Having now developed our own examinations, additional information has been added to the examination sections (e.g., scaled score requirements for passing) which aligns with the Ontario Clinical Sciences and Biomedical Exams policy and the non-PLAR administrations of these two exams, for additional transparency and information.

Appeal Mechanism & Outcomes

To meet OFC requirements around procedural fairness, appeal mechanisms have been built into the PLAR program for Stages 1, 4 & 5 in accordance with the PLAR Appeals Policy. Stage 2 and 3 appeals will be managed in accordance with the Examination Appeals Policy, which similarly limits appeals to environmental or procedural irregularity or a perception of undue bias.

PLAR Assessor Criteria

PLAR Assessor eligibility and selection criteria have been added to the policy for additional transparency.

ANALYSIS

Risk Assessment – In not approving the draft amendments to the PLAR Program Policy, and the draft PLAR Appeals Policy, the College is at risk of being seen as disregarding the OFC’s audit recommendations and not conducting PLAR program assessments in a fair and transparent manner.

Privacy Considerations – There are no privacy considerations.

Transparency – As this briefing, as well as the Council’s discussion, will be public, transparency requirements have been addressed.

Financial Impact – There are no direct financial implications however, draft amendments to the PLAR fee schedule as set out in Schedule 2 of the College by-laws have been made to align with revisions to the PLAR program.

Public Interest – Discussions regarding competency, as set out above, address the public interest element of this decision.


RECOMMENDATIONS

The Registration Committee recommends that the Council approve the draft amendments to the PLAR Program Policy, and the proposed PLAR Appeals policy, as presented

Danielle O’Connor, ND
Chair, Registration Committee

Erica Laugalys
Director, Registration & Examinations

January 5, 2021

 <p>The College of Naturopaths of Ontario</p>	Policy Type REGISTRATION	PROGRAM POLICIES
	Title PLAR Program Policy	Policy No. P07.05
		Page No. 1

Deleted: & Examinations

Intent/Purpose To establish a comprehensive policy governing the Prior Learning Assessment and Recognition (PLAR) program of the College of Naturopaths of Ontario (the College).

Definitions	<u>Chief Executive Officer (CEO)</u>	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to the position of Registrar under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.
	<u>College</u>	Means the College of Naturopaths of Ontario as established under the Naturopathy Act, 2007 and governed by the Regulated Health Professions Act, 1991.
	<u>CNME</u>	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
	<u>Good Character</u>	Means personal characteristics of an applicant or Registrar including ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.
	<u>Good Standing</u>	Means the status assigned to a Registrant when they are current on dues and payments and is current with filing of required reports as required based on their Certificate of Registration.
	<u>HPARB</u>	Means the Health Professions Appeal and Review Board, established under the Regulated Health Professions Act, 1991.
	<u>Internationally Educated Applicants</u>	Means Applicants for Pre-Registration who have been educated in an educational program outside of North America.
	<u>Language Skills</u>	Means the four communication abilities tested during a language proficiency assessment: reading, writing, listening and speaking.
	<u>Language Test</u>	Means a test, as set out in the College's Language Proficiency Policy that can be relied upon to test the language proficiency of a PLAR applicant.
	<u>Non-CNME Educated</u>	Means Applicants for Pre-Registration who have been educated in North America, but from a program that has not been accredited by the CNME.

Deleted: Applicant

Deleted: An individual who has made a formal application to the College for a Certificate of Registration.¶

Deleted: Good Character

Deleted: Personal characteristics of an Applicant or Member, including ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.¶

Deleted: CNME

Deleted: The North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.¶

Deleted: Good Standing¶

Deleted: The status assigned to a Member when he or she is current on dues and payments and is current with filing of required reports as required based on their Certificate of Registration.

Deleted: HPARB¶

Deleted: The Health Professions Appeal and Review Board, as established under the Regulated Health Professions Act, 1991.

Deleted: Internationally Educated Applicants


Deleted: Applicants for Pre-Registration who have been educated in an educational program outside of North America.¶

Deleted: Language Skills

Deleted: The four (4) communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.¶

Deleted: Language Test¶

DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 30, 2014

 <p>The College of Naturopaths of Ontario</p>	Policy Type REGISTRATION	PROGRAM POLICIES
	Title PLAR Program Policy	Policy No. P07.05
		Page No. 2

Deleted: & Examinations

PLAR Applicant Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR program.

Deleted: A test designated in this policy that can be relied upon to test the language proficiency of an Applicant. ¶

PLAR Appeals Panel Means a panel of the PLAR Committee who are responsible for receiving, reviewing, and disposing of PLAR appeals.

Deleted: Member

PLAR Committee Means the non-statutory committee of the College responsible for making decisions on a PLAR applicant's eligibility to move forward at each stage of the PLAR program.

Deleted: As defined in section 1(1) of the Health Profession Procedural Code means a Member of the College. ¶

Pre-Registration Means the process whereby an individual who intends to seek registration provides the College with information to establish themselves before formally applying for registration.

Deleted: Applicants for Pre-Registration who have been educated in North America but from a program that has not been accredited by the CNME. ¶

Deleted: Non-CNME Applicants ¶

Prior Learning Assessment and Recognition (PLAR) program Means a process used to determine the competency of Applicants who do not have formal education from a CNME accredited program in naturopathy.

Deleted: ¶
The individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder. ¶

Registrant Means an individual, as defined in section 1(1) of the Health Profession Procedural Code.

Deleted: The process whereby a prospective Applicant for Registration with the College enters into the Registration assessment process, including writing examinations, inter-provincial labour mobility, or the PLAR process. ¶

Deleted: Pre-Registration

Registration Means the process whereby an individual applies to the College for a Certificate of Registration to practice the profession of naturopathy in Ontario.

Deleted: Prior Learning Assessment and Recognition (PLAR)

Deleted: A process used to determine the readiness-to-practice of Applicants for Registration who do not have formal education from CNME accredited program. ¶

Registration Committee Means the statutory committee of the College responsible for all Registration matters referred to it by the Chief Executive Officer, and the imposition of terms, conditions or limitations on certificates of registration as deemed necessary in accordance with the Health Professions Procedural Code.

Deleted: Registrar ¶
¶
¶
... [1]

Registration Regulation Means Ontario Regulation 84/14, as amended from time to time.

Deleted: The individual appointed by the Council of the College pursuant to section 9(2) of the Health ... [2]

Deleted: Registration

General Policy Overarching Principles The College of Naturopaths of Ontario conducts the PLAR program in accordance with the following overarching principles:

- All PLAR applicants will be assessed by the same objective criteria regardless of where they received their naturopathic education.

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Registration Committee ... [4]

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Deleted: Terms, Conditions or Limitations (TCL) ¶

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- Judgements regarding the equivalence of education and experience will be based upon criteria that are relevant to the practice of naturopathy in Ontario, and that protect the public's safety.
- The College's core competencies as well as accreditation standards set by CMNE will be used as the basis for the rubric to evaluate the naturopathic skills and education knowledge of PLAR applicants from non-accredited institutions in naturopathy.
- In Ontario, Naturopathic Doctors are self-regulating health professionals, who work in independent practice, without requiring a medical referral, and they must be able to conduct patient assessments, make diagnoses and prescribe naturopathic treatment.
- The education and experience of Naturopathic Doctors who are registered in Ontario prepares them for independent patient assessment, evaluation, and treatment.
- The College supports the principles set out by the Office of the Fairness Commissioner (www.fairnesscommissioner.ca/) and conducts its assessments of Applicants from non-accredited institutions in naturopathic medicine accordingly.
- PLAR applicants are not required to meet different or higher standards than those required of naturopaths who have graduated from a CNME-accredited educational program.

Philosophy of PLAR

The PLAR program, which is set out below, is designed to best approximate the evolution, learning, development, and assessment mechanisms used in CNME-accredited programs. To this end, the general philosophy applied is that an individual first must demonstrate fundamental academic understanding of the profession and then be able to apply that understanding in practice. To properly assess required competencies, the College applies several types of assessment to allow PLAR applicants to demonstrate their level of competence in these different contexts. As such, the PLAR program is divided into two major components: Component I: Assessment of Naturopathic Knowledge (Stages 1, 2 and 3), Component II: Assessment of Professional Competency (Stages 4 & 5).

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Assessment Standards

Two major assessment tools will be used to assess PLAR applicants seeking registration through the PLAR program, an evaluation schema, and a competency-based marking rubric:

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- The evaluation schema, which is based on the list of CNME accreditation standards¹ for naturopathy programs, will be used to ensure that PLAR applicants possess education, and qualifications that are substantially equivalent to those acquired from a CNME accredited program.
- The competency-based marking rubrics, based on the College's core competencies², will be used to assess the demonstration-based PLAR component where PLAR applicants are expected to apply their skills in simulated practice environments and contexts.

Translation of Documents

Deleted: Overarching Principles

All materials provided to the College to support PLAR assessments must be in either English or French. PLAR applicants are required to provide certified translations of all materials not written in either official language, at their own expense.

To ensure that translations have not been modified in any way, translations must be sent directly from the certified translator to the College.

Translations must be performed by qualified professionals, who are certified by a government organization, such as Association of Translators and Interpreters of Ontario or a translator who has been certified by a Member organization of the Internal Federation of Translators (<http://www.fit-ift.org/>).

Staged Approach

The PLAR program uses a staged approach as follows:

- Stage 1: Paper-based assessment.
- Stage 2: PLAR Examination 1 (Biomedical Exam).
- Stage 3: PLAR Examination 2 (Clinical Sciences Exam).
- Stage 4: Demonstration-based assessment – Structured Interview
- Stage 5: Demonstration-based assessment - Interaction with a Standardized Patient

PLAR Decisions


Assessment findings and reports of a PLAR applicant's education, experience, knowledge, and skill are evaluated by the PLAR Committee.

At the conclusion of each stage, the Committee will receive evaluation information and, make decisions with respect to PLAR applicant's eligibility to move forward in the PLAR program, and in the case of the final stage, whether the

Deleted: The College of Naturopaths of Ontario will conduct the PLAR Program in accordance with the following overarching principles:¶
 All Applicants will be assessed by the same objective criteria regardless of where they received their naturopathic medicine education;¶
 Judgments regarding the equivalence of education and experience will be based upon criteria that are relevant to the practice of naturopathic medicine in Ontario, and that protect the public's safety;¶
 The College's core competencies as well as accreditation standards set by CNME will be used as the basis for the rubric to evaluate the skills and education of Applicants from non-accredited institutions in naturopathic medicine;¶
 In Ontario, Naturopathic Doctors are self-regulating health professionals, who work in independent practice, without requiring a medical referral and they must be able to conduct patient assessments, make diagnoses and prescribe naturopathic treatment;¶
 The education and experience of Naturopathic Doctors who are registered in Ontario prepares them for independent patient assessment, evaluation and treatment;¶
 The College supports the principles set out by the Office of the Fairness Commissioner (www.fairnesscommissioner.ca/), and conducts its assessment of Applicants from non-accredited institutions in naturopathic medicine accordingly;¶
 Applicants from non-CNME accredited educational institutions are not required to meet different or higher standards than those required of naturopaths from CNME-accredited educational programs.¶

¹ Council on Naturopathic Medical Education, "Accreditation Standards (Adopted 2009) – CNME website http://www.cnme.org/resources/09_accreditation_standards.pdf
² College of Naturopaths of Ontario, "Core Competencies".

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applicant has successfully completed the PLAR and is eligible to proceed with registration examinations.

PLAR Exams

Examinations administered as part of the PLAR process will be managed in accordance with the College's Examinations Policy, the Clinical Sciences and Biomedical Exams Policy, and the Examinations Rules of Conduct.

PLAR Appeals

PLAR assessment appeals are handled in accordance with the PLAR Appeals Policy. PLAR exam appeals are handled in accordance with the College's Exam Appeals Policy.

PLAR Fees

Fees relating to the PLAR program are noted in Schedule 3 of the College By-laws. To ensure PLAR applicants are not incurring unnecessary costs, PLAR fees are broken out by assessment component, and will be billed only once the applicant is eligible and has elected to initiate the process.

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PLAR Accommodations

Timeframe for Request to the College

To ensure PLAR applicants are provided fair and equal opportunity to complete the PLAR program, accommodation requests received from any PLAR applicant will be considered within the framework set out by the Ontario Human Rights Commission.

Form of Accommodation Request to the College

Requests for accommodations may be submitted at any point in the PLAR program, with the exception of accommodations being requested for a demonstration-based assessment, which must be received a minimum of 30 days prior to the date of the scheduled assessment.

Supporting Documentation General Requirements of the College

Requests for accommodation must be submitted in the form of a signed letter to the College which provides specific details of the accommodation required, the reason for the request and the PLAR applicant's written authorization for the College to contact the provider of any supporting documentation.

The CEO or their designate may request further documentation as deemed necessary.


Supporting documentation submitted must:

- Be dated within six (6) months of initiating PLAR or no more than six (6) months of a scheduled assessment.
- Outline the reason for the accommodation and the specific accommodations required.
- Contain the contact information of anyone providing supporting documentation on the PLAR applicant's behalf.

Disability Accommodation – Additional

In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to a disability must:

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Documentation Requirements of the College

- Be provided by a regulated health professional, or other relevant regulated professional, qualified to make an assessment or diagnosis of the condition.
- Contain the title and professional credentials of the regulated professional who has made the assessment or diagnosis; and
- Provide information regarding how the requested accommodation relates to the disability.

Religious Accommodation – Additional Documentation Requirements of the College

- In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to religious requirements must:
- Be provided by the PLAR applicant's religious leader.
 - Provide information regarding how the requested accommodation relates to the PLAR applicant's religious requirements; and
 - Provide information regarding the religious holiday if the request is for an alternate examination date due to religious observance.

Pregnancy Related Accommodation – Additional Documentation Requirements of the College

- In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to a pregnancy-related condition or issue must:
- Be provided by a regulated health professional qualified to make an assessment or diagnosis of the pregnancy related condition or issue.
 - Contain the title and professional credentials of the Regulated Health Professional.
 - Provide information regarding how the requested accommodation relates to the PLAR applicant's pregnancy related condition or issue.


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

Review of Requests to the College

- In their review, the CEO will consider whether the requested accommodation appropriately addresses the needs of the PLAR applicant and will not cause undue hardship to the College e.g.:
- Will provide an unfair advantage to the PLAR applicant, or
 - Will affect the integrity of the PLAR program.

The PLAR applicant will be advised of the request for accommodation decision within ten (10) business days of the submission date unless the CEO does not have all necessary information to effectively evaluate the accommodation request. In such instances the PLAR applicant will be notified of the additional time needed for a decision to be rendered.

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The CEO cannot guarantee that the particular form of accommodation will be granted and may, in some circumstances, contact the PLAR applicant to discuss alternative forms of accommodation.

The CEO and/or the Registration Committee may use information disclosed for the purposes of seeking an accommodation, in considering applications for initial registration with the College.

Use of Accommodation-Related Information by the College

Deleted: The PLAR process, which is set out below, is designed to best approximate the evolution, learning, development and assessment mechanisms used in CNME-accredited programs. To this end, the general philosophy applied is that an individual first must demonstrate fundamental academic understanding of the profession and then be able to apply that understanding in practice. To this end, the PLAR is divided into three major components: Component I: Assessment of Knowledge in Naturopathic Medicine (Stages 1, 2 and 3), Component II: Assessment of Professional Competency (Stage 4) and Component III – a final written examination (Stage 5).¶

Deleted: Philosophy of PLAR

Pre-Registration and PLAR Eligibility

The PLAR applicant initiates the PLAR program by:

- Completing the Pre-Registration Application form;
- Providing the College with proof of identity in accordance with the Proof of Identity Policy;
- Providing the College with proof of language proficiency in accordance with the Language Proficiency policy;
- Providing the College with proof of formal education, which is a Canadian bachelor's degree or higher, in a healthcare discipline reasonably related to naturopathy, or an education deemed by a third-party assessment agency to be equivalent to a Canadian bachelor's degree or higher, in a healthcare discipline reasonably related to naturopathy, based on their assessment.

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Assessment Standards ... [5]

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PLAR Eligibility


To be eligible to initiate PLAR, the PLAR applicant must have:

- Satisfied the requirement for proof of identity as required under the College's policy;
- Satisfied the formal education requirement, having provided the College with an original or certified copy of their degree, diploma or transcript, or if internationally educated, having arranged to have a third-party assessment report of their academic credentials submitted directly to the College;
- Satisfied the requirement for language proficiency, as required under the College's Language Proficiency policy.

Third party Assessment of Academic Credentials

Internationally educated PLAR applicants must provide a third-party assessment report of their academic credentials as part of initiating PLAR. This assessment report must be completed by an accepted third party assessment agency and be sent directly from the agency to the College. Reports received directly from PLAR applicants, or those which are irregular, altered, or fraudulent will not be accepted.

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Assessment Report

The third-party assessment report must explicitly include statements related to the following:

- Authentication of the documents provided (i.e. diplomas and transcripts);
- Verification of the program, year of study, field of study, and issuing institution;
- List of courses and their grades;
- A statement on the equivalency/comparability of the education completed as compared to the Canadian system of education.

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Accepted Third Party Assessment Agencies

Assessments may be commissioned from any organization that is a Member of the Alliance of Credential Evaluation Services of Canada (<http://www.canalliance.org/>). Currently these include:

- Comparative Education Service;
- International Credential Assessment Service of Canada;
- International Credential Evaluation Service;
- International Qualifications Assessment Service;
- Ministère de l'Immigration et des Communautés culturelles;
- World Education Services.

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All Members of the Alliance of Credential Evaluation Services of Canada adhere to a quality assurance framework (<http://www.canalliance.org/assurance.en.stm>), which aims to "promote high quality and portable assessments across Canada".

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The candidate's identity cannot be confirmed, in which case the third-party assessment cannot be considered; The candidate's identity is confirmed and their education is deemed to be equivalent to a bachelor's degree or higher, in which case the candidate may proceed to Stage 2 of the PLAR; or The candidate's identity is confirmed and their education is deemed **not** to be equivalent to a bachelor's degree, in which case the candidate's education and experience is deemed not substantially equivalent and he/she is referred to a full-time CNME-accredited education program.

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Outcomes

Eligible to Initiate PLAR

PLAR applicants who have met the eligibility criteria may move onto Stage 1 of the PLAR program.

Ineligible to Initiate PLAR


PLAR applicants who are deemed not to have met the education or language eligibility criteria to initiate the PLAR program may reapply following completion of additional language testing and/or with the provision of additional evidence of formal education. In the case of internationally educated PLAR applicants, a new assessment report may be sought out through an alternate third-party assessment agency.

Stage 1: Paper-Based Assessment

Documentation of Education and Experience (DEE)

The paper-based evaluation assesses the PLAR applicant's education and experience to determine whether that knowledge and experience is equivalent to that of a graduate of a CNME-accredited program in naturopathy.

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Required Supporting Documents: A PLAR applicant must complete and submit to the College Documentation of Education and Experience (DEE), along with the required supporting documents.

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The DEE may be downloaded from the College's website a time and may be submitted at the same time as the Pre-Registration Application, or subsequently at the discretion of PLAR applicant.

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The following documentation is required in support of the PLAR applicant's DEE:

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- Original or certified copies of relevant diplomas/degrees
- Original or certified copies of relevant academic transcripts (including marks/grades)

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- Course syllabi, descriptions and/or course calendars
- Information related to supervised/clinical placements
- Other documentation in support of acquiring relevant learning and/or practice.

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DEE Assessment: There are 52 knowledge areas that have been deemed essential in the provision of safe and competent practice. Evidence related to both formal education and experience within a naturopathic context, will be considered however's content areas will restrict type of evidence accepted based factors such as breadth of subject matter and whether learning could feasibly be obtained through experience alone.

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¶ Unless the third-party assessment agency has confirmed language proficiency, proof of official language proficiency is required prior to the candidate being permitted to sit PLARNEx Part 1. ¶

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Mandatory Content Areas: To ensure that the PLAR applicant possesses critical knowledge related to the practice of naturopathy, evidence naturopathic or similar related training for all four of the following content categories, and their supporting 25 content areas is required.

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- Body systems and their interactions
 - Biochemistry
 - Anatomy
 - Gross Anatomy
 - Microbiology
 - Pathology
 - Physiology
 - Embryology
 - Histology
 - Genetics
- Patient assessment
 - Diagnostic Assessment
 - Differential Diagnosis
 - Patient Charting & Record Keeping
 - Physical Exam
 - Psychological Assessment
- Treatment

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- Acupuncture & principles of traditional Chinese medicine
- Botanicals (Western)
- Clinical Nutrition
- Counselling
- Classical Homeopathy
- Naturopathic Principles & Theory
- Physical therapies including naturopathic manipulation
- **Prognosis and management**
- Disease Prevention
- Health Education & Promotion
- Inter-professional Collaboration
- Therapeutic - emergency

Deleted: Treatment

PLAR applicants who do not have sufficient evidence to prove that they have the requisite naturopathic knowledge in these areas will not be eligible to move to Stage 2 of the PLAR program.

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When evaluating these four (4) mandatory areas, assessors will look for evidence of supporting fundamental modalities including: botanical medicine, homeopathy, clinical nutrition, pharmacology, physical medicine (including naturopathic manipulation), acupuncture and traditional Chinese medicine, naturopathic diagnosis, and counselling. ¶

General Medical Subject Matter Areas

In addition to the mandatory naturopathic content areas, the PLAR applicant must also meet a threshold related to a set of general medical subject matter areas. These include:


- Cardiology
- Dermatology
- EENT
- Endocrinology
- Gastroenterology
- Geriatrics
- Gynecology
- Hematology
- Neurology
- Obstetrics
- Oncology
- Orthopedics
- Pediatrics
- Pharmacology
- Proctology
- Psychology
- Pulmonology
- Rheumatology
- Urology.
- Immunology

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Required General Medical Subject Matter

A minimum of 14 of the 20 general medical subject matter areas must be met to achieve the passing threshold and must include Cardiology, Endocrinology, Gastroenterology, Gynecology, Hematology, Neurology, Pediatrics, Pharmacology, Psychology, and Immunology. These content areas are deemed critical for the provision of safe and effective naturopathic care.

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Clinic Hours

As part of the paper-based assessment, PLAR applicants will also be required to provide evidence of having obtained a minimum of 960 clinic hours either through courses (e.g. imbedded clinical components), placements, or work experience. This is based on 80% of the 1200 clinic hours required of a CNME-accredited program graduate.

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Supplementary Evidence

Where insufficient information exists to perform an assessment the PLAR applicant may be asked to provide supplementary evidence of learning/experience after an initial scan of submitted documentation is completed.

Deleted: (4) ...andatory content areas...ontent categories, comprised of 25 content ; ... [16]

Passing Threshold

To be deemed to have successfully completed Stage 1, the must be evidence found to support that the PLAR applicant

- the requisite naturopathic knowledge in the four manda content categories, comprised of 25 content areas;
- the requisite general medical knowledge in at least 14 20 general medical subject matter areas, inclusive of n required;
- evidence of having obtained a minimum of 960 clinic ho

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Outcomes

There are three possible outcomes from Stage 1 of the PLAR program:

- Approved [i.e. all four of the mandatory naturopathic co categories and at least 14 of the 20 general medical/su matter areas], including the 10 in which case the PLAR applicant can proceed to Stage 2 of the PLAR,
- Partially approved [i.e. all four mandatory content cate and 11-12 general medical subject matter areas], in wh case the PLAR applicant will be informed by the PLAR Committee of identified gaps which must be remediate through recognized, formal, approved courses in the identified gap areas, prior to being eligible to proceed to stage 2,
- Deemed to be substantially non-equivalent [i.e. either missing any of the four mandatory content categories o having only ten or fewer of the general medical subject matter areas] and be informed that their education is significantly different than that of a graduate of an accredited program in naturopathy. PLAR applicants deemed substantially non-equivalent will be directed to accredited full-time program in naturopathy and/or to H Force Ontario to seek an alternative career option,

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Deleted: (4) ...andatory areas ...ontent categories or having only nine ...en (9) ...r fewer of the general medicine ...edical clinical education ...subject matter areas] and be informed that their education is significantly different than that of a graduate of an...accredited program in naturopathic medicine...atuopathy. PLAR applicants deemed substantially non-equivalent will be and be ... [21]


Remediation

PLAR applicants deemed "partially approved" can remediate gaps identified in the general medical content areas through submission of a "learning plan" outlining the courses they ir to take to obtain sufficient training/education in these gap a PLAR applicants must complete their leaning plan courses within two years of their approval by the PLAR Committee.

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approval of the learning plan and subsequent completion of designated courses, the PLAR applicant will be allowed to proceed to Stage 2 of the PLAR program.

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Supplemental Review

PLAR applicants who are informed that their education and experience is substantially non-equivalent may request within 30 days to provide supplemental information, not previously provided, to further substantiate evidence of education and experience to be assessed by the same assessor.

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Deleted: Applicants who successfully complete Stage 2 must register for Stage 3 within 60 days of being notified.¶

Appeals

PLAR applicants who disagree with the outcome of Stage 1 may appeal in accordance with the PLAR Appeals Policy.

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Administrative Reconsideration

If an appeal is approved, the PLAR Appeal Panel may grant PLAR applicant the ability to undergo an administrative reconsideration. In this case, this file is reassessed independently by a different assessor.

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If the result of the administrative reconsideration is the same as the initial assessment, no further mechanism is available for appeal within the PLAR program. PLAR applicants who wish to have the matter reviewed further may seek to make an application for registration and appeal the decision to refuse registration to HPARB.

Deleted: A...plicants who are informed that their education and experience is not substantially equivalent may request an...isagree with the outcome of Stage 1 may appeal in accordance with the PLAR Appeals Policy, "administrative reconsideration". In this case, their file would be reassessed independently by a different assessor; an additional fee would be required to initiate this process.... [25]

Stage 2: PLAR Examination 1

Biomedical Examination

PLAR applicants who have successfully completed Stage 1 may move onto Stage 2, the PLAR Examination 1, Biomedical Examination. This examination is a three-hour multiple choice exam which assesses a PLAR applicant's knowledge of body systems and their interactions, and is identical to the examination completed by CNME-accredited program graduates seeking registration in Ontario.

Reconsiderations must be requested within 60 days of receiving the results of the assessment from the College.¶ ... [25]

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Timing & Attempts

PLAR applicants must attempt the Biomedical Examination within one (1) year of receiving notification of successful completion of Stage 1 of the PLAR program.

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Two scheduled sittings of the Biomedical examination are offered each year; administered via a College approved 3rd party test administration company.

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Deleted: Written Examination¶ (Part I)

Passing Threshold

PLAR applicants must successfully complete the Biomedical examination within three attempts, and no more than two years of their initial attempt of the examination. To be deemed to have successfully completed Stage 2, PLAR applicants must achieve a minimum scaled score of 550, the same minimum passing threshold required of CNME-accredited program graduates sitting the Ontario Biomedical Exam.


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Outcomes

There are two possible outcomes from Stage 2 of the PLAR program:

- The PLAR applicant has met or surpassed the passing threshold, in which case they may proceed to Stage 3 of the PLAR program.
- The PLAR applicant has not met the passing threshold, in which case they may:
 - Re-write the examination two more times to attempt to meet the passing threshold.
 - Appeal the result of an examination attempt, as per the College's Exam Appeals Policy.
 - (After 3 attempts) be deemed by the College that their education and experience is substantially non-equivalent, and therefore be referred to a CNME-accredited program in naturopathy, and/or Health Force Ontario to seek an alternative career option.

Stage 3:
PLAR
Examination
2

Clinical Sciences Examination

PLAR applicants who have successfully completed Stage 2 may move onto Stage 3, the PLAR Examination 2, Clinical Sciences Examination. This examination is a four-hour multiple-choice exam which assesses a PLAR applicant's knowledge of necessary naturopathic competencies for the assessment and treatment of patients and is identical to the examination completed by CNME-accredited program graduates seeking registration in Ontario.

Deleted: There are two (2) possible outcomes from this examination. The candidate has either:
Met or surpassed the passing threshold, in which case they may proceed to Stage 4 of the PLAR Process; or
Not met the passing threshold, in which case they may either:
Re-write the examination a second (and final) time to attempt to meet the passing threshold; or
Be deemed by the College that their education and experience is not substantially equivalent and therefore be referred to a CNME-accredited program.

PLAR applicants must attempt the Clinical Sciences exam within one (1) year of receiving notification of successful completion of Stage 2 of the PLAR program.

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Timing

Two scheduled sittings of the Clinical Sciences examination are offered each year; administered via a College approved 3rd party test administration company

Deleted: If the candidate fails the examination and it is deemed by the College that their education and experience is not substantially equivalent to the entry-to-practice requirements, the candidate will be advised that they are denied Registration with the College and that they may appeal the decision to HPARB.

PLAR applicants must successfully complete the Clinical Sciences exam within three attempts, and two years of their initial attempt of the examination.


Outcomes

To be deemed to have successfully completed Stage 3, PLAR applicants must achieve a minimum scaled score of 550, the same minimum passing threshold required of CNME-accredited program graduates sitting the Ontario Clinical Sciences Exam.

There are two possible outcomes from this examination. The PLAR applicant has:

- Met or surpassed the passing threshold, in which case they may proceed to Stage 4 of the PLAR program; or

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2. Not met the passing threshold, in which case they may:
 - a. Re-write the examination two more times to attempt to meet the passing threshold.
 - b. Appeal the result of an examination attempt, as per the College's Exam Appeals Policy.
 - c. (After 3 attempts) be deemed by the College that their education and experience is not substantially equivalent, and therefore be referred to a CNME-accredited program in naturopathy, and/or Health Force Ontario to seek an alternative career option.

Demonstration-Based Assessments

Philosophy

There are certain activities and core competencies that cannot be assessed solely via a paper-based assessment or paper-based knowledge test. In these cases, it is essential that the PLAR applicant be assessed while performing a number of tasks to ensure they are competent and safe to practice.

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Stage 4 consists of two evaluation mechanisms:

- The structured interview; and
- Interaction with a simulated patient.

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Stage 4: Demonstration-Based Assessment

Structured Interview

A structured interview will evaluate core competencies that are not adequately covered by the paper-based assessment nor the PLAR examinations, namely the ability to analyze, synthesize and articulate theoretical situations.

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In the Structured Interview, PLAR applicants will have one hour to review and make notes on a peer reviewed article, along with a list of questions. Following this review, PLAR applicants will participate in a 90-minute structured interview.

The interview is conducted by a panel of three registered NDs trained to assess PLAR applicants, who use assessment rubrics that include entry to practise performance indicators to support an objective interview process.

Timing

PLAR applicants must attempt the Structured Interview within six months of receiving notification of successful completion of Stage 3 of the PLAR program.

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Outcomes

Each competency is marked as Adequate Response (100%), Partially Adequate Response (50%), or Inadequate Response (0%).

This stage may result in three (3) possible outcomes for PLAR applicants:

1. A passing grade of 75% or higher, in which case they will be deemed substantially equivalent and may move forward to Stage 5.
2. A non-passing grade of between 50% and 74%, in which case they will be allowed one re-attempt.
3. A failing grade of below 50%, in which case they are determined to be substantially non-equivalent and referred to a CNME-accredited program and/or Health Force Ontario to seek an alternative career option.

Re-attempt

PLAR applicants who achieved a non-passing grade on their initial attempt, and who wish to re-attempt Stage 4 must notify the College within 30 days of receiving results notification.

Deemed Withdrawal

Applicants, who do not notify the College that they wish to re-attempt Stage 4 after an initial non-passing grade, will be deemed to have withdrawn from the PLAR program.

Appeal

PLAR applicants may appeal their Stage 4 result in accordance with the PLAR Appeals policy.

Stage 5: Demonstration-Based Assessment

Interaction with a Simulated Patient

The Interaction with a Simulated Patient, allows PLAR applicants to demonstrate to assessors their clinical competencies and apply their naturopathic skills and knowledge.

PLAR applicants will complete three interactions, or "stations", each simulated patient presenting with a unique chief complaint. Each station will require PLAR applicants to read through a concise statement of the patient's presenting complaint, along with instructions for the station, perform an assessment of the simulated patient including obtaining relevant information from the patient, perform patient charting or "SOAP" notes, complete activities related to the simulated patient's case, such as demonstrating a practical technique and answer any questions from the simulated patient before concluding the station.

Simulated patients are individuals who are trained to portray the personal history, physical symptoms, and everyday concerns of an actual patient.

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Interactions with a Simulated Patient are marked using global rating scale rubrics. Performance feedback is collected not only from the assessors but also from the simulated patient. The final score is an averaged mark obtained from the performance of all three stations.

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Timing

PLAR applicants must attempt the Interaction with a Simulated Patient within six months of receiving notification of successful completion of Stage 4 of the PLAR program.

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Deleted: Structured Interview

Outcomes

This stage may result in three possible outcomes for PLAR applicants:

1. A passing grade of 75% or higher, in which case they will be deemed substantially equivalent and may move forward to completing registration examinations;
2. A non-passing grade of between 50% and 74%, in which case they will be allowed one re-attempt;
3. A failing grade of below 50%, in which case they are determined to be substantially non-equivalent and referred to a CNME-accredited program and/or Health Force Ontario to seek an alternative career option.

Deleted: A structured interview will evaluate core competencies that are not adequately covered by the paper-based assessment and the OSCE portions of the assessment process. ¶

¶ The interview will be conducted by a panel of trained interviewers who use assessment rubrics that include performance indicators to support an objective interview process. ¶

¶ Each competency is marked as Adequate Response (100%), Partially Adequate Response (50%), and Inadequate Response (0%). ¶

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Re-attempt

PLAR applicants who achieved a non-passing grade on the initial attempt, and who wish to re-attempt Stage 5 must notify the College within 30 days of receiving results notification.

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Deemed Withdrawal

Applicants, who do not notify the College that they wish to attempt Stage 5 after an initial non-passing grade, will be deemed to have withdrawn from the PLAR program.

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Appeal

PLAR applicants who are not successful in Stage 5 are advised that their education and experience is not substantially equivalent to the training and education of a CNME-accredited program graduate, and that they are ineligible for registration with the College, having not successfully completed the PLAR program.

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If the PLAR applicant fails Stage 5 of the PLAR program they may appeal in accordance with PLAR Appeals Policy, or seek to have the final determination of being substantially non-equivalent and ineligible for registration with the College reviewed by making an application for registration and appealing the decision to refuse registration to HPARB.

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Overall Timing

Concurrent Processes Wherever Possible,

Wherever possible, to streamline the PLAR program, a PLAR applicant may complete certain components concurrently.


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<u>PLAR Assessors</u>	<u>General</u>	<u>Assessors are Registrants of the College in good standing, who meet the criteria established by this policy.</u>
<u>General Assessor Criteria</u>		<p><u>A Registrant is eligible for selection as an assessor if, on the date of application and throughout each applicable assessment for which they are selected to participate, the Registrant:</u></p> <ul style="list-style-type: none"> • <u>Holds a General Certificate of Registration with the College with no terms, conditions, or limitations on their Certificate of Registration which restricts their practising the profession.</u> • <u>Has actively practiced naturopathy for at least three (3) years.</u> • <u>Understands and is committed to conducting assessments in accordance with principles set out by the Office of the Fairness Commissioner.</u> • <u>Is not in default of payment of any fees prescribed by By-law or any fine or order for costs to the College imposed by a College committee or court of law.</u> • <u>Is not in default of completing and returning any form required by the College.</u> • <u>Is not the subject of any disciplinary or incapacity proceeding.</u> • <u>Has not had a finding of professional misconduct, incompetence, or incapacity against him/her in the preceding five (5) years.</u> • <u>Is not a Council or Committee Member.</u> • <u>Is not employed by the College.</u> • <u>Is not employed as an administrative faculty Member or instructor at a naturopathic academic institution relating to naturopathy.</u>
<u>Assessor Application</u>		<u>A Registrant may apply to the College for consideration as an assessor by submitting their resume and a cover letter outlining the reason(s) they are interested and any applicable assessment experience.</u>
<u>Assessor Considerations</u>		<p><u>When appointing assessors, the College will consider:</u></p> <ul style="list-style-type: none"> • <u>Whether the Registrant has met the criteria as outlined in this policy</u> • <u>The need for assessors with expert knowledge in a particular component of PLAR.</u> • <u>Additional professional qualifications and expertise.</u> • <u>Experience.</u> • <u>Languages spoken.</u> • <u>Whether the Registrant has completed mandatory training on unconscious bias.</u> • <u>Ability to be objective, impartial, consistent and fair.</u> • <u>Additional qualifications and characteristics that complement the College's mandate of public protection; and</u> • <u>Possible conflicts of interest the Registrant may have which may hinder their ability to be objective and impartial.</u>

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Appointments Assessors will be appointed by the CEO or their delegate for a maximum of three (3) years and may be re-appointed at the discretion of the CEO or their delegate.

Conflicts of Interest For the purposes of this policy, a conflict of interest is defined as outlined in section 16 of the By-laws of the College. Without limiting the definition, a real or perceived conflict of interest between an assessor and a PLAR applicant exists when a prior personal or professional relationship exists between the assessor and PLAR applicant.

As part of assigning an assessor, assessors will be asked to review the name of the PLAR applicant and shall declare any conflict of interest.

The CEO or their delegate may perceive a conflict of interest between an assessor and a PLAR applicant, due to professional or personal affiliation, or a prior assessment, to ensure a fair and impartial process.

The CEO or their delegate shall subsequently adjust assessor assignments or panel compositions to resolve any conflicts.

Assessor Disqualification A Registrant will be discharged as an assessor if they:

- Breach one of the qualifications required to become an assessor as outlined in this policy.
- Breach confidentiality of any information learned through participation in the PLAR program.
- Fail to properly declare a real or perceived conflict of interest.
- Fail to attend an in-person assessment, for which they are scheduled, without providing sufficient notice.
- Is advised as such by the CEO.

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Intent/Purpose To establish a comprehensive policy governing the Prior Learning Assessment and Recognition (PLAR) program of the College of Naturopaths of Ontario (the College).

Definitions	Chief Executive Officer (CEO)	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the <i>Regulated Health Professions Act, 1991</i> and who performs the duties assigned to the position of Registrar under the Act, the Code, the <i>Naturopathy Act, 2007</i> and the regulations made thereunder.
	College	Means the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the <i>Regulated Health Professions Act, 1991</i> .
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
	Good Character	Means personal characteristics of an applicant or Registrant, including ethical strength, integrity, honesty, respect for and consideration of others, respect for the law and legitimate authority, responsibility and accountability, fairness, and open-mindedness.
	Good Standing	Means the status assigned to a Registrant when they are current on dues and payments and is current with filing of required reports as required based on their Certificate of Registration.
	HPARB	Means the Health Professions Appeal and Review Board, as established under the <i>Regulated Health Professions Act, 1991</i> .
	Internationally Educated Applicants	Means Applicants for Pre-Registration who have been educated in an educational program outside of North America.
	Language Skills	Means the four communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.
	Language Test	Means a test, as set out in the College's Language Proficiency Policy that can be relied upon to test the language proficiency of a PLAR applicant.
	Non-CNME Educated	Means Applicants for Pre-Registration who have been educated in North America, but from a program that has not been accredited by the CNME.


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PLAR Applicant	Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR program.
PLAR Appeals Panel	Means a panel of the PLAR Committee who are responsible for receiving, reviewing, and disposing of PLAR appeals.
PLAR Committee	Means the non-statutory committee of the College responsible for making decisions on a PLAR applicant's eligibility to move forward at each stage of the PLAR program.
Pre-Registration	Means the process whereby an individual who intends to seek registration provides the College with information to establish themselves before formally applying for registration.
Prior Learning Assessment and Recognition (PLAR) program	Means a process used to determine the competency of Applicants 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 Health Profession Procedural Code.
Registration	Means the process whereby an individual applies to the College for a Certificate of Registration to practice the profession of naturopathy in Ontario.
Registration Committee	Means the statutory committee of the College responsible for all Registration matters referred to it by the Chief Executive Officer, and the imposition of terms, conditions or limitations on certificates of registration as deemed necessary in accordance with the Health Professions Procedural Code.
Registration Regulation	Means Ontario Regulation 84/14, as amended from time to time.

General Policy	Overarching Principles	<p>The College of Naturopaths of Ontario conducts the PLAR program in accordance with the following overarching principles:</p> <ul style="list-style-type: none"> All PLAR applicants will be assessed by the same objective criteria regardless of where they received their naturopathic education. Judgements regarding the equivalence of education and experience will be based upon criteria that are
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relevant to the practice of naturopathy in Ontario, and that protect the public's safety.

- The College's core competencies as well as accreditation standards set by CMNE will be used as the basis for the rubric to evaluate the naturopathic skills and education knowledge of PLAR applicants from non-accredited institutions in naturopathy.
- In Ontario, Naturopathic Doctors are self-regulating health professionals, who work in independent practice, without requiring a medical referral, and they must be able to conduct patient assessments, make diagnoses and prescribe naturopathic treatment.
- The education and experience of Naturopathic Doctors who are registered in Ontario prepares them for independent patient assessment, evaluation, and treatment.
- The College supports the principles set out by the Office of the Fairness Commissioner (www.fairnesscommissioner.ca/) and conducts its assessments of Applicants from non-accredited institutions in naturopathic medicine accordingly.
- PLAR applicants are not required to meet different or higher standards than those required of naturopaths who have graduated from a CNME-accredited educational program.

Philosophy of PLAR

The PLAR program, which is set out below, is designed to best approximate the evolution, learning, development, and assessment mechanisms used in CNME-accredited programs. To this end, the general philosophy applied is that an individual first must demonstrate fundamental academic understanding of the profession and then be able to apply that understanding in practice. To properly assess required competencies, the College applies several types of assessment to allow PLAR applicants to demonstrate their level of competence in these different contexts. As such, the PLAR program is divided into two major components: Component I: Assessment of Naturopathic Knowledge (Stages 1, 2 and 3), Component II: Assessment of Professional Competency (Stages 4 & 5).


Assessment Standards

Two major assessment tools will be used to assess PLAR applicants seeking registration through the PLAR program, an evaluation schema, and a competency-based marking rubric:

- The evaluation schema, which is based on the list of CNME accreditation standards¹ for naturopathy programs, will be used to ensure that PLAR applicants

¹ Council on Naturopathic Medical Education, "Accreditation Standards (Adopted 2009) – CNME website http://www.cnme.org/resources/09_accreditation_standards.pdf

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possess education, and qualifications that are substantially equivalent to those acquired from a CNME accredited program.

- The competency-based marking rubrics, based on the College's core competencies², will be used to assess the demonstration-based PLAR component where PLAR applicants are expected to apply their skills in simulated practice environments and contexts.

Translation of Documents All materials provided to the College to support PLAR assessments must be in either English or French. PLAR applicants are required to provide certified translations of all materials not written in either official language, at their own expense.

To ensure that translations have not been modified in any way, translations must be sent directly from the certified translator to the College.

Translations must be performed by qualified professionals who are certified by a government organization, such as Association of Translators and Interpreters of Ontario or a translator who has been certified by a Member organization of the Internal Federation of Translators (<http://www.fit-ift.org/>).

Staged Approach

The PLAR program uses a staged approach as follows:

- Stage 1: Paper-based assessment.
- Stage 2: PLAR Examination 1 (Biomedical Exam).
- Stage 3: PLAR Examination 2 (Clinical Sciences Exam).
- Stage 4: Demonstration-based assessment – Structured Interview
- Stage 5: Demonstration-based assessment - Interaction with a Standardized Patient

PLAR Decisions

Assessment findings and reports of a PLAR applicant's education, experience, knowledge, and skill are evaluated by the PLAR Committee.


At the conclusion of each stage, the Committee will receive evaluation information and, make decisions with respect to a PLAR applicant's eligibility to move forward in the PLAR program, and in the case of the final stage, whether the applicant has successfully completed the PLAR and is eligible to proceed with registration examinations.

PLAR Exams

Examinations administered as part of the PLAR process will be managed in accordance with the College's Examinations

² College of Naturopaths of Ontario, "Core Competencies".


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Policy, the Clinical Sciences and Biomedical Exams Policy, and the Examinations Rules of Conduct.

PLAR Appeals	PLAR assessment appeals are handled in accordance with the PLAR Appeals Policy. PLAR exam appeals are handled in accordance with the College’s Exam Appeals Policy.
PLAR Fees	Fees relating to the PLAR program are noted in Schedule 3 of the College By-laws. To ensure PLAR applicants are not incurring unnecessary costs, PLAR fees are broken out by assessment component, and will be billed only once the applicant is eligible and has elected to initiate the process.
PLAR Accommodations	<p>Timeframe for Request to the College</p> <p>To ensure PLAR applicants are provided fair and equal opportunity to complete the PLAR program, accommodation requests received from any PLAR applicant will be considered within the framework set out by the Ontario Human Rights Commission.</p> <p>Form of Accommodation Request to the College</p> <p>Requests for accommodations may be submitted at any point in the PLAR program, with the exception of accommodations being requested for a demonstration-based assessment, which must be received a minimum of 30 days prior to the date of the scheduled assessment.</p> <p>Supporting Documentation General Requirements of the College</p> <p>Requests for accommodation must be submitted in the form of a signed letter to the College which provides specific details of the accommodation required, the reason for the request and the PLAR applicant’s written authorization for the College to contact the provider of any supporting documentation.</p> <p>The CEO or their designate may request further documentation as deemed necessary.</p> <p>Supporting documentation submitted must:</p> <ul style="list-style-type: none"> • Be dated within six (6) months of initiating PLAR or no more than six (6) months of a scheduled assessment. • Outline the reason for the accommodation and the specific accommodations required. • Contain the contact information of anyone providing supporting documentation on the PLAR applicant’s behalf. <p>Disability Accommodation – Additional Documentation Requirements of the College</p> <p>In addition to the general requirements as described above, documentation supporting a PLAR applicant’s accommodation request due to a disability must:</p> <ul style="list-style-type: none"> • Be provided by a regulated health professional, or other relevant regulated professional, qualified to make an assessment or diagnosis of the condition.

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- Contain the title and professional credentials of the regulated professional who has made the assessment or diagnosis; and
- Provide information regarding how the requested accommodation relates to the disability.

Religious Accommodation – Additional Documentation Requirements of the College

In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to religious requirements must:

- Be provided by the PLAR applicant's religious leader.
- Provide information regarding how the requested accommodation relates to the PLAR applicant's religious requirements; and
- Provide information regarding the religious holiday if the request is for an alternate examination date due to religious observance.

Pregnancy Related Accommodation – Additional Documentation Requirements of the College

In addition to the general requirements as described above, documentation supporting a PLAR applicant's accommodation request due to a pregnancy-related condition or issue must:

- Be provided by a regulated health professional qualified to make an assessment or diagnosis of the pregnancy related condition or issue.
- Contain the title and professional credentials of the Regulated Health Professional.
- Provide information regarding how the requested accommodation relates to the PLAR applicant's pregnancy related condition or issue.

Review of Requests to the College

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


In their review, the CEO will consider whether the requested accommodation appropriately addresses the needs of the PLAR applicant and will not cause undue hardship to the College e.g.:

- Will provide an unfair advantage to the PLAR applicant, or
- Will affect the integrity of the PLAR program.

The PLAR applicant will be advised of the request for accommodation decision within ten (10) business days of the submission date unless the CEO does not have all necessary information to effectively evaluate the accommodation request. In such instances the PLAR applicant will be notified of the additional time needed for a decision to be rendered.

The CEO cannot guarantee that the particular form of accommodation will be granted and may, in some

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circumstances, contact the PLAR applicant to discuss alternative forms of accommodation.

Use of Accommodation-Related Information by the College

The CEO and/or the Registration Committee may use information disclosed for the purposes of seeking an accommodation, in considering applications for initial registration with the College.

Pre-Registration and PLAR Eligibility	Pre-Registration	<p>The PLAR applicant initiates the PLAR program by:</p> <ul style="list-style-type: none"> • Completing the Pre-Registration Application form; • Providing the College with proof of identity in accordance with the Proof of Identity Policy. • Providing the College with proof of language proficiency in accordance with the Language Proficiency policy. Providing the College with proof of formal education that is a Canadian bachelor's degree or higher, in a healthcare discipline reasonably related to naturopathy, or an education deemed by a third-party assessment agency to be equivalent to a Canadian bachelor's degree or higher, in a healthcare discipline reasonably related to naturopathy, based on their assessment.
	PLAR Eligibility	<p>To be eligible to initiate PLAR, the PLAR applicant must have:</p> <ul style="list-style-type: none"> • Satisfied the requirement for proof of identity as required under the College's policy. • Satisfied the formal education requirement, having provided the College with an original or certified copy of their degree, diploma, or transcript, or if internationally educated, having arranged to have a third-party assessment report of their academic credentials submitted directly to the College. • Satisfied the requirement for language proficiency, as required under the College's Language Proficiency policy.
	Third party Assessment of Academic Credentials	<p>Internationally educated PLAR applicants must provide a third-party assessment report of their academic credentials as part of initiating PLAR. This assessment report must be completed by an accepted third-party assessment agency and be sent directly from the agency to the College. Reports received directly from PLAR applicants, or those which are irregular, altered, or fraudulent will not be accepted.</p>

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Assessment Report

The third-party assessment report must explicitly include statements related to the following:

- Authentication of the documents provided (i.e. diplomas and transcripts);
- Verification of the program, year of study, field of study, and issuing institution;
- List of courses and their grades;
- A statement on the equivalency/comparability of the education completed as compared to the Canadian system of education.

Accepted Third Party Assessment Agencies

Assessments may be commissioned from any organization that is a Member of the Alliance of Credential Evaluation Services of Canada (<http://www.canalliance.org/>). Currently these include:

- Comparative Education Service.
- International Credential Assessment Service of Canada.
- International Credential Evaluation Service.
- International Qualifications Assessment Service.
- Ministère de l'Immigration et des Communautés culturelles;
- World Education Services.

All Members of the Alliance of Credential Evaluation Services of Canada adhere to a quality assurance framework (<http://www.canalliance.org/assurance.en.stm>), which aims to “promote high quality and portable assessments across Canada”.

Outcomes

Eligible to Initiate PLAR

PLAR applicants who have met the eligibility criteria may move onto Stage 1 of the PLAR program.

Ineligible to Initiate PLAR

PLAR applicants who are deemed not to have met the education or language eligibility criteria to initiate the PLAR program may reapply following completion of additional language testing and/or with the provision of additional evidence of formal education. In the case of internationally educated PLAR applicants, a new assessment report may be sought out through an alternate third-party assessment agency.


Stage 1: Paper-Based Assessment

Documentation of Education and Experience (DEE)

The paper-based evaluation assesses the PLAR applicant's education and experience to determine whether that knowledge and experience is equivalent to that of a graduate of a CNME-accredited program in naturopathy.


A PLAR applicant must complete and submit to the College the Documentation of Education and Experience (DEE), along with the required supporting documents.

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Required Supporting Documents	<p>The DEE may be downloaded from the College’s website at any time and may be submitted at the same time as the Pre-Registration Application, or subsequently at the discretion of the PLAR applicant.</p> <p>The following documentation is required in support of the PLAR applicant’s DEE:</p> <ul style="list-style-type: none"> • Original or certified copies of relevant diplomas/degrees; • Original or certified copies of relevant academic transcripts (including marks/grades). <p>Course syllabi, descriptions and/or course calendars.</p> <ul style="list-style-type: none"> • Information related to supervised/clinical placements. • Other documentation in support of acquiring relevant learning and/or practice.
DEE Assessment	<p>There are 52 knowledge areas that have been deemed essential in the provision of safe and competent practice. Evidence related to both formal education and experience, within a naturopathic context, will be considered however some content areas will restrict type of evidence accepted based on factors such as breadth of subject matter and whether learning could feasibly be obtained through experience alone.</p>
Mandatory Content Areas	<p>To ensure that the PLAR applicant possesses critical knowledge related to the practice of naturopathy, evidence for naturopathic or similar related training for all four of the following content categories, and their supporting 25 content areas is required:</p> <ul style="list-style-type: none"> • Body systems and their interactions <ul style="list-style-type: none"> • Biochemistry • Anatomy • Gross Anatomy • Microbiology • Pathology • Physiology • Embryology • Histology • Genetics • Patient assessment <ul style="list-style-type: none"> • Diagnostic Assessment • Differential Diagnosis • Patient Charting & Record Keeping • Physical Exam • Psychological Assessment • Treatment <ul style="list-style-type: none"> • Acupuncture & principles of traditional Chinese medicine • Botanicals (Western)

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- Clinical Nutrition
- Counselling
- Classical Homeopathy
- Naturopathic Principles & Theory
- Physical therapies including naturopathic manipulation
- **Prognosis and management**
 - Disease Prevention
 - Health Education & Promotion
 - Inter-professional Collaboration
 - Therapeutic - emergency

PLAR applicants who do not have sufficient evidence to prove that they have the requisite naturopathic knowledge in these areas will not be eligible to move to Stage 2 of the PLAR program.

General Medical Subject Matter Areas


In addition to the mandatory naturopathic content areas, the PLAR applicant must also meet a threshold related to a set of general medical subject matter areas. These include:

- Cardiology
- Dermatology
- EENT
- Endocrinology
- Gastroenterology
- Geriatrics
- Gynecology
- Hematology
- Neurology
- Obstetrics
- Oncology
- Orthopedics
- Pediatrics
- Pharmacology
- Proctology
- Psychology
- Pulmonology
- Rheumatology
- Urology.
- Immunology

Required General Medical Subject Matter


A minimum of 14 of the 20 general medical subject matter areas must be met to achieve the passing threshold and must include Cardiology, Endocrinology, Gastroenterology, Gynecology, Hematology, Neurology, Pediatrics, Pharmacology, Psychology, and Immunology. These content areas are deemed critical for the provision of safe and effective naturopathic care.

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Clinic Hours	As part of the paper-based assessment, PLAR applicants will also be required to provide evidence of having obtained a minimum of 960 clinic hours either through courses (e.g., imbedded clinical components), placements, or work experience. This is based on 80% of the 1200 clinic hours required of a CNME-accredited program graduate.
Supplementary Evidence	Where insufficient information exists to perform an assessment, the PLAR applicant may be asked to provide supplementary evidence of learning/experience after an initial scan of submitted documentation is completed.
Passing Threshold	To be deemed to have successfully completed Stage 1, there must be evidence found to support that the PLAR applicant has: <ul style="list-style-type: none"> • the requisite naturopathic knowledge in the four mandatory content categories, comprised of 25 content areas. • the requisite general medical knowledge in at least 14 of the 20 general medical subject matter areas, inclusive of the ten required. • evidence of having obtained a minimum of 960 clinic hours.
Outcomes	There are three possible outcomes from Stage 1 of the PLAR program: <ol style="list-style-type: none"> 1. Approved [i.e., all four of the mandatory naturopathic content categories and at least 14 of the 20 general medical subject matter areas], including the 10 in which case the PLAR applicant can proceed to Stage 2 of the PLAR. 2. Partially approved [i.e., all four mandatory content categories and 11-12 general medical subject matter areas], in which case the PLAR applicant will be informed by the PLAR Committee of identified gaps which must be remediated through recognized, formal, approved courses in the identified gap areas, prior to being eligible to proceed to stage 2., 3. Deemed to be substantially non-equivalent [i.e., either missing any of the four mandatory content categories or having only ten or fewer of the general medical subject matter areas] and be informed that their education is significantly different than that of a graduate of an accredited program in naturopathy. PLAR applicants deemed substantially non-equivalent will be directed to an accredited full-time program in naturopathy and/or to Health Force Ontario to seek an alternative career option.
Remediation	PLAR applicants deemed “partially approved” can remediate gaps identified in the general medical content areas through the submission of a “learning plan” outlining the courses they

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intend to take to obtain sufficient training/education in these gap areas. PLAR applicants must complete their leaning plan courses within two years of their approval by the PLAR Committee. On approval of the learning plan and subsequent completion of designated courses, the PLAR applicant will be allowed to proceed to Stage 2 of the PLAR program.

Supplemental Review PLAR applicants who are informed that their education and experience is substantially non-equivalent may request within 30 days to provide supplemental information, not previously provided, to further substantiate evidence of education and/or experience to be assessed by the same assessor.

Appeals PLAR applicants who disagree with the outcome of Stage 1 may appeal in accordance with the PLAR Appeals Policy.

Administrative Reconsideration If an appeal is approved, the PLAR Appeal Panel may grant the PLAR applicant the ability to undergo an administrative reconsideration. In this case, this file is reassessed independently by a different assessor.

If the result of the administrative reconsideration is the same as the initial assessment, no further mechanism is available for appeal within the PLAR program. PLAR applicants who wish to have the matter reviewed further may seek to make an application for registration and appeal the decision to refuse registration to HPARB.

Stage 2: PLAR Examination 1 **Biomedical Examination** PLAR applicants who have successfully completed Stage 1 may move onto Stage 2, the PLAR Examination 1, Biomedical Examination. This examination is a three-hour multiple-choice exam which assesses a PLAR applicant’s knowledge of body systems and their interactions and is identical to the examination completed by CNME-accredited program graduates seeking registration in Ontario.


Timing & Attempts PLAR applicants must attempt the Biomedical Examination within one year of receiving notification of successful completion of Stage 1 of the PLAR program.

Two scheduled sittings of the Biomedical examination are offered each year; administered via a College approved 3rd party test administration company.

PLAR applicants must successfully complete the Biomedical examination within three attempts, and no more than two years of their initial attempt of the examination.

Passing Threshold To be deemed to have successfully completed Stage 2, PLAR applicants must achieve a minimum scaled score of 550, the

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same minimum passing threshold required of CNME-accredited program graduates sitting the Ontario Biomedical Exam.

Outcomes

There are two possible outcomes from Stage 2 of the PLAR program:

1. The PLAR applicant has met or surpassed the passing threshold, in which case they may proceed to Stage 3 of the PLAR program.
2. The PLAR applicant has not met the passing threshold, in which case they may:
 - a. Re-write the examination two more times to attempt to meet the passing threshold.
 - b. Appeal the result of an examination attempt, as per the College’s Exam Appeals Policy.
 - c. (After 3 attempts) be deemed by the College that their education and experience is substantially non-equivalent, and therefore be referred to a CNME-accredited program in naturopathy, and/or Health Force Ontario to seek an alternative career option.

Stage 3:
PLAR
Examination
2

Clinical Sciences
Examination

PLAR applicants who have successfully completed Stage 2 may move onto Stage 3, the PLAR Examination 2, Clinical Sciences Examination. This examination is a four-hour multiple-choice exam which assesses a PLAR applicant’s knowledge of necessary naturopathic competencies for the assessment and treatment of patients and is identical to the examination completed by CNME-accredited program graduates seeking registration in Ontario.

Timing

PLAR applicants must attempt the Clinical Sciences exam within one (1) year of receiving notification of successful completion of Stage 2 of the PLAR program.


Two scheduled sittings of the Clinical Sciences examination are offered each year; administered via a College approved 3rd party test administration company

PLAR applicants must successfully complete the Clinical Sciences exam within three attempts, and two years of their initial attempt of the examination.

Outcomes

To be deemed to have successfully completed Stage 3, PLAR applicants must achieve a minimum scaled score of 550, the same minimum passing threshold required of CNME-accredited program graduates sitting the Ontario Clinical Sciences Exam.

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There are two possible outcomes from this examination. The PLAR applicant has:

1. Met or surpassed the passing threshold, in which case they may proceed to Stage 4 of the PLAR program; or
2. Not met the passing threshold, in which case they may:
 - a. Re-write the examination two more times to attempt to meet the passing threshold.
 - b. Appeal the result of an examination attempt, as per the College’s Exam Appeals Policy.
 - c. (After 3 attempts) be deemed by the College that their education and experience is not substantially equivalent, and therefore be referred to a CNME-accredited program in naturopathy, and/or Health Force Ontario to seek an alternative career option.

Demonstration-
Based
Assessments

Philosophy

There are certain activities and core competencies that cannot be assessed solely via a paper-based assessment or paper-based knowledge test. In these cases, it is essential that the PLAR applicant be assessed while performing a number of tasks to ensure they are competent and safe to practice.

Stage 4 consists of two evaluation mechanisms:

- The structured interview; and
- Interaction with a simulated patient.

Stage 4:
Demonstration-
Based
Assessment

Structured Interview

A structured interview will evaluate core competencies that are not adequately covered by the paper-based assessment nor the PLAR examinations, namely the ability to analyze, synthesize and articulate theoretical situations.

In the Structured Interview, PLAR applicants will have one hour to review and make notes on a peer reviewed article, along with a list of questions. Following this review, PLAR applicants will participate in a 90-minute structured interview.

The interview is conducted by a panel of three registered NDs trained to assess PLAR applicants, who use assessment rubrics that include entry to practise performance indicators to support an objective interview process.

Timing


PLAR applicants must attempt the Structured Interview within six months of receiving notification of successful completion of Stage 3 of the PLAR program.

Outcomes

Each competency is marked as Adequate Response (100%), Partially Adequate Response (50%), or Inadequate Response (0%).

This stage may result in three (3) possible outcomes for PLAR applicants:

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1. A passing grade of 75% or higher, in which case they will be deemed substantially equivalent and may move forward to Stage 5.
2. A non-passing grade of between 50% and 74%, in which case they will be allowed one re-attempt.
3. A failing grade of below 50%, in which case they are determined to be substantially non-equivalent and referred to a CNME-accredited program and/or Health Force Ontario to seek an alternative career option.

Re-attempt
PLAR applicants who achieved a non-passing grade on their initial attempt, and who wish to re-attempt Stage 4 must notify the College within 30 days of receiving results notification.

Deemed Withdrawal
Applicants, who do not notify the College that they wish to re-attempt Stage 4 after an initial non-passing grade, will be deemed to have withdrawn from the PLAR program.

Appeal
PLAR applicants may appeal their Stage 4 result in accordance with the PLAR Appeals policy.

**Stage 5:
Demonstration-
Based
Assessment**
**Interaction with a
Simulated Patient**


The Interaction with a Simulated Patient, allows PLAR applicants to demonstrate to assessors their clinical competencies and apply their naturopathic skills and knowledge.

PLAR applicants will complete three interactions, or “stations”, each simulated patient presenting with a unique chief complaint. Each station will require PLAR applicants to read through a concise statement of the patient’s presenting complaint, along with instructions for the station, perform an assessment of the simulated patient including obtaining relevant information from the patient, perform patient charting or “SOAP” notes, complete activities related to the simulated patient’s case, such as demonstrating a practical technique, and answer any questions from the simulated patient before concluding the station.

Simulated patients are individuals who are trained to portray the personal history, physical symptoms, and everyday concerns of an actual patient.

Interactions with a Simulated Patient are marked using global rating scale rubrics. Performance feedback is collected not only from the assessors but also from the simulated patients. The final score is an averaged mark obtained from the performance of all three stations.

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Timing PLAR applicants must attempt the Interaction with a Simulated Patient within six months of receiving notification of successful completion of Stage 4 of the PLAR program.

Outcomes This stage may result in three possible outcomes for PLAR applicants:

1. A passing grade of 75% or higher, in which case they will be deemed substantially equivalent and may move forward to completing registration examinations;
2. A non-passing grade of between 50% and 74%, in which case they will be allowed one re-attempt;
3. A failing grade of below 50%, in which case they are determined to be substantially non-equivalent and referred to a CNME-accredited program and/or Health Force Ontario to seek an alternative career option.

Re-attempt PLAR applicants who achieved a non-passing grade on their initial attempt, and who wish to re-attempt Stage 5 must notify the College within 30 days of receiving results notification

Deemed Withdrawal Applicants, who do not notify the College that they wish to re-attempt Stage 5 after an initial non-passing grade, will be deemed to have withdrawn from the PLAR program.

Appeal PLAR applicants who are not successful in Stage 5 are advised that their education and experience is not substantially equivalent to the training and education of a CNME-accredited program graduate, and that they are ineligible for registration with the College, having not successfully completed the PLAR program.


If the PLAR applicant fails Stage 5 of the PLAR program they may appeal in accordance with PLAR Appeals Policy, or seek to have the final determination of being substantially non-equivalent and ineligible for registration with the College reviewed by making an application for registration and appealing the decision to refuse registration to HPARB.

Overall Timing **Concurrent Processes Wherever Possible** Wherever possible, to streamline the PLAR program, a PLAR applicant may complete certain components concurrently.

PLAR Assessors **General** Assessors are Registrants of the College in good standing, who meet the criteria established by this policy.

General Assessor Criteria A Registrant is eligible for selection as an assessor if, on the date of application and throughout each applicable assessment for which they are selected to participate, the Registrant:

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- Holds a General Certificate of Registration with the College with no terms, conditions, or limitations on their Certificate of Registration which restricts their practising the profession.
- Has actively practiced naturopathy for at least three (3) years.
- Understands and is committed to conducting assessments in accordance with principles set out by the Office of the Fairness Commissioner.
- Is not in default of payment of any fees prescribed by By-law or any fine or order for costs to the College imposed by a College committee or court of law.
- Is not in default of completing and returning any form required by the College.
- Is not the subject of any disciplinary or incapacity proceeding.
- Has not had a finding of professional misconduct, incompetence, or incapacity against him/her in the preceding five (5) years.
- Is not a Council or Committee Member.
- Is not employed by the College.
- Is not employed as an administrative faculty Member or instructor at a naturopathic academic institution relating to naturopathy.

Assessor Application A Registrant may apply to the College for consideration as an assessor by submitting their resume and a cover letter outlining the reason(s) they are interested and any applicable assessment experience.


Assessor Considerations When appointing assessors, the College will consider:

- Whether the Registrant has met the criteria as outlined in this policy
- The need for assessors with expert knowledge in a particular component of PLAR.
- Additional professional qualifications and expertise.
- Experience.
- Languages spoken.
- Whether the Registrant has completed mandatory training on unconscious bias.
- Ability to be objective, impartial, consistent and fair.
- Additional qualifications and characteristics that complement the College's mandate of public protection; and
- Possible conflicts of interest the Registrant may have which may hinder their ability to be objective and impartial.

Appointments Assessors will be appointed by the CEO or their delegate for a maximum of three (3) years and may be re-appointed at the discretion of the CEO or their delegate.

Conflicts of Interest For the purposes of this policy, a conflict of interest is defined as outlined in section 16 of the By-laws of the College. Without limiting the definition, a real or perceived conflict of interest

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between an assessor and a PLAR applicant exists when a prior personal or professional relationship exists between the assessor and PLAR applicant.

As part of assigning an assessor, assessors will be asked to review the name of the PLAR applicant and shall declare any conflict of interest.

The CEO or their delegate may perceive a conflict of interest between an assessor and a PLAR applicant, due to professional or personal affiliation, or a prior assessment, to ensure a fair and impartial process.

The CEO or their delegate shall subsequently adjust assessor assignments or panel compositions to resolve any conflicts.


**Assessor
Disqualification**

A Registrant will be discharged as an assessor if they:

- Breach one of the qualifications required to become an assessor as outlined in this policy.
- Breach confidentiality of any information learned through participation in the PLAR program.
- Fail to properly declare a real or perceived conflict of interest.
- Fail to attend an in-person assessment, for which they are scheduled, without providing sufficient notice.
- Is advised as such by the CEO.


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Intent/Purpose	To establish a policy governing the handling of Prior Learning Assessment & Recognition (PLAR) program appeals filed with the College of Naturopaths of Ontario (the College).	
Definitions	Administrative Reconsideration	Means the re-assessment of a PLAR Applicant's Stage 1, paper-based assessment file, by a different assessor than the one who conducted the initial assessment.
	Chief Executive Officer	Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the <i>Regulated Health Professions Act, 1991</i> and who performs the duties assigned to the position of Registrar under the Act, the Code, the <i>Naturopathy Act, 2007</i> and the regulations made thereunder.
	College	Means the College of Naturopaths of Ontario as established under the <i>Naturopathy Act, 2007</i> and governed by the <i>Regulated Health Professions Act, 1991</i> .
	CNME	Means the Council on Naturopathic Medical Education. The North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.
	Environmental Irregularity	Means a substantial irregularity in the assessment environment in which the assessment was completed which has a material adverse impact on a PLAR applicant's assessment result.
	PLAR Appeals Panel	Means a panel of the PLAR Committee who are responsible for receiving, reviewing, and disposing of PLAR appeals.
	PLAR Applicant	Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR program.
	PLAR Committee	Means the non-statutory committee of the College responsible for making decisions on a PLAR applicant's eligibility to move forward at each stage of the PLAR process
	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.
	Procedural Irregularity	Means a substantial irregularity in the conducting or administration of an assessment which has a material adverse impact on a PLAR applicant's assessment result.

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General	Guiding Legislation	<p>All aspects of this policy will be managed in accordance with the <i>Regulated Health Professions Act, 1991</i>, the <i>Naturopathy Act, 2007</i>, the Registration Regulation, the Ontario Human Rights Code and the PLAR Program Policy.</p> <p>Appeals of a PLAR examination (Stages 2 and 3 of the PLAR program, as outlined in the PLAR Program Policy) will be handled in accordance with the College’s Examination Appeals Policy.</p>
	Grounds for an Appeal	<p>PLAR appeals are limited solely to questions concerning procedural irregularities, environmental irregularities or undue bias which could have affected a PLAR applicant’s ability to be successful.</p>
PLAR Appeal Submission	Incident Reporting – Demonstration-based Assessments	<p>Prior to leaving the assessment site, PLAR applicants who feel that a procedural or environmental irregularity, or incident related to undue bias, could have affected the results of their assessment must fill out an Incident Reporting Form with a College representative.</p> <p>Assessors and/or College staff must also complete an Incident Reporting Form if they are witness to or feel that a procedural or environmental irregularity, or incident related to undue bias, occurred during the assessment.</p> <p>Incident Reporting forms will be kept on file by the College for reference in case of an appeal.</p>
	Exam Appeal Request	<p>An appeal letter must be submitted to the College and must:</p> <ul style="list-style-type: none"> • Outline the procedural or environmental irregularities, or perceived undue bias at issue. • In the case of demonstration-based assessments, note the fact that an Incident Report Form was completed, signed, and submitted to a College representative. • Provide facts which demonstrate that the procedural or environmental irregularities and/or undue bias noted had an adverse impact on the PLAR applicant’s assessment result.
	Timeframes for Submissions	<p>PLAR appeals must be received within 60-days following the formal receipt of results of the assessment. Appeals received after this period cannot be considered.</p>
	Supporting Documentation	<p>Any supporting documentation the candidate wishes to have reviewed must be submitted at the time of submission of the PLAR appeal request.</p>
	Appeal Fee	<p>A PLAR applicant seeking to appeal an assessment result shall be charged an appeal fee for review of the appeal by the PLAR Appeals Panel in accordance with Schedule 2 of the College By-</p>

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laws.

PLAR Appeal
Review Program

Initial Review

PLAR program appeal requests which, at face value, meet the appeal criteria (grounds and supporting documentation) will be submitted by the CEO or their designate to the PLAR Appeals Panel for review. PLAR appeal requests which do not meet the College's grounds for an exam appeal, and/or do not follow the procedures and/or requirements of this policy will not be considered by the PLAR Appeals Panel.

Notification of
Appeal Review

Within fourteen days of the College's receipt of a PLAR appeal request, the CEO or their designate will notify the PLAR applicant in writing with respect to the status of their appeal request.

If the appeal request is refused by the CEO, the PLAR applicant will be notified that the appeal will not be considered by the PLAR Appeals Panel for one of the following reasons:

- the procedures and/or requirements outlined in this policy were not followed;
- the procedures and/or grounds of the appeal are not based on the circumstances or grounds necessary for a valid appeal; or
- the request to appeal does not possess sufficient information or facts necessary to support those circumstances or grounds.

If the appeal request is referred by the CEO to the PLAR Appeals Panel, the PLAR applicant will be notified of:


- The referral date of their appeal request to the PLAR Appeals Panel.
- The fact that the PLAR Appeals Panel possesses the authority to invite other persons to provide, to the Panel, relevant information concerning the circumstantial events and any other relevant information, including but not limited to submissions provided by the PLAR Applicant and any Incident Reports on file with the College.
- The procedures to be followed at the meeting of the PLAR Appeals Panel.
- The timeframe in which a decision will be rendered.

Panel Deliberation

The PLAR Appeals Panel will review the following documentation, where available/applicable, in deliberating a PLAR appeal request:

- The PLAR applicant's appeal letter.
- Statements from the College concerning the assessment process in question.
- Reports from assessors.
- Any other material, documentation, or information which the Panel determines necessary, relevant, and appropriate.

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Notification of Outcome

Decision outcomes made by the PLAR Appeals Panel will be sent to the PLAR applicant within 60 business days of receipt of the PLAR appeal request.

Appeal Outcomes	General	In no instance will a PLAR applicant, who has failed a PLAR assessment component be deemed to have passed.
	Appeal Granted	<p>If the PLAR Appeals Panel decision is to grant the PLAR appeal, the Panel has the authority to make the following decisions:</p> <p>Stage 1 Appeals – Paper-based assessment:</p> <ul style="list-style-type: none"> To grant an administrative reconsideration. To grant an administrative reconsideration at an adjusted fee. <p>Stages 4 & 5 Appeals – Demonstration – based assessments:</p> <ul style="list-style-type: none"> to allow the PLAR applicant to re-attempt a failed assessment component, such as in instances where the PLAR applicant’s assessment outcome does not grant a re-attempt option under the PLAR Program Policy; and/or, to allow the PLAR applicant to re-take an assessment component at an adjusted fee.
	Appeal Denied	If the PLAR Appeals Panel’s decision is to deny the appeal, no further action will be taken by the Panel on the matter and the PLAR applicant will be notified.

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The College of Naturopaths of Ontario

BRIEFING NOTE

Amendments to the Language Proficiency Policy

PURPOSE: The Registration Committee is seeking Council approval of the draft amendments to the College's Language Proficiency Policy.

OUTCOME Approval of the amended policy is sought.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Review and discussion of policy changes.		
Results:	Decision.		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Chair, Registration Committee to present overview and decisions point.	5 minutes
	2.	Questions from Council and answers	5 minutes
	3.	Motion and Vote.	5 minutes

BACKGROUND:

On October 30, 2014, the then transitional Council of the College of Naturopaths of Ontario approved a policy which set out the requirements for ensuring applicants for registration possessed sufficient language proficiency, in either English or French, in accordance with subsection 3(3) of the Registration Regulation. While the intention of this policy was to set out language proficiency requirements for any applicant for registration, regardless of having graduated from a CNME-accredited program or having completed the College's Prior Learning Assessment and Recognition (PLAR) program, some ambiguity existed, particularly with respect to the assessment of language proficiency within the PLAR program.

As part of the College's initiatives to comply with recommendations made by the Office of the Fairness Commissioner (OFC), following their 2018 audit of the College's registration practices, the PLAR program, and associated policies, underwent review and revision.

Draft amendments to the Language Proficiency Policy (attached) have been made to ensure consistency and fairness of requirement, while maintaining the initial policy's rigor for safeguarding public protection by ensuring those issued a certificate of registration can competently communicate in one of Canada's two official languages.

DISCUSSION POINTS:

Inclusion of PLAR applicants

While the wording of the initial policy alluded to PLAR, it also unintentionally excluded PLAR applicants, as the definitions and the outcomes noted in the policy applied only to those who had made an application for registration to the College. As the PLAR program is an initial

assessment process to determine substantial equivalency and competency for those trained outside of the CNME-accredited programs, and not an application for registration, amendments were needed to incorporate the PLAR program into the language of this policy and provide additional clarity, particularly for those whose language proficiency is assessed prior to making an application for registration.

Evidence of Language Proficiency

The evidence of language proficiency has been expanded to include a Letter of Standing to address those applying for registration with the College under labour mobility provisions who, by virtue of holding ND registration in another regulated Canadian jurisdiction, are not required to provide the College with a copy of their academic transcript.

Additionally, the requirement that an applicant or PLAR applicant provide a declaration that their primary language is English, or French has been amended to instead require individuals to declare that they can comprehend and communicate fluently in English or French. This is truer to the intention of the language proficiency requirement and does not discriminate against individuals whose primary language (e.g., language spoken at home with family) may not be English or French, but who can speak fluently in either official language for the provision of safe and competent naturopathic care.

Exemption Criteria

Additional exemption criteria have been added to the policy to allow individuals who can demonstrate sufficient fluency (e.g., those who cannot achieve the language test scores set out in the policy) a means of moving forward in the process, whether that be initiating assessment through the PLAR program or proceeding with being issued a certificate of registration. This is in keeping with the language proficiency policies of other Ontario regulatory Colleges and meets the fairness principles set out by the OFC.

Amended Definitions and Gender Neutrality

Minor amendments have also been made to capture language associated with the new governance model (e.g., Registrant vs Member) and to remove gender specific pronouns, a process in keeping with any older, existing policies undergoing review and amendment.

ANALYSIS

Risk Assessment – In not approving the draft amendments to the Language Proficiency Policy, the College is at risk of being seen as disregarding the OFC’s audit recommendations and not assessing language proficiency in a fair and transparent manner.

Privacy Considerations – There are no privacy considerations.

Transparency – As this briefing, as well as the Council’s discussion, will be public, transparency requirements have been addressed.

Financial Impact – There are no financial implications with this recommendation.

Public Interest – Discussions regarding public safety, as set out above, address the public interest element of this decision.


RECOMMENDATIONS

The Registration Committee recommends that the Council approve the draft amendments to the language proficiency policy as presented.

Danielle O'Connor, ND
Chair, Registration Committee

Erica Laugalys
Director, Registration & Examinations

January 5, 2021

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Intent/Purpose To establish a policy governing language proficiency requirements of the College of Naturopaths of Ontario (the College).

Definitions	Applicant	<u>Means an individual who has made a formal application to the College for a certificate of registration.</u>	Deleted: A Deleted: n
	CanTest	<u>Means a standardized English proficiency test offered by the University of Ottawa in English.</u>	Deleted: ¶ Deleted: A
	<u>Chief Executive Officer (CEO)</u>	<u>Means the individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to the position of Registrar under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.</u>	
	<u>Code</u>	<u>Means the Health Professions Procedural Code, which is schedule 2 to the Regulated Health Professions Act, 1991.</u>	
	<u>College</u>	<u>Means the College of Naturopaths of Ontario as established under the Naturopathy Act, 2007 and governed by the Regulated Health Professions Act, 1991.</u>	
	CNME	<u>Means the Council on Naturopathic Medical Education, The North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.</u>	Deleted: T
	IELTS	<u>Means the International English Language Testing System offered by Conestoga College (Kitchener).</u>	Deleted: ¶
	IBT	<u>Means and internet-based test.</u>	Deleted: l
	Language Skills	<u>Means the four communication abilities tested during a language proficiency assessment: reading, writing, listening, and speaking.</u>	Deleted: T
	Language Test	<u>Means a test designated in this policy that can be relied upon to test the language proficiency of an Applicant.</u>	Deleted: ¶ Deleted: A
	PBT	<u>Means a paper-based test.</u>	Deleted: Member Deleted: As defined in section 1(1) of the Health Professions Procedural Code means a Member of the College. ¶
	<u>PLAR Applicant</u>	<u>Means an individual educated outside of a CNME-accredited program who is seeking eligibility for registration through the PLAR process.</u>	Deleted: P
	<u>Prior Learning Assessment and</u>	<u>Means a process used to determine the competency of individuals who do not have formal education from a CNME-accredited program.</u>	

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Recognition (PLAR) process

Pre-Registration	<u>Means a</u> process whereby an individual who intends to see Registration with the College provides the College with information to establish themselves with the College before formally submitting an application for registration.	Deleted: A Deleted: R
Registrant	<u>Means an individual, as defined in section 1(1) of the Health Professions Procedural Code.</u>	Deleted: ¶
Registration Committee	<u>Means the</u> statutory committee of the College responsible for all registration matters referred to it by the <u>Chief Executive Officer</u> . Panel(s) of this statutory committee are responsible for all registration matters as set out in the Health Professions Procedural Code.	Deleted: Registrar Deleted: The individual appointed by the Council of the College pursuant to section 9(2) of the Health Professions Procedural Code which is Schedule II of the Regulated Health Professions Act, 1991 and who performs the duties assigned to that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.¶
Registration Regulation	<u>Means</u> Ontario Regulation 84/14 as amended from time to time.	Deleted: T
TestCan	<u>Means a</u> standardized French proficiency test offered by the University of Ottawa in French.	Deleted: Registrar Deleted: A
<u>Third-Party Assessment Agency</u>	<u>Means an organization that is a Member of the Alliance of Credential Evaluation Services of Canada</u>	Deleted: A
TOEFL	<u>Means a</u> Test of English as a Foreign Language offered by Educational Testing Service Canada Inc.	Deleted: ¶ Deleted: T

General Policy	English or French	It is a requirement for registration with the College that “the Applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.” (section 3 (3), Registration Regulation). This requirement reflects the need for effective communication between the <u>Registrant</u> and <u>their</u> patients a staff and to ensure effective inter-professional collaboration. This requirement also assumes effective communication based on language skills as defined in this policy.	Deleted: Member Deleted: his or her
	<u>PLAR Applicants</u>	<u>As an assessment process to establish a PLAR applicant's competency to practise, language proficiency is assessed as part of the eligibility criteria to initiate the PLAR program, in accordance with the College's PLAR Program Policy.</u>	Deleted: English/French as Primary Language Deleted: y Deleted: his or her
<u>Language Proficiency</u>	Requirements Deemed to be Met	An Applicant <u>or PLAR applicant</u> who can establish that <u>they are fluent in</u> English or French, and that <u>their</u> education was conducted in English or French, shall be deemed to meet the	Deleted: primary language is Deleted: his or her Deleted: as required pursuant to section 5(1) of the Registration Regulation

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language proficiency requirements of the College as set out in section 3(3) of the Regulation.

Evidence of Language Proficiency

In order to be deemed to have met language proficiency requirements, an Applicant or PLAR applicant must provide two of the following evidentiary documents:

- A signed declaration with the College which attests that they can comprehend, and communicate fluently (both written and orally) in English or French; and
- A Letter of Standing supporting naturopathic registration in another regulated Canadian jurisdiction;
- An academic transcript noting successful completion of a CNME-accredited program in naturopathy; or
- A Letter or transcript from the program in which the formal education pursuant to section 5(1), and in accordance with the College's PLAR Program Policy was obtained which confirms their education was provided in either English or French.

Requirements Deemed Not to be Met

An Applicant or PLAR applicant who does not satisfy the language proficiency requirements is required to undertake at their cost, one of the accepted language tests.

Language Testing

Accepted Language Tests and Minimum Scores

The results of a successfully completed language test must be equivalent to a level 8 for all skills based on the Canadian Language Benchmark (CLB), as follows:

Fluency Test	Minimum Accepted Score
IELTS	Level 7 required on all skills
TOEFL - PBT	580
TOELF - iBT	Total of 100: 25 on each skill.
CanTest	Minimum 4.0 on each section.
TestCan	Minimum 4.0 on each section.

Submission of Results

Minimum test scores for all test components must be achieved during one complete sitting of the selected language test. Combined scores from more than one test or from multiple sittings of the same test are not accepted.

Test results are valid for two years from the date of the Applicant or PLAR applicant passing the test and must be sent directly to the College by the testing agency. Test results submitted directly by Applicants or PLAR applicants are not accepted.

Outcomes

Sufficient Language Proficiency

Applicants, and PLAR applicants who demonstrate that they have met the language proficiency requirements, either by virtue of their declaration, and naturopathic registration in another regulated Canadian jurisdiction, formal education or

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- Deleted: At the discretion of the Registrar, an Applicant who believes that they satisfy these requirements may be interviewed by the Registrar as a means of establishing their fluency in either English or French.¶
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by meeting the minimum accepted test scores on an accepted language test, will continue to provide the information necessary for the assessment of their eligibility for registration or PLAR.

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Insufficient Language Proficiency

Applicants who do not meet the language proficiency requirements outlined in this policy may:

- Withdraw their application or, with the agreement of the Chief Executive Officer (CEO), place their application in abeyance while they remediate their language skills through an appropriate educational program and subsequently, retake an acceptable language test under this policy; or
- Proceed with their application in which case the CEO may refer the matter of the Applicant not meeting the language proficiency requirements, along with any other relevant issues with respect to their application, to a panel of the Registration Committee on the basis that they have doubts that the Applicant has met the requirements.

PLAR applicants, who do not meet the language proficiency requirements outlined in this policy will be notified that they cannot move forward in the PLAR process until they have met this requirement.

Exemptions

Exemption Criteria

An Applicant or PLAR applicant who is unable to establish language proficiency as set out in this policy, but who believes that they can demonstrate a degree of fluency through alternative objective evidence may seek an exemption.

Review of Exemption Request

Exemption requests will be reviewed by a panel of the Registration Committee (the Panel) on an individual basis.

For Applicants, such reviews will be conducted as part of a formal referral made under the Code.

In its review, the Panel will consider:

- To what degree the alternative objective evidence provides proof of language proficiency that is substantially equivalent to the requirements set out in this policy; and
- Whether the granting of such an exemption will pose a risk to public safety or effective care.
- In the case of PLAR, whether the granting of such an exemption will unduly hinder the PLAR applicant from being able to competently complete each component of the PLAR program.

- Deleted:** Applicants who do not meet the language proficiency requirements outlined in this policy may:¶ Withdraw their application on the basis of seeking an exemption for registration or, with the agreement of the Registrar, place their application in abeyance while they remediate their language skills through an appropriate educational program and subsequently, retake an acceptable language test under this policy;¶ Proceed with their application in which case the Registrar will refer the matter of the Applicant not meeting the language proficiency requirements, along with any other relevant issues with respect to their application, to a panel of the Registration Committee on the basis that he or she has doubts that the Applicant has met the requirements.¶
- Deleted:** Application Review
- Deleted:** Any application referred to a Panel for review will be evaluated in its entirety thereby only requiring a single review.

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Alternative Objective Evidence

The following may be provided as alternative objective evidence of language proficiency:

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- Documentation of the language tests and scores the Applicant or PLAR applicant has achieved to date, provided as an original hard-copy document, fax or as a PDF.
- Evidence of experience with verbal communication, validated by letters of support, sent directly from third parties to the College; these may be provided by naturopaths, other regulated healthcare professionals, previous practice supervisors, previous clients, employers, or members of the public.
- Evidence of related health care employment where written documentation was required, validated by letters sent directly from third parties to the College; these may be provided by naturopaths, other regulated healthcare professionals, previous practice supervisors, previous clients, employers, or members of the public.
- Evidence of successful, functional communication as demonstrated and validated in a previous supervised practice experience (e.g., completed through an externship or similar). This should be provided directly to the College as an original document, fax, or PDF, signed by a preceptor and/or supervisor.
- Other evidence as presented by applicant.

Exemption Request Outcomes

Applicants who do not satisfy 3(3) of the Registration Regulation, but have demonstrated a degree of fluency that would, with supervision, provide adequate safeguarding of public safety and competent care, may be granted a temporary exemption from the requirement, and may have Terms, Conditions, and/or Limitations (TCLs) placed on the certificate of registration. The TCLs may include but are not limited to:

- requiring the Registrant to disclose to all potential employers that they have not yet met the College's language proficiency requirement; and/or
- imposing conditions for supervision (e.g., written documentation, verbal communication); and/or
- imposing limitations regarding practice settings or controlled acts.

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PLAR applicants whose alternative objective evidence does not satisfy language proficiency requirements but demonstrates a sufficient degree of fluency to enable them to competently complete the PLAR, may be granted an exemption to be permitted to proceed with initiating the PLAR program.

DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 30, 2014

 The College of Naturopaths of Ontario	<u>Policy Type</u> REGISTRATION	<u>PROGRAM POLICIES</u>
	<u>Title</u> Language Proficiency	<u>Policy No.</u> P07.04
		<u>Page No.</u> 6

This exemption may be reviewed again at point of application for registration to determine whether a TCL on a certificate of registration is required. In such instances, the PLAR applicant will be provided with an opportunity to provide additional documentation to address 3(3) of the Registration Regulation.

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DATE POLICY APPROVED		REVIEW DATE
October 30, 2014		September 30, 2014

Page 3: [1] Deleted **Erica Laugalys** **11/11/20 8:41:00 AM**

Language Testing Accepted Language Tests and Minimum Scores The results of a successfully completed language test must be equivalent to a level 8 for all skills based on the Canadian Language Benchmark (CLB), as follows:

Page 3: [2] Deleted **Erica Laugalys** **11/11/20 8:43:00 AM**

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The College of Naturopaths of Ontario

BRIEFING NOTE

College Performance Measure Framework

PURPOSE: To inform the Council about a new reporting framework for the health regulatory Colleges as part of our accountability to the Ministry of Health.

OUTCOME To inform the Council and future decision making.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other

PROCESS:

Activity:	Review of the new framework established by the Ministry of Health.		
Results:	To ensure that Council is aware of the framework and its role in the process.		
Overall Timing:	25 minutes		
Steps/Timing:	1.	Review of the background and framework by the CEO	10 minutes
	2.	Discussion and Q&A by Council	10 minutes
	3.	Determining next steps	5 minutes.

BACKGROUND:

In early 2019, the Ministry of Health engaged the health regulatory Colleges through the Federation of Health Regulatory Colleges of Ontario (FHRCO - now known as the Health Professions Regulators of Ontario (HPRO)) to talk about accountability and transparency of the Colleges. Among the key initiatives being considered was an accountability framework to create uniformed College activity reporting parameters, which in turn would allow for year-over-year comparison of results and accomplishments. This was driven, in part, by the wide diversity in the Annual Reports of the Colleges and the approaches to the information contained in them.

The Ministry established a working group of Ministry personnel, experts in the area of accountability frameworks, public representatives and representatives of the several Colleges. Over the course of the following year, the Working Group reported back through FHRCO and engaged in consultations with the Colleges.

In September 2020, the Ministry began a “soft launch” of the College Performance Measure Framework (CPMF) to allow the Colleges to test some of the measures and to provide feedback. As the CPMF was not formally approved by the Minister, it could not be shared publicly and thus has not previously been tabled with Council.

In early November, the Ministry met with each College to develop final framework measures for Domain 2. At that time, the CEO and Deputy CEO also met with Ministry personnel to receive feedback on our initial draft of the Domain 3 reporting. Generally, the feedback was very positive.

On December 1, 2020, Assistant Deputy Minister, Sean Court, wrote to the Colleges to advise that the CPMF had been finalized, based on the soft launch feedback, and had now been adopted by the Ministry.

The framework will require the College to submit a comprehensive baseline report on our activities in the 2020 calendar year which must be submitted no later than March 31, 2021. As the framework will include both Council decisions and activities and operational activities, the draft report will be tabled for the Council's review and approval at its March 31, 2021 meeting.

Attached to this briefing are the following documents provided by the Ministry of Health:

- Memorandum from Sean Court, Assistant Deputy Minister
- CPMF Reporting Tool (December 2020)
- Technical Specifications CPMF document (December 2020)
- CPMF FAQs (December 2020).

DISCUSSION POINTS:

Intent of the CPMF

The overall intent of the CPMF is to increase accountability and transparency of the Colleges in how they report on their work to serve and protect the public interest which in turn strengthens the Minister's oversight of the Colleges.

It is also intended to focus on areas of improvement by highlighting best practices in the various Colleges.

Overview of the Framework

The framework has two portions, reporting on specific Domain Measures and Statistical Data that supports the outcomes measured in several of the domains.

There are seven domains including:

1. Governance
2. Resources
3. System partner
4. Information management
5. Regulatory policies
6. Suitability to practice
7. Measurement, reporting and improvement.

Within each domain, there are standards, measures, evidence and improvement actions. Much of the reporting will be based on providing the context around the work the College and its Council may have done in certain areas and where there are improvements planned.

Responsibility for Completion

Given the nature of the information being reported, the responsibility for completing the CPMF will rest with the Chief Executive Officer (CEO) and Deputy CEO with the support of the other members of the Senior Management Team (Directors of Communications, Operations and Registration and Examinations).

The statistical data will come primarily from the Program Managers in Registration, Professional Conduct and Professional Practice.

Publication of Report

It is important to note that the Ministry of Health is requiring that the Colleges publish their CPMF on their websites annually. This allows the public to see how the Colleges report and, if they desire, to compare one or more Colleges.

In addition, the Ministry will publish an overall report of the activities of the Colleges highlighting key findings regarding best practices, areas of improvement and various commitments Colleges have made to improve their performance.

ANALYSIS

Risk Assessment – Risks associated with this activity include Operational (Process) risk as the responses to the CPMF are reliant on reviewing outcomes of the College's work, internal and external reviews. Other risks include Strategic risks, which includes Political risks as these are changes in the environment where the College operates, and Reputational risks if the College is seen to have not adequately performed its role in serving the public interest.

Privacy Considerations – There are no privacy considerations as the CPMF addresses the overall operations of the College and functionality of the Council.

Transparency – The intent of the CPMF is to increase transparency. Release of the framework will now increase transparency, as will release of the draft and final reports, and the Ministry's overall report.

Financial Impact – Financial impact of the CPMF is unknown. While it is primarily a reporting tool, staff resources will be required to draft the report, review it, present it to Council, and Council resources will be needed to review, assess and approve it.

Public Interest – This initiative serves the public interest by improving accountability, transparency and oversight by the Ministry on behalf of Ontarians.

RECOMMENDATIONS

None.

Andrew Parr, CAE
Chief Executive Officer
January 2021

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language
Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification
stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5



MEMORANDUM TO: Registrars and CEOs of Ontario's Health Regulatory Colleges

FROM: Sean Court
Assistant Deputy Minister

DATE: Tuesday December 1st, 2020

RE: **Formal launch of the College Performance Measurement Framework**

In follow up to my memo on September 1, 2020 regarding the 'soft launch' of the College Performance Measurement Framework (CPMF), I am pleased to inform you that today the Ministry of Health (ministry) is formally launching the CPMF.

I would like to thank you all for your comments and feedback that have helped inform the final drafts of the Reporting Tool and the Technical Specifications Document. Your feedback was used to provide further clarification to many of the Measures and Context Measures.

The CPMF that you have helped to develop will, for the first time in Ontario, further strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public's interest.

This work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices reduces variation in the efficiency and effectiveness with which colleges carry out their functions.

The ministry is also aware that data and responses provided from the year 2020 are likely to be impacted by COVID-19, and that while the majority of the information requested in this reporting cycle should not be impacted, there may be instances where the requested data or information may be a significant outlier from previous years.

- 2 -

Ministry staff will work with you to ensure that this context is clearly communicated in the Colleges' Reporting Tools that will be posted on Colleges' websites to help the public better understand the information provided.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing during this first reporting cycle. However, during this baseline reporting cycle the ministry will:

- Provide each College with performance feedback and potentially identify opportunities for improvement, and
- Draft and post a Summary Report on the ministry website that will capture the Colleges' CPMF results at a system level (as opposed to the performance of each individual College).

Prior to beginning the second CPMF reporting cycle in October 2021, the ministry, together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of the reports and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you again for your advice and support to date.

The ministry looks forward to continuing this very important work with you over the coming year.

Sincerely,



Sean Court
Assistant Deputy Minister

- c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

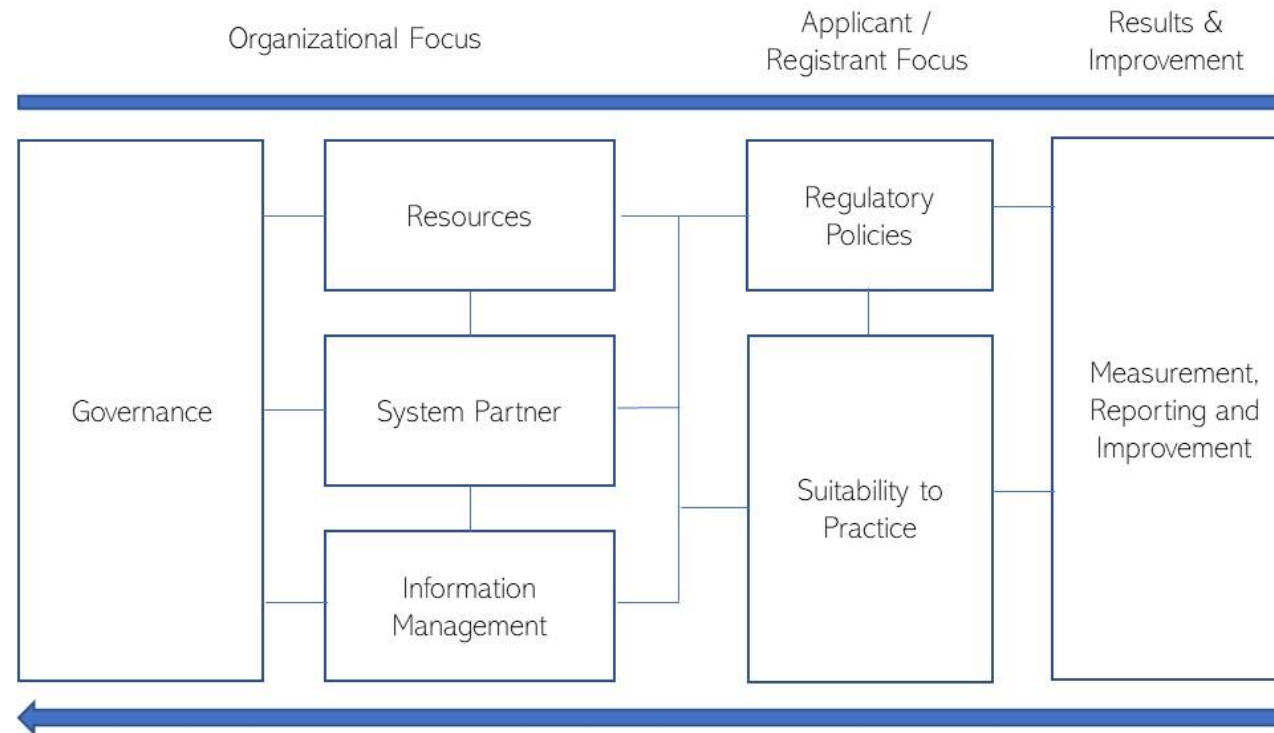
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain	Areas of focus
1 Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2 Resources	<ul style="list-style-type: none"> The College’s ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3 System Partner	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4 Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5 Regulatory Policies	<ul style="list-style-type: none"> The College’s policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6 Suitability to Practice	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7 Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains, standards, measures, evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; ii. Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

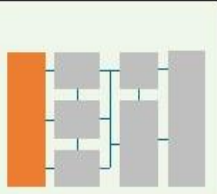
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

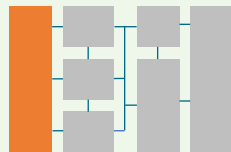
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional comments for clarification (optional):

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics:
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>

		<p><i>Additional comments for clarification (optional):</i></p>
	<p>b. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of each Statutory Committee orientation training: • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (optional):</i></p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Year when Framework was developed OR last updated: • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>	
	<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> <li style="padding-left: 20px;"><i>If yes, how often over the last five years? <insert number></i> • Year of last third-party evaluation: <insert year> 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>	

		<i>Additional comments for clarification (optional)</i>
	c. Ongoing training provided to Council has been informed by:	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
	i. the outcome of relevant evaluation(s), and/or	<ul style="list-style-type: none"> • Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; • Insert a link to Council meeting materials where this information is found OR • Describe briefly how this has been done for the training provided <u>over the last year</u>.
	ii. the needs identified by Council members.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional):</i>
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: • Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>

		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods ² .	<p>The College fulfills this requirement: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <please specify> • The year that the cooling off period policy was developed OR last evaluated/updated: • How does the college define the cooling off period? <ul style="list-style-type: none"> - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; - insert a link to Council meeting where cooling of period has been discussed and decided upon; OR - where not publicly available, please describe briefly cooling off policy: <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

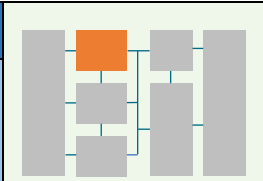
² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> • Insert a link to most recent Council meeting materials that includes the questionnaire: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Describe how the College makes public interest rationale for Council decisions accessible for the public: • Insert a link to meeting materials that include an example of how the College references a public interest rationale: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

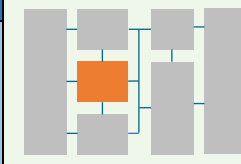
Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the College’s latest strategic plan and/or strategic objectives: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

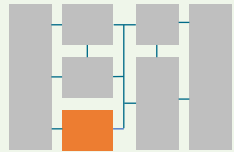
DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional comments for clarification (optional)		

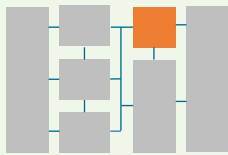


	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> • Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: • Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: • Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

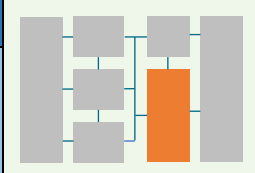
DOMAIN 3: SYSTEM PARTNER	
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.	
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.	
Standard 7 The College responds in a timely and effective manner to changing public expectations.	
Measure / Required evidence: N/A	<p style="text-align: center;">College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> • Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> 	
	<table border="1"> <tr> <td data-bbox="701 683 1623 1417"> <p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> </td> <td data-bbox="1631 683 2491 1417"> <p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> </td> </tr> </table>	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i>
<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> 	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> 	

DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8 Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> • Insert a link to policies and processes OR provide brief description of the respective policies and processes.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (optional)</i>	
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: <ol style="list-style-type: none"> i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		
<i>Additional comments for clarification (optional)</i>		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>



³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: List the experts / stakeholders who were consulted on currency: Identify the date when currency requirements were last reviewed and updated: Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

⁴ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: • Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: • Is the process taken above for identifying priority areas codified in a policy: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy</i> • Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: • Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> – Public Yes <input type="checkbox"/> No <input type="checkbox"/> – Employers Yes <input type="checkbox"/> No <input type="checkbox"/> – Registrants Yes <input type="checkbox"/> No <input type="checkbox"/> – other stakeholders Yes <input type="checkbox"/> No <input type="checkbox"/> • Insert link to document that outlines criteria to inform remediation activities OR list criteria: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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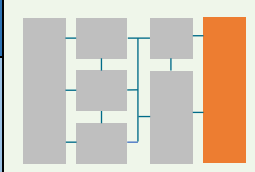
⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"> Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input type="checkbox"/> No <input type="checkbox"/> Does the College evaluate whether the information provided is clear and useful: Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: Most frequently provided supports in CY 2020: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
Measure	Required evidence	College response
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: Provide the year when it was implemented OR evaluated/updated (if applicable): <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Insert a link to policy OR describe briefly the policy: • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (if needed)</i>	
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (if needed)</i>	

		<i>Additional comments for clarification (if needed)</i>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to College’s dashboard or relevant section of the College’s website:</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

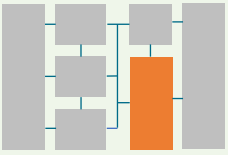
PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

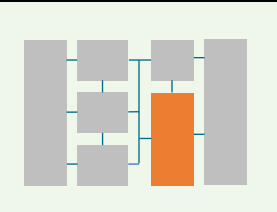
In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

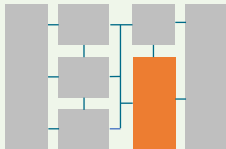
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		
Type of QA/QI activity or assessment	#	<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period. NR = Non-reportable: results are not shown due to < 5 cases		

Additional comments for clarification (if needed)

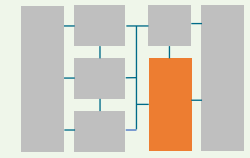
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)	#	%	<p>What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.</p> <p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</p>
CM 2. Total number of registrants who participated in the QA Program CY 2020			
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *			
<i>Additional comments for clarification (optional)</i>			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	<i>What does this information tell us?</i> This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
Additional comments for clarification (if needed)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



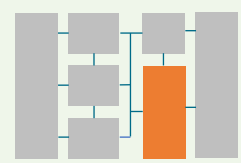
Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)				
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†	
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication				
IV. Competence / Patient Care				
V. Fraud				
VI. Professional Conduct & Behaviour				
VII. Record keeping				
VIII. Sexual Abuse / Harassment / Boundary Violations				
IX. Unauthorized Practice				
X. Other <please specify>				
Total number of formal complaints and Registrar’s Investigations**		100%		100%

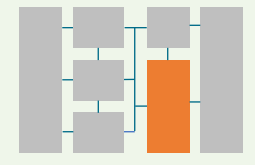
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020			
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020			
CM 9. Of the formal complaints* received in CY 2020**: I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)† II. Formal complaints that were resolved through ADR III. Formal complaints that were disposed** of by ICRC IV. Formal complaints that proceeded to ICRC and are still pending V. Formal complaints withdrawn by Registrar at the request of a complainant Δ VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	#	%	
** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint. † ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.</i>			

<p>△ <i>The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p>φ Registrar's Investigation: <i>Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

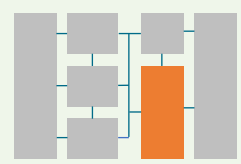
DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.							
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020							
Distribution of ICRC decisions by theme in 2020*							
# of ICRC Decision†							
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Fraud							
VI. Professional Conduct & Behaviour							
VII. Record keeping							
VIII. Sexual Abuse / Harassment / Boundary Violations							
IX. Unauthorized Practice							
X. Other <please specify>							
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020. † NR = Non-reportable: results are not shown due to < 5 cases.							

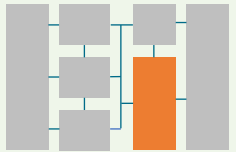


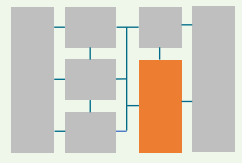
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

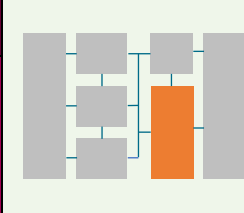
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</p> <p>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</p>
I. A formal complaint in working days in CY 2020		
II. A Registrar’s investigation in working days in CY 2020		
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		<input type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 12. 90th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *	
I. An uncontested^ discipline hearing in working days in CY 2020		The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
II. A contested# discipline hearing in working days in CY 2020			
* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).			
^ Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.			
# Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.			
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i></p>
Type	#	
I. Sexual abuse		
II. Incompetence		
III. Fail to maintain Standard		
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional		
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		
<p>* <i>The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases.</p> <p><i>Additional comments for clarification (if needed)</i></p>		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<p><i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i></p>
Type	#	
I. Revocation ⁺		
II. Suspension [§]		
III. Terms, Conditions and Limitations on a Certificate of Registration**		
IV. Reprimand [^] and an Undertaking [#]		
V. Reprimand [^]		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.</p> <p>+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.</p> <p>§ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"> • Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse), • Practice the profession in Ontario, or • Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991. <p>** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.</p> <p>^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice</p> <p># An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases</p>		
Additional comments for clarification (if needed)		

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

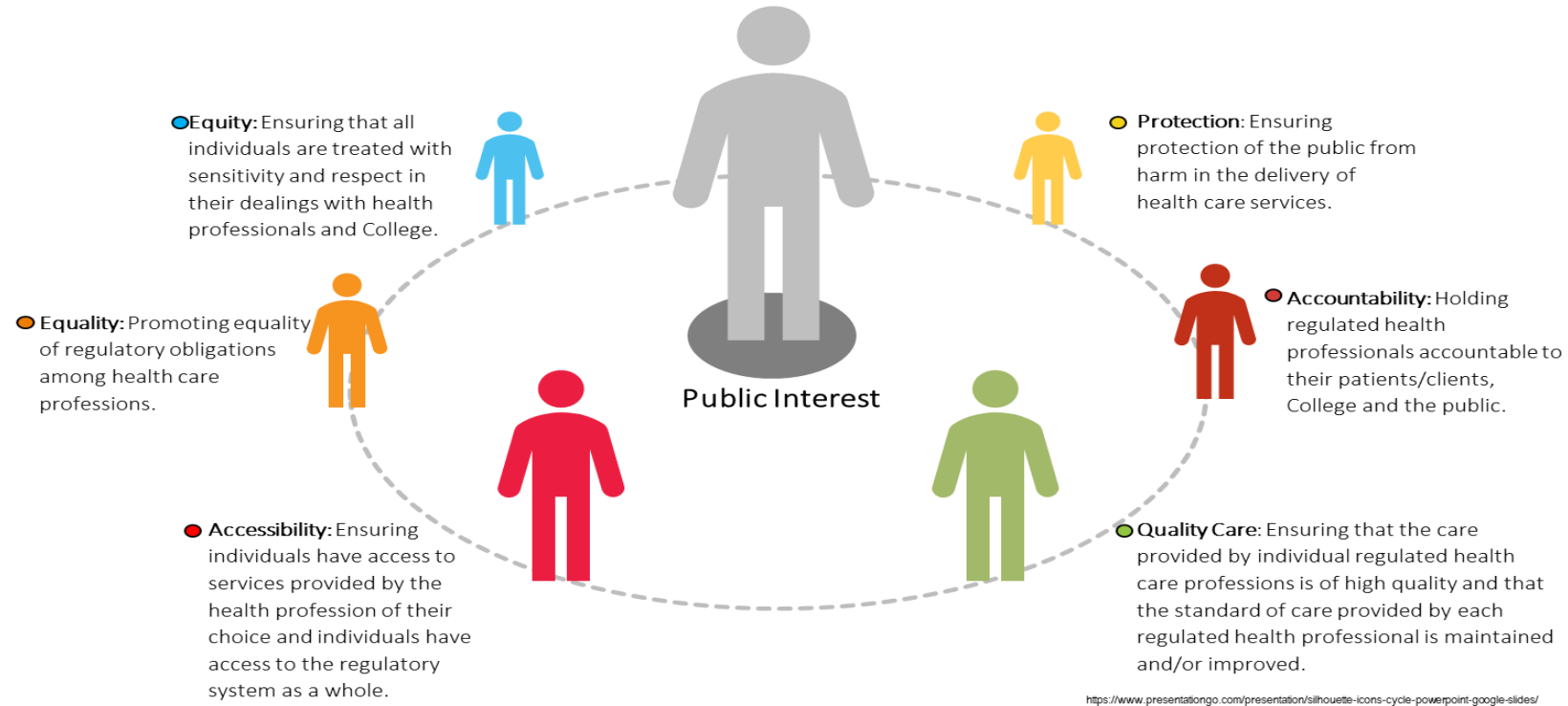
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Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST in the context of the College Performance Measurement Framework



Technical Specifications for Quantitative College Performance Measurement Framework Measures

December 2020

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INTRODUCTION

This document serves as a companion document to the College Performance Measurement Framework (CPMF) Reporting Tool. It is designed to provide Ontario's health regulatory Colleges (Colleges) with recommended methodology for calculating the quantitative measures that form part of the CPMF. However, recognizing that at this point in time, the data may not be readily available for each College to calculate the quantitative measures in the recommended manner (e.g., due to differences in definitions), where this is the case a College can report the information in a manner that is conducive to their data infrastructure and availability.

If a College is reporting the information in a manner that is different than the recommended methodology as set out below, for transparency purposes a College is being asked to provide the following information in the CPMF Reporting Tool:

- Indicate that is using its own methodology.
- Provide a brief rationale for why it is using its own methodology.

Where a College chooses to report a context measure using methodology other than outlined in the following Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the College calculated the information provided.

Table 1: The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.

Suitability to Practice Domain > Standard 12: The complaints process is accessible and supportive.

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
Description	Indicates whether the College provides an individualized response to 90% of inquiries from the public within 5 days and provides timelines for follow up where necessary.
Calculation Methods	Numerator/Denominator
Numerator	Number of responses provided to the initial public inquiry (including expected timeline for follow-up) within 5 days. (See definition for public below).
Denominator	All inquiries from the public related to the College’s complaints process received within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Inquiries from anyone other than the “public” as defined below. • Inquires not related to the complaints process. • Calls to file a complaint or Inquiries about a complaint that has been filed with the College.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Public: Any individual, including media and researchers, who contacts the College.</p> <p>Inquiry: Within the context of this Evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College.</p> <p>Response: The College sends an individualized response to the inquiry and provides either a resolution or timelines for follow up where necessary.</p>

Measure 12.1, Evidence b	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.
	Method of Receipt: This refers to the form and manner in which the inquiry is received by the College. It may take the form of a phone call, email, social media or physical correspondence (e.g., letter).

Table 2: Context Measure – the type and distribution of QA/QI activities or assessments used in CY 2020¹

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2020
Description	The type of QA and QI activities and assessments that the College uses to assess a registrant’s ongoing competence and support registrants in maintaining competence, and the distribution of the activities and assessments used (e.g., CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).
Calculation Method	<p>This Measure captures two separate calculations:</p> <ol style="list-style-type: none"> 1. Distribution of QA/QI activities or assessments <ol style="list-style-type: none"> i. Report the distinct types of activities or assessments used by the College. ii. Calculate the number activities or assessments undertaken across each type of activity or assessment. <p>Note:</p> <ul style="list-style-type: none"> - Where the number in a given type of QA/QI activity or assessment is between 1 and 5, report in CPMF Reporting Tool as “NR” - Where no registrant underwent a particular type of QA/QI activity or assessment, report in CPMF Reporting Tool as “0”.
Exclusions	<ul style="list-style-type: none"> • Remedial activities required of registrants outside of the College’s QA program (e.g., remediation ordered by a Panel of the ICRC). • QA activities undertaken by inactive or non-practising registrants.

¹ Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested contextual information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

Context Measure #1	Type and distribution of QA/QI activities and assessments used in CY2020
	<ul style="list-style-type: none"> All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.
Inclusion	<ul style="list-style-type: none"> All QA activities or assessments undertaken by active registrants of a College as part of the QA Program. All QI activities or assessment undertaken by active registrants of a College.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>QA activity and assessment: the different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant’s practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).</p> <p>QI activity and assessment: the different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual’s practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 3: Context Measure – the total number of registrants who participated in QA Program in CY 2020

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2020
Description	The total number of registrants that participated in an activity or assessment as part of the Quality Assurance Program.
Calculation Method	The total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period.
Exclusions	<ul style="list-style-type: none"> All inactive or non-practicing registrants who underwent QA activities or assessment. All QI activities or assessment undertaken by active registrants of a College. All QA activities or assessments undertaken by active registrants of a College outside of the of the QA Program.
Inclusion	<ul style="list-style-type: none"> Registrants who initiated a QA activity or assessment within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	QA activity and assessment: the different types of QA activities and assessments that registrants undergo/undertake to improve their practice and/or a College uses to assess the ongoing competence of registrant's practice, including any activity and assessment that assesses (either through self-assessment or College assessment) knowledge, skills and judgment or expectations for a registrant's practice and where non-compliance may lead to a QA Committee referral (e.g., article review, peer circles, CPD portfolio review/audit, practice site visit/inspection, patient chart audit/chart-simulated recall, examination, multi-source

Context Measure #2	Total number of registrants who participated in the QA Program in CY 2020
	<p>feedback/360-degree reviews, clinical simulation or objective structured clinical examination, direct observation in practice, etc.).</p> <p>QI activity and assessment: the different types of quality improvement activities and assessments that use a preventative/proactive approach and are more focused on individual practice and self-assessments to identify opportunities for self-directed learning and improvement in an individual’s practice. These activities occur outside of the legislated QA Program and include activities, such as, for example a Quality Improvement Survey, Practice Profile, Self-Guided Chart Review; Data-Driven Quality Improvement; and a Practice Improvement Plan.</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 4: Context Measure – the rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation.
Description	The proportion of registrants that undertook a QA activity or assessment as part of the QA Program and were directed by the QA Committee to undertake remediation.
Calculation Method	Numerator/Denominator – Where the number of registrants referred to the QA Committee is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no referrals have been made to the QA Committee as part of the QA Program, report in CPMF Reporting Tool as “0”.
Numerator	Number of registrants who undertook an activity or assessment as part of the QA Program and were required to undertake remediation at the direction of the QA Committee.
Denominator	Total number of registrants who undertook an activity or assessment as part of the QA Program.
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who undertook QA activities or assessment. • Remediation ordered by any other Committee of the College.
Inclusion	<ul style="list-style-type: none"> • All active registrants who undertook a QA activity or assessment as part of the QA Program.

Context Measure #3	Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all certificate classes used by the various Colleges.</p> <p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p>

Table 5: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that demonstrated required knowledge, skills, and judgment following remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Description	The proportion of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation was intended to address.
Calculation Method	Numerator/Denominator – Where the number of registrants that, following remediation directed by the QA Committee, subsequently demonstrate the required knowledge, skills and judgment the remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no registrants demonstrated the required knowledge, skill and judgment following remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants that were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity and who subsequently demonstrated the required knowledge, skills and judgment following the remediation activity.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align)

Context Measure #4(i)	Rate of registrants who demonstrated required knowledge, skills, and judgment following remediation.
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants who underwent QA activities or assessment. • Any remediation activity that the College cannot verify whether upon completion the registrant demonstrated the required knowledge, skills or judgment or where the College cannot/does not have an auditing process. • Any registrant who has not completed remediation or has not been reassessed by the College within the reporting period (remediation is ongoing, registrant refusal to undertake).
Inclusion	<ul style="list-style-type: none"> • All registrants who completed required remediation activity within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 6: Context Measure – the rate of registrants who were directed to undertake remediation by the QA Committee that are still undertaking remediation

Suitability to Practice Domain > Standard 11: The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Description	The proportion of registrants that were required by the QA Committee to undergo remediation as part of the QA Program that have not yet completed the remediation during the reporting period.
Calculation Method	Numerator/Denominator <ul style="list-style-type: none"> - Where the number of registrants still undertaking remediation is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. - Where no registrants are still undertaking remediation, report in CPMF Reporting Tool as “0”.
Numerator	Total number of registrants who were required by the QA Committee to undergo a remediation activity as part of the QA Program that have not completed the remediation within the reporting period.
Denominator	Total number of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undergo a remediation activity as part of the QA Program (see Context Measure #3 numerator – these numbers should align).
Exclusions	<ul style="list-style-type: none"> • All inactive or non-practicing registrants required to undertake remediation. • Registrants required to undertake remediation who cease being a registrant for any reason or those that move to the inactive class.
Inclusion	<ul style="list-style-type: none"> • Registrants who initiated, but have not completed, remediation within the reporting period.

Context Measure #4(ii)	Rate of registrants still undertaking remediation (i.e. remediation in progress)
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Remediation activity or assessment: The different methods that a QA Committee can require a registrant to undertake/undergo in order to provide additional support to registrants where the QA committee determines a registrant does not demonstrate the required knowledge, skills or judgment including, specified continuing education or remediation programs (e.g., course work or education programs, etc.).</p> <p>Inactive or non-practicing registrants: includes any registrants who have a certificate of registration that does not permit them to provide direct patient care or to engage in the practice of the profession. It is noted that Colleges may use different terms to identify classes of certificates of registration and the use of “inactive or non-practicing” is intended to represent all such certificate classes used by the various Colleges.</p>

Table 7: Context Measure – the distribution of formal complaints and Registrar’s Investigations by theme in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2020
Description	The distribution of complaints by theme as determined by the College, and the distribution of Registrar’s reports by theme as determined by the College.
Calculation Method	<ol style="list-style-type: none"> 1. Report the total number of formal complaints filed against registrants, and the number of complaints received across each of the following themes. 2. Report the total number of Registrar initiated investigations against registrants, and the number of complaints received across each of the following themes. 3. Report the percentage of the total formal complaints and Registrar initiated investigations represented for each theme [e.g., if there are 200 formal complaints and 20 with advertising as a theme then you would report $(20/200) \times 100 = 10\%$]. <p>Note:</p> <ul style="list-style-type: none"> – Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – When reporting % in the CPMF Reporting Tool use the reported numbers as the total when calculating the % (i.e. exclude the values where the College reports NR). Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. – Where there are multiple themes for a single complaint or Registrar’s Investigation, each theme related to the complaint or Registrar’s Investigation should be included in the count.

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2020
<p>Professional Conduct & Behaviour:</p> <p>Record Keeping:</p> <p>Sexual Abuse / Harassment / Boundary Violations:</p> <p>Unauthorized Practice:</p> <p>Other:</p>	<p>Concerns against a registrant of unbecoming, disgraceful, dishonorable or unprofessional conduct, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or breach of confidentiality.</p> <p>Concerns regarding a registrant’s financial and patient records, including retention of records and complying with the necessary privacy legislation. Allegations could include that the registrant failed to maintain records, include insufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).</p> <p>Allegations against a registrant that could include engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant’s personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p> <p>Concerns that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession’s scope of practice.</p> <p>Concerns that do not fall into any of the above themes above.</p>
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formally submitted complaint. Complaints that are withdrawn by the Registrar at the request of a complainant.
Inclusion	<ul style="list-style-type: none"> Complaints that are formally submitted to the College. Matters where the ICRC approved the appointment of an investigator after reviewing a report. Complaints resolved through Alternative Dispute Resolution.
Reporting period	January 1, 2020 to December 31, 2020

Context Measure #5	Distribution of formal complaints and Registrar’s Investigations by theme in CY 2020
Data source	Local data collection by the College
Definition	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 8: Context Measure – the total number of formal complaints that were brought forward to the ICRC during the reporting period in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2020
Description	The total number of formal complaints the College receives that were brought forward to a Panel of the ICRC during the reporting period.
Calculation Method	The total number of formal complaints that were brought forward for review by a Panel of the ICRC within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. All health-related inquiries. Matters where the ICRC or Registrar approved the appointment of an investigator after reviewing a report. Formal complaints that are withdrawn by the Registrar at the request of a complainant.
Inclusion	<ul style="list-style-type: none"> All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. Formal Complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA. Formal complaints that meet eligibility criteria for use of the ADR process.
Reporting period	January 1, 2020 to December 31, 2020

Context Measure #6	Total number of formal complaints that were brought forward to the ICRC in CY 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 9: Context Measure – the total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #7	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2020
Description	The total number of ICRC matters that come to a Panel of the ICRC for review as a result of a Registrar’s investigation during the reporting period.
Calculation Method	All Registrars Investigations that are brought to a Panel of the ICRC for review.
Exclusions	<ul style="list-style-type: none"> • Formal complaints to the College. • Reports or concerns that the Registrar does not bring to the ICRC for review.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

Context Measure #8	Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020
	<ul style="list-style-type: none"> Registrar appointment of an investigator upon request by a Panel of the ICRC after receiving information about a registrant from the Quality Assurance Committee.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 11: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that proceeded to Alternative Dispute Resolution (ADR)

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2020
Description	The proportion of all formal complaints filed with the College that are eligible and that use the ADR process to try and resolve the complaint.
Calculation Method	Numerator/Denominator – Where the number of formal complaints that proceeded to ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints proceeded to ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period where both parties agree, and the Registrar approves, the use of the ADR process.
Denominator	The total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.

Context Measure #9(i)	Rate of formal complaints that proceeded to Alternative Dispute Resolution (ADR) in CY 2020
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Formal complaints that meet eligibility criteria for use of the ADR process. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 12: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that were resolved through Alternative Dispute Resolution (ADR)

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2020
Description	The proportion of all formal complaints filed with the College that are resolved through the ADR process.
Calculation Method	Numerator/Denominator – Where the number of formal complaints that were resolved through ADR is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints were resolved through ADR, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints filed within the reporting period resolved through the ADR process.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal Complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.

Context Measure #9(ii)	Rate of formal complaints that were resolved through ADR in CY 2020
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p> <p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 13: Context Measure – total number of formal complaints that were disposed of by the ICRC in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2020
Description	The total number of formal complaints a Panel of the ICRC disposed of through a decision by the ICRC Panel.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Formal complaints resolved through Alternative Dispute Resolution. • All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and

Context Measure # 9(iii)	Total number of formal complaints that were disposed by the ICRC in CY 2020
	<p>other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant).</p> <p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p>

Table 14: Context Measure –the rate of formal complaints that proceeded to ICRC and are still pending in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2020
Description	The total number of formal complaints that have been submitted to a Panel of the ICRC where the complaint has not been disposed of through a decision by an ICRC Panel.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints brought forward to a Panel of the ICRC for disposition within the reporting period where an ICRC Panel has not provided a decision to the registrant and complainant within the reporting period.
Denominator	Total number of formal complaints that were brought forward to a Panel of the ICRC in CY 2020. (this should align with the number from CM 6)
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period. • All formal complaints submitted to a Panel of the ICRC for reasons other than a disposition (e.g. undertaking, investigation advice, request to summons a witness) • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.

Context Measure #9(iv)	Rate of formal complaints that proceeded to ICRC and are still pending in CY 2020
	<ul style="list-style-type: none"> Formal complaints resolved through Alternative Dispute Resolution (ADR)
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c)
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>Alternative Dispute Resolution (ADR): means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p>

Table 15: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that were withdrawn by the Registrar at the request of a complainant

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2020
Description	The total number of formal complaints received that are withdrawn by the Registrar at the request of a complainant.
Calculation Method	<p>Numerator/Denominator</p> <ul style="list-style-type: none"> – Where the number of formal complaints withdrawn by the Registrar at the request of a complainant is between 1 and 5, report in CPMF Reporting Tool as “NR” for both the number reported and %. – Where no formal complaints were withdrawn by the Registrar at the request of a complainant, report in CPMF Reporting Tool as “0”.
Numerator	Total number of formal complaints within the reporting period that are withdrawn by the Registrar at the request of a complainant.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. • All health-related inquiries.

Context Measure #9(v)	Rate of formal complaints withdrawn by the Registrar at the request of a complainant in CY 2020
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p>

Table 16: Context Measure – of the formal complaints that were disposed of in CY 2020 the rate that are disposed of by the ICRC as frivolous and vexatious

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2020
Description	The total number of formal complaints received that a Panel of the ICRC determines are frivolous or vexatious, and where a Panel of the ICRC takes no action with respect to the complaint.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of as frivolous or vexatious.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> Complaint inquiries and other interactions with the College that do not result in a formal complaint. Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report. All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> Formal complaints to the College. Complaints where an appointment of an investigator has been made under s.75(1)(c) under the RHPA
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #9(vi)	Rate of formal complaints that are disposed of by the ICRC as frivolous and vexatious in CY2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 17: Context Measure – of the formal complaints and Registrar’s Investigations that were disposed of in CY 2020 the rate that are disposed of by the ICRC as a referral to the Discipline Committee

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #9(vii)	Rate of formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2020
Description	The total number of formal complaints received that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Calculation Method	Numerator/Denominator
Numerator	Total number of formal complaints within the reporting period that a Panel of the ICRC disposes of through a referral of specified allegations to the Discipline Committee.
Denominator	Total number of formal complaints filed against registrants within the reporting period.
Exclusions	<ul style="list-style-type: none"> • Complaint inquiries and other interactions with the College that do not result in a formal complaint. • Formal complaints that are withdrawn by the Registrar at the request of a complainant. • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • All health-related inquiries.
Inclusion	<ul style="list-style-type: none"> • Formal complaints to the College. • Formal complaints resolved through Alternative Dispute Resolution. • All complaints where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.

Context Measure #9(vii)	Rate of formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee in CY 2020
	<ul style="list-style-type: none"> Complaints where an appointment of an investigator has been made under s.75(1)(c) of the RHPA Complaints where an appointment of an investigator has been made under s.75(1)(a), s. 75(1)(b) and s.75(2) under the RHPA.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 18: Context Measure – the distribution of ICRC decisions by theme in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
Description	The total number of each type of ICRC decision for each of the 10 high-level themes
Calculation Method	<p>1. Report the total number of ICRC decisions, and the number of ICRC decisions across each of the following themes.</p> <p>Note:</p> <ul style="list-style-type: none"> - Where the number in a given theme is between 1 and 5, report in CPMF Reporting Tool as “NR” - Where no complaints have been received for a theme, report in CPMF Reporting Tool as “0”. - In reporting on the number of each type of ICRC decision (as defined below in definitions section) across all themes, the College will already have identified the main themes applicable to the complaint or Registrar’s Investigation at the intake stage of the incoming matter. As such, when a decision is made by a Panel of the ICRC about a formal complaint or report those themes identified at intake would continue to be attributed to the matter at the hearing stage. - Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. - Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
<u>Theme:</u>	<u>Examples:</u>
Advertising:	Concerns that an advertisement related to a registrant’s practice is in violation of a College’s requirements, which depending on the profession could include allegations that it is false or misleading, claims service superiority, contains patient testimonials, discriminatory.
Billing and Fees:	Concerns regarding a fee, billing or account submitted by or on behalf of the registrant, which could include allegations that a payment is misleading, unfair, unreasonable, inaccurate, or unclear, failure to disclose to a patient the fee for a service before the service is provided, failure to provide itemized accounting for services and/or products on request, or where a charge do not align with regulator’s guidance on billing arrangements, block fees, payment plans.
Communication:	Concerns regarding a registrant’s communication with a patient, a patient’s relatives and/or a patient’s decision makers which could include a casual or uncaring attitude, disrespect, insensitivity, or communication of a non-therapeutic or culturally inappropriate matter.
Competence / Patient Care:	Concerns that a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Fraud:	Allegations that a registrant intentionally falsified a record, signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.
Professional Conduct & Behaviour:	Concerns against a registrant of unbecoming, disgraceful, dishonorable or unprofessional conduct, including allegations of patient abuse, failure to maintain the standards of practice of the profession, practising the profession while in a conflict of interest or a breach of confidentiality.

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
<p>Record Keeping:</p> <p>Sexual Abuse / Harassment / Boundary Violations:</p> <p>Unauthorized Practice:</p> <p>Other:</p>	<p>Complaints regarding a registrant’s financial and patient records, including retention of records and complying with the necessary privacy legislation. Allegations could include that the registrant failed to maintain records, include sufficient information, that the records are not understandable (legible, in English or French, etc.), organized (e.g., dated, etc.) or accurate (contain required information such as fees charged, date of services, up to date, permanent, etc.).</p> <p>Allegations against a registrant that could include engaging in sexual intercourse or other forms of physical relations with a patient, entering into an intimate or romantic relationship with a patient, remarks of a sexual nature towards a patient, sharing intimate details of the registrant’s personal life, giving or receiving extravagant gifts from the patient, influencing a patient to change their will or other testamentary instrument, or initiating non-clinical touch with a patient.</p> <p>Complaints that a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, practised the profession while under suspension, or practised outside of the profession’s scope of practice.</p> <p>Complaints that do not fall into any of the above themes above.</p>
Exclusions	<ul style="list-style-type: none"> • All complaints that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • Complaints that are still under review at end of reporting period.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided to the registrant and complainant by the College within the reporting period. • Matters where a Panel of the ICRC or Registrar approved the appointment of an investigator after reviewing a report.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #10	Distribution of ICRC decisions by theme in CY 2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Proves advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program, 5. Agrees to an undertaking, 6. Refers specified allegations to the Discipline Committee, 7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws. <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 19: Context Measure – the 90th percentile disposal of a formal complaint in working days in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 complaints.
Calculation Method	<p>Disposal of complaints:</p> <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each complaint within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 complaints have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All matters brought to a Panel of the ICRC as a result of a Registrar’s Investigation.
Inclusion	<ul style="list-style-type: none"> • All complaints where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • <u>Complaint:</u> Day the College receives a complaint regarding a registrant that contains the information required by the College to initiate an investigation (e.g., in writing or in another acceptable form, etc.). <p>Disposal:</p> <ul style="list-style-type: none"> • <u>Complaint:</u> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Provides advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program (SCERP), 5. Agrees to an undertaking,

Context Measure #11(i)	90 th percentile disposal of a formal complaint in working days in CY 2020
	<p>6. Refers specified allegations to the Discipline Committee,</p> <p>7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 20: Context Measure – the 90th percentile disposal of a Registrar’s Investigation in working days in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #11(ii)	90 th percentile disposal of a Registrar’s Investigation in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 Registrar’s investigations.
Calculation Method	Disposal of Registrar’s investigations: <ol style="list-style-type: none"> 1. Calculate the length of time in disposing of each Registrar’s investigation within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 Registrar’s investigations have been disposed of.
Exclusions	<ul style="list-style-type: none"> • All concerns that a Panel of the ICRC determines are frivolous and vexatious in nature. • Complaints withdrawn by the Registrar at the request of a complainant. • All health-related inquiries. • All formal complaints.
Inclusion	<ul style="list-style-type: none"> • All Registrar’s investigations where a decision was provided by the ICRC to the registrant and complainant (if any) within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and

Context Measure #11(ii)	90 th percentile disposal of a Registrar’s Investigation in working days in CY 2020
	<p>other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</p> <p>Time of Receipt:</p> <ul style="list-style-type: none"> • <u>Registrar’s investigation:</u> The day the Registrar determines that information received about a registrant will result in a referral to a panel of the ICRC for approval of the appointment of an investigator. <p>Disposal:</p> <ul style="list-style-type: none"> • <u>Registrar’s investigation:</u> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). <p>ICRC Decision: Includes where a Panel of the ICRC does one or more of the following with respect to a registrant:</p> <ol style="list-style-type: none"> 1. Takes no action, 2. Provides advice or recommendations, 3. Issues an oral Caution, 4. Orders a specified continuing education or remediation program (SCERP), 5. Agrees to an undertaking, 6. Refers specified allegations to the Discipline Committee,

Context Measure #11(ii)	90 th percentile disposal of a Registrar's Investigation in working days in CY 2020
	<p>7. Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.</p> <p>Frivolous and vexatious: ICRC can decide to take no action where the Panel considers a complaint to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process.</p>

Table 21: Context Measure – the 90th percentile disposal of an uncontested discipline hearing in working days in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #12(i)	90 th percentile disposal of an uncontested discipline hearing in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 uncontested discipline hearings
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each uncontested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of uncontested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 uncontested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Health Professions Appeal and Review Board or Divisional Court.
Inclusion	<ul style="list-style-type: none"> • All uncontested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Time of Receipt: Day a Panel of the ICRC refers a matter to Discipline Committee.</p> <p>Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p>

Context Measure #12(i)	90 th percentile disposal of an uncontested discipline hearing in working days in CY 2020
	<p>Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the Respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p>Contested Discipline Hearing: In a contested hearing, the College and Registrant disagree on some or all of the allegations, penalty and/or costs.</p>

Table 22: Context Measure – the 90th percentile disposal of a contested discipline hearing in working days in CY 2020

Suitability to Practice Domain > Standard 13: All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public

Context Measure #12(ii)	90 th percentile disposal of a contested discipline hearing in working days in CY 2020
Description	The time that a College requires to dispose of 9 out of 10 contested discipline hearings.
Calculation Method	<ol style="list-style-type: none"> 1. Calculate the length of time of each contested discipline hearing disposed of within the reporting period. 2. Apply inclusions and exclusion criteria. 3. Sort the total number of contested discipline hearing disposals from shortest to longest. 4. The 90th percentile is the number of working days where 9 out of 10 contested discipline hearings have been disposed of.
Exclusions	<ul style="list-style-type: none"> • Appeals to the Health Professions Appeal and Review Board or Divisional Court.
Inclusion	<ul style="list-style-type: none"> • All contested discipline hearings where a decision was provided to the registrant and complainant (if any) by the College within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College
Definitions	<p>Time of Receipt: Day a Panel of the ICRC refers a matter to Discipline Committee.</p> <p>Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p>

Context Measure #12(ii)	90 th percentile disposal of a contested discipline hearing in working days in CY 2020
	<p>Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the Respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p>Contested Discipline Hearing: In a contested hearing, the College and Registrant disagree on some or all of the allegations, penalty and/or costs.</p>

Context Measure #13	Distribution of discipline finding by type in CY 2020
Incompetence:	Matters where a registrant provided care that did not meet standards and expectations of the profession which could include allegations that a registrant harmed a patient by providing a service, or performed or delegated a controlled act without the knowledge, skills and judgment to perform it, allegations regarding treatment decisions or outcomes, assessment, examinations, referrals, or failure to obtain consent.
Fail to maintain standard:	Matters where a registrant's practice did not meet reasonable expectations placed on the registrant by his or her College and by the profession to ensure that care is provided in a responsible, safe and ethical manner.
Improper use of a controlled act:	Matters that deal with circumstances where a registrant engaged in a controlled act for purposes other than its intended purpose. This can include for example, prescribing, dispensing or selling a drug for an improper purpose.
Conduct unbecoming:	Matters that deal with the conduct on the part of a registrant that occur outside of the practice of the profession that is contrary to the public interest, or which harms his/her standing of the profession in the eyes of the public.
Dishonorable, disgraceful, unprofessional:	Matters that deal with conduct by a registrant in the course of practising the profession that has not been foreseen by specific definitions of professional misconduct articulated by the College but would be considered by the majority of registrants to be disgraceful, dishonourable or unprofessional conduct. Such behaviour goes beyond legitimate professional discretion, or errors in judgment, and constitutes misconduct as defined by the profession – as opposed to the public.
Offence conviction:	Matters where the registrant has been found guilty of an offence that is relevant to the registrant's suitability to practise.
Contravene certificate restrictions:	Matters where a registrant has contravened, by act or omission, a term, condition or limitation on their certificate of registration, or practised the profession while under suspension.

Context Measure #13	Distribution of discipline finding by type in CY 2020
<p>Finding in another jurisdiction:</p> <p>Breach of orders and undertakings:</p> <p>Falsifying records:</p> <p>False or misleading document:</p> <p>Contravene relevant Acts:</p>	<p>Matters where the governing body of another health profession in Ontario, or the governing body of a health profession in a jurisdiction other than Ontario, has found that the registrant committed an act of professional misconduct that would, in the opinion of a discipline panel, be an act of professional misconduct as defined in the RHPA or an act of professional misconduct as defined in the profession specific regulation.</p> <p>Matters where a registrant has contravened, by act or omission, a restriction placed on his or her practice through an order by a Panel of a committee of the College or undertaking that the registrant entered into with the College.</p> <p>Matters regarding a registrant’s financial and patient records, where the registrant was found to have intentionally falsified a record.</p> <p>Matters where a registrant signed or issued a document containing a statement that the registrant knows or ought to know contains a false or misleading statement, or knowingly sought a payment from a person for a service that has been paid in full by another payer.</p> <p>Matters where a registrant contravenes any provision of relevant Canadian legislation if the purpose of the law is to protect or promote public health (broadly defined), or if the contravention is relevant to the registrant’s suitability to practise.</p>
Exclusions	<ul style="list-style-type: none"> All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period.
Inclusion	<ul style="list-style-type: none"> All decisions issued by a Panel of the Discipline Committee within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #13	Distribution of discipline finding by type in CY 2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

Context Measure #14	Distribution of discipline orders by type in CY 2020
<p>Terms, Conditions and Limitations on a Certificate of Registration</p> <p>Reprimand and an Undertaking</p> <p>Reprimand</p>	<p>Terms, Conditions and Limitations on a certificate of registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a College’s website.</p> <p>An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.</p> <p>A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the Panel has with his or her practice</p>
Exclusions	<ul style="list-style-type: none"> • All formal complaints or Registrar investigations that were not referred to a Panel of the Discipline Committee within the reporting period. • Allegations referred to discipline that were withdrawn before a hearing is complete.
Inclusion	<ul style="list-style-type: none"> • All decisions issued by a Panel of the Discipline Committee within the reporting period.
Reporting period	January 1, 2020 to December 31, 2020
Data source	Local data collection by the College

Context Measure #14	Distribution of discipline orders by type in CY 2020
Definitions	<p>Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

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College Performance Measurement Framework (CPMF): Consolidated Frequently Asked Questions (FAQs)

December 2020

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INTRODUCTION

FREQUENTLY ASKED QUESTIONS (FAQS) TO THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

The ministry formally launched the CPMF on December 1, 2020, following a soft launch on September 1, 2020 during which Ontario's health regulatory Colleges (Colleges) were provided the opportunity to ask any questions and to clarify any concepts about the CPMF. The following document contains a consolidated account of the questions that were received during the soft launch as well as other FAQs developed to support understanding of the CPMF and ensure that all Colleges have access to the same information.

Where feedback was received pertaining to a particular CPMF component, the applicable standard, measure or evidence, is included to provide the reader with the appropriate context and clarity.

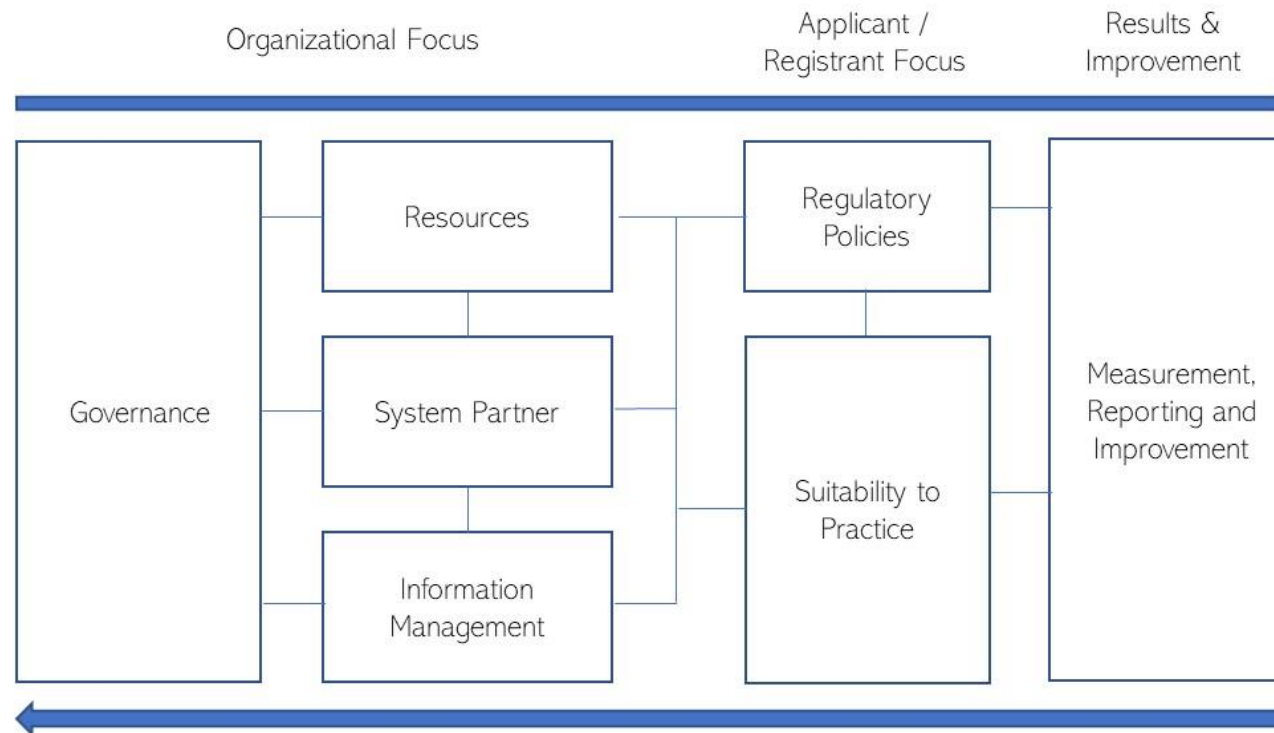
Part 1 of the document includes General FAQs about the Framework.

Part 2 includes FAQs related to the standards, measures, and evidence of the CPMF Reporting Tool.

Part 3 consists of FAQs about the CPMF context measures and Technical Specifications document.

CPMF MODEL FOR MEASURING REGULATORY EXCELLENCE

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

PART 1: GENERAL CPMF FREQUENTLY ASKED QUESTIONS (FAQS)

Q1. What is the purpose of the College Performance Measurement Framework (CPMF)?

The CPMF will further strengthen the accountability and oversight of Ontario's health regulatory Colleges (Colleges) by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public interest.

The CPMF will measure and report in a standardized manner how each College is acting in the public interest. It will report on how well Colleges have met a set of best practices (standards) related to their key statutory functions and key organizational aspects.

In addition, the CPMF will provide benchmark information and best practices that will help Colleges improve their performance and ensure that public confidence in the professions is maintained.

Q2. Why does the ministry wish to measure the performance of Colleges?

The ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario's Colleges and the public. The CPMF will assist the ministry in achieving these goals.

Measuring college performance will strengthen accountability by linking college activities to outcomes and providing consistent and aligned information across all Colleges. In addition, performance measurement strengthens transparency about the role of the Colleges (e.g., how decisions are made, the impact of those decisions and activities in advancing the public interest, etc.) helping to foster trust in the ability of the health professions to regulate themselves in the interest of the public.

Finally, this work places a focus on areas of improvement (e.g., better support for changing public expectations, patient needs, and delivery of care models); makes it easier for patients, their families and employers to navigate the regulatory system; and through highlighting best practices, reduces variation in the efficiency and effectiveness with which Colleges carry out their functions.

Q3. Does the CPMF intend to set the minimum level to which a College should be performing?

The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, a College's performance improvement commitments.

No assessment will be made in the first reporting cycle on how well a College meets or does not meet the standards; however, the information will already support:

- Collection of baseline data and identifying benchmarks;
- Identification of areas of concern that warrant closer attention; and
- Facilitation of performance improvement among Colleges.

Prior to starting the second CPMF reporting cycle, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined standards, measures and evidence.

Q4. What is the CPMF Working Group (CPMFWG)?

The CPMFWG was created to provide expert input and advice to the ministry on key deliverables required for the successful development and implementation of a performance measurement framework for Ontario's Colleges.

The CPMFWG has the mandate to provide expert input and advice to ministry staff on key elements for developing and implementing CPMF. It is comprised of 20 members and includes representation from the Colleges, subject matter experts in (regulatory) performance measurement, quality improvement and reporting, as well as representatives from the public.

Q5. What is the CPMF Sub-Working Group and why was it created?

A CPMF sub-working group comprised of College staff was created to provide the ministry with advice on the development of methodology for calculating the statistical data required for the quantitative context measures.

Q6. Who was consulted in the development of the CPMF?

The Framework is the result of extensive discussions with system partners including national and international experts, the public and senior officials in each College.

Q7. What are the main components of the CPMF?

The CPMF is made up of six components: measurement domains, standards, measures, evidence, context measures and planned improvement actions:

Measurement Domain	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF
Standards	Best practices of regulatory excellence that a College is expected to achieve and against which a College will be measured
Measures	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard
Evidence	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard
Context Measures	Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard
Planned Improvement Activities	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate

Q8. What are the measurement domains and how were these determined?

The CPMF comprises seven measurement domains that represent key areas of performance that are considered critical attributes that contribute to a College effectively serving and protecting the public interest. They are: Governance, Resources, System Partner, Information Management, Regulatory Policies, Suitability to Practice, and Measurement, Reporting and Improvement.

The measurement domains relate to the Colleges’ key statutory functions and key organizational aspects and were identified on the strength of interviews with ministry representatives and independent experts in performance measurement, evaluation, quality of care and the governing legislation. The results were supplemented by an

extensive jurisdictional scan of similar initiatives and were validated by a working group comprising of College staff, members of the public, experts in performance measurement and ministry staff.

Q9. How many standards are there and how were they determined?

The CPMF is made up of 15 standards that identify the outcomes of good regulation that are necessary to provide sufficient assurance that a college is meeting its mandate.

Using a modified Delphi approach, a working group reviewed, scored, discussed and rescored proposed standards on how critical they were to meet the mandate of Colleges before a final list was determined.

Q10. Why are context measures separate from the other measures of the CPMF?

The context measures provide statistical data and are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

Q11. What is the CPMF's reporting cycle?

At the current time, the reporting cycle will begin in October of each year, with Colleges posting their completed CPMF Reporting Tool by March 31 of the following year using data from the previous calendar year, preferably from January 1 to December 31.

Following the completion of the CPMF Reporting Tools, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The Summary Report will be posted publicly by June 1. Once the ministry's Summary Report is complete, the CPMF's standards, measures and evidence will be re-evaluated and refined.

Following the baseline reporting year, subsequent annual CPMF Reports will focus on the following information:

- Report back on improvements;
- Report on any changes in comparison to baseline reporting; and
- Report on any changes resulting from refined standards, measures and evidence.

Q12. Will all Colleges be required to follow the same reporting period for the CPMF and if so, what will it be (e.g., will it be fiscal year, calendar year)?

The CPMF is predicated on a calendar year reporting period. However, the ministry is aware that Colleges may follow a different operational year (e.g., fiscal, calendar, etc.) and may take time to adjust to the CPMF's reporting cycle. In recognition of this, Colleges may use a different time period for data collection and analysis for the first few reporting cycles but are encouraged to work towards a January 1 to December 31 data collection timeline. Where a College reports its information using a different time period, the ministry asks the College to identify the period used.

The schedule for reporting will be reviewed following the first reporting cycle.

Q13. Will Colleges be expected to collect only those measures required by the Framework? What about all the information they currently collect on registrants and their practice?

The CPMF has been developed in close collaboration with Ontario's health regulatory Colleges, subject matter experts and the public with the aim of providing information that is transparent, consistent and aligned across all Colleges.

As independent organizations, nothing prevents Colleges from collecting additional information deemed useful to their public protection mandate and key functions (e.g., key performance indicators to inform operational or strategic direction, trend analysis, etc.). Furthermore, Colleges will continue to collect information on their registrants and their practice as required to support the colleges regulatory operations (e.g., for inclusion on the college's Public Register).

Q14. Will the CPMF take the place of the College's annual reporting required by the *Regulated Health Professions Act, 1991* (RHPA)?

The CPMF is intended to complement current reporting and will not replace the annual reporting requirements of the RHPA. While the RHPA requires Colleges to include audited financial statements in their annual report, it is up to individual Colleges to determine what other information it provides in its annual report and how they would like to align it with CPMF reporting.

Q15. Some regulated health professions engage in direct patient care while others do not, and Colleges differ in size and number of registrants they oversee. Will the CPMF be flexible enough to take this into account?

Yes. The CPMF will provide information that is transparent, consistent and aligned across all Colleges on their performance in serving the public interest within the context of the care that a given profession provides.

The CPMF has been designed to consistently measure and report on the performance of each of the Colleges taking into account that they vary in size, resources and in the scope of practice and controlled acts authorized to the professions they regulate. The Framework considers these circumstances by focusing on a College's performance regarding:

- Regulatory objects as stated in the RHPA applicable to all Colleges; and
- Key organizational aspects that enables a College's ability to carry out its functions well (e.g. good governance).

Q16. What if a College can't satisfy one or more standards (e.g. some standards may take time to implement and require by-law changes and significant shifts in established processes tied to annual timelines)?

The ministry recognizes that Colleges may not meet or collect the data to demonstrate that they meet one or more of the standards at this time. Some standards may take time to implement and may require updates/changes to established processes. This is why a key component of the CPMF is the identification of planned improvement actions.

Colleges are encouraged to provide context to help the audience (i.e. public, ministry, system partners) understand where they do not meet, or partially meet, a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway.

Q17. What will the ministry do with the information collected?

The ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. This Summary Report will be posted to the ministry website.

In addition, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.

Q18. What feedback will be provided to the Colleges?

The ministry may use the results, where warranted, to inform discussions with individual Colleges regarding proposed improvement commitments, best practices, and potential areas for alignment with other Colleges and system partners.

Q19. Will Colleges be ranked on their performance?

No. Colleges will not be ranked on their performance. The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle.

Q20. Will the Summary Report identify poor performers?

No. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), initiatives being undertaken to improve regulatory excellence and areas where opportunities exist for Colleges to learn from each other (e.g., best practices).

Q21. Will the results be publicly available?

Colleges are asked to post their completed CPMF Reporting Tool on their website. The ministry will make public the Summary Report.

Q22. Will the CPMF change year over year?

The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments.

The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Following each reporting cycle standards, measures and evidence will be evaluated and refined to ensure reporting remains meaningful and does not result in Colleges implementing activities that have no value in protecting the public, preventing harm, promoting the health and well-being of the public or result in unnecessary burden of data collection and reporting.

Q23. If an initiative is approved in 2020, but comes into effect in 2021, would the ministry consider the initiative fulfilled or partially meeting the requirements?

The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. A key component of the CPMF is the identification of planned improvement actions. Where a College does not meet, or partially meets, a particular standard or measure, it is encouraged to provide additional information in the allotted space in the CPMF Reporting Tool regarding any future improvement actions or plans the College intends to undertake to meet the standard or measure. Colleges will also be asked to provide updates on improvement activities that they commit to in subsequent reporting cycles.

Q24. The College may not currently collect the required data on all standards, however, over time will be able to modify its data collection processes and tools to more closely match the requirements of the CPMF. Is a gradual development and improvement of data practices over time consistent with the ministry's expectations?

Yes. The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet one or more of the standards at this time and that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College. Where a College chooses to report a context measure using methodology other than that outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated.

Finally, where a College does not meet, or partially meets, a particular standard or measure it is encouraged to provide additional information in the allotted space in the CPMF Reporting Tool regarding any future improvement actions or plans the College intends to undertake to meet the standard or measure.

Q25. Won't the Pandemic impact the results of the 2020 reporting period? Would the ministry reconsider 2020 as the baseline year for CPMF?

The ministry is aware that the data collected from 2020 is likely to be an outlier due to the impact of COVID-19 on the Colleges' operations, and that while the majority of the information requested in this reporting cycle is qualitative in nature, there may be instances where the requested data may look significantly different from other years, or where implementation of planned projects and activities have been postponed in light of the pandemic.

The CPMF Reporting Tool provides the opportunity for Colleges to provide additional comments and clarification for each piece of evidence requested. Colleges are encouraged to provide context to help the public understand where it does not meet, or partially meets a standard, or where results may vary from usual in the 2020 reporting period due to the pandemic.

Q26. Has the ministry considered how best to ensure that the CPMF isn't a significant reporting burden for Colleges?

The CPMF aligns with other practice-based approaches in measuring a regulator's performance. The majority of the information that the CPMF collects is qualitative and consists of outlining processes and procedures related to the measure.

Some of the information is already collected by Colleges and although it may already be reported elsewhere, is included in the CPMF to drive, where appropriate, standardized reporting on those measures or evidence across Colleges to bring greater consistency in how information is presented to the public. The ministry notes that there may be opportunities for Colleges to identify areas to collaborate to reduce reporting burden.

Finally, in future iterations the volume of information being reported will be lessened as Colleges will be reporting on changes from their baseline report, improvements they committed to in previous cycles, and information related to standards, measures or evidence that has been changed as a result of the evaluation and refinement period.

Q27. Is the CPMF Reporting Tool document what will ultimately be submitted and posted on College websites? Are Colleges to follow that format precisely (i.e. keeping the template as is without changing format)?

For the initial baseline report Colleges are asked to post a PDF file of the completed CPMF Reporting Tool template on their website in order to provide consistent and transparent reporting to the public across all Colleges. Formats for future reporting tools will be part of the ongoing work the ministry will consider when refining the CPMF following the first reporting cycle.

Q28. Where should Colleges include relevant performance improvement information?

Colleges are encouraged to include performance improvement information within their evidence, where applicable, or as part of the “Additional comments for clarification” section where this information is not directly related to the requested evidence but would provide additional context related to the measure and/or identify best practices the College has implemented that go above and beyond the requested evidence.

Q29. The CPMF Reporting Tool requests that College provide links to materials. Has the ministry considered the potential for links to not work after a period of time?

Colleges are in the best position to define their processes and procedures; however, Colleges may wish to create a CPMF webpage housing the relevant information to reduce the potential for broken links.

Q30. In some of the standards, the public may wish to compare College performance. Does the ministry intend to recommend a template or best practice to inform what critical pieces of information are expected to be shared with the public?

No. Apart from specific evidence requested under each measure, the ministry will not require that Colleges use specific templates and/or include specific information in response to each measure. Over time Colleges may wish to adopt best practices observed from other regulators’ reports; however, Colleges are in the best position to define their processes and procedures.

Q31. Are there benchmarks for meeting the standards?

In developing the CPMF the ministry, in collaboration with the CPMFWG, noted that there are currently no benchmarks that set expectations for regulatory excellence that have been identified through jurisdictional scans or literature reviews. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.

The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.

Q32. Will the ministry be creating a standardized data dictionary to provide a shared understanding between Colleges as to how to extract and report the evidence and a consistent understanding and application of the measures?

No. The ministry is aware that Colleges may have different processes and procedures related to each standard and measure and these will be identified through the baseline reporting. Colleges are in the best position to define their processes and procedures in response to requested evidence. The ministry has created FAQs to provide additional context and clarity to measures and evidence and based on College feedback received during the soft launch, the ministry amended specific measures and evidence to enhance clarity regarding what the measure is intended to identify, or the evidence a College is requested to provide.

The Technical Specifications document also encourages a standardized methodology and provides additional details on how to calculate context measures. The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.

Q33. Will there be an opportunity for other interested Colleges to provide input into the analysis of the initial reporting cycle and determination of future reporting requirements?

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle, Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined standards, measures and evidence.

While the exact format for considering the next iteration of the CPMF Reporting Tool has not yet been determined, all Colleges will be provided the opportunity to provide input into changes to the Framework in future reporting cycles.

Q34. Will Colleges have the ability to consult with ministry staff as they complete the CPMF Reporting Tool?

Yes. While it is up to individual Colleges to determine how best to complete the CPMF Reporting Tool, ministry staff are available to discuss any questions about the reporting expectations outlined in the CPMF Reporting Tool, any of the recommended methodologies in the Technical Specifications document, or to schedule a meeting to discuss reporting.

Q35. Are there guiding questions to support the system partner domain discussions before a College meets with the ministry?

The system partner meetings provide the ministry and Colleges with a forum to discuss opportunities for Colleges' engagement with system partners, as well as Colleges' previous successes where system partnership supported the execution of their mandate and responsiveness to changing public/societal expectations (e.g., collaborative investigations, ensuring that the complaints process was an integrated and seamless experience for the complainant, aligning practice expectations between the College and work sectors etc.).

Questions to guide the system partner meetings can be found in the system partner domain section of the CPMF Reporting Tool. The ministry asks Colleges to provide a summary of the College's responses to the questions under each system partner standard to the ministry one week prior to the meeting date. This will support an informed discussion and allow the ministry to identify and/or reach out to ministry colleagues that may identify areas for collaboration with each College.

Q36. The CPMF suggests that there are numerous policies that Colleges should have in place, some of which the College does not yet have, and this issue may be shared with other Colleges. Should the Colleges take the opportunity to jointly develop and implement policies for consistency?

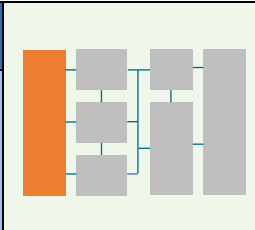
The ministry encourages collaborative work between Colleges, where possible. Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to develop policies requested by the CPMF and where collaboration between regulators would be appropriate to develop joint policies.

Q37. The Technical Specifications document indicates that Colleges should update the document to reflect the methodologies the College uses in reporting; however, shouldn't the ministry be responsible for providing updates to this document?

The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.

Where a College chooses to report a context measure using methodology other than outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated. Please note, in such cases the intent is not for a College to update the Technical Specifications document. It is only asked to reflect its own methodology used.

PART 2: CPMF REPORTING TOOL SPECIFIC FAQs

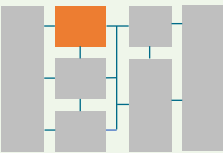
DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	FAQs
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<p>Q38. Council’s publicly appointed members are not subject to the same requirements related to knowledge, skill and commitment prior to becoming members of Council. Given that this requirement is being established to ensure good regulatory governance and decision-making, are there plans for it to be implemented for public appointment candidates as well?</p> <p>The CPMF has been developed in consideration of the current legislative environment. The required evidence is intended to ensure that professional members of Council possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Council member. Both the statutory election and Lieutenant Governor in Council appointments processes were considered by the CPMF Working Group when recommending this measure, resulting in the exclusion of public Council members under the evidence for measures 1(a) and (b).</p> <p>Information reported will be used to improve the ministry’s understanding of challenges faced by individual Colleges and inform discussions about regulatory excellence within a modernized health regulatory environment.</p>
		<p>Q39. Colleges’ ability to undertake Council screening may be limited by the statutory election process. Can the ministry clarify how to address this statutory limitation?</p> <p>The required evidence is intended to ensure that professional members of Council possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Council member. Both the statutory election and LGIC appointments processes were considered by the CPMF Working Group when recommending this measure, resulting in the exclusion of public Council members under the Evidence for Measures 1(a) and (b).</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to determine whether professional members meet pre-defined competency/suitability criteria prior to standing for election.</p>

	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency / suitability criteria, and</p>	<p>Q40. Is the ministry seeking information about whether committee candidates have the requisite competencies to be appointed to the College as a committee member generally, or about whether the candidates have met competencies for the specific committee(s) they are to serve on?</p> <p>The required evidence is intended to ensure that members of Statutory Committees possess the relevant competencies and skills needed to fulfil their roles and responsibilities as a Committee member, relevant to the Committees that they will sit on.</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to determine whether professional members meet pre-defined competency/suitability criteria prior to standing for election and prior to appointment to a specific Committee</p>
	<p>ii. Attended an orientation training about the mandate of the committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>Q41. Is the ministry seeking information about whether orientation training is done before or after the committee compositions have been determined?</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including when to hold orientation training for statutory committee candidates.</p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education</p>	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years</p>	<p>Q42. What is the standard benchmark for effectiveness / standard for an effective Council? Would this not vary in reporting from College to College?</p> <p>The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.</p> <p>Q43. What is the ministry expecting to be included in the third-party evaluation? What would the requirements be for the third-party assessor? Does the ministry offer any guidance on recruitment strategies for an effective third-party assessor?</p> <p>It is up to individual Colleges to determine their needs when securing services. The ministry would encourage Colleges to discuss this question with other Colleges that do have, or are considering how best to secure, a third-party assessor.</p> <p>In addition, the ministry notes that the first iteration of the CPMF will provide benchmark information and best practices that Colleges may choose to utilize to align and/or improve their performance.</p>

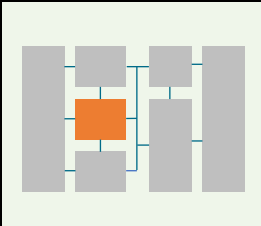
Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	FAQs
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	b. The College enforces cooling off periods.	<p>Q44. What specifically does “cooling off periods” refer to? Does it include the time between when a former Council member maximum term is completed, and they can be re-elected to Council? Officer term-limits? The phrase “cooling off period” may benefit from clarification or elaboration as it relates to conflicts of interest.</p> <p>The cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.</p> <p>The types of roles that require cooling off periods and their duration period would be determined by each individual College. Of note, the CPMF Reporting Tool provides Colleges with the opportunity to provide information respecting how it defines the cooling off period in their organization in the College response column.</p>
	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (see Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).	<p>Q45. What is the definition of “public interest rationale”?</p> <p>The ministry has not specifically defined what the “public interest” would include, as each College is in the best position to interpret the term as relevant to the unique profession that it regulates. In this context, the evidence generally refers to how Council materials provide sufficient evidence that Council’s decisions consider and are made in the interest of the public, not the profession. This rationale could, for example, be included in Council meeting minutes detailing discussion by Council members, briefing materials explaining how a particular decision may be in the interests of the public.</p> <p>For the purposes of the CPMF, when contemplating public interest Colleges may wish to consider the information in Appendix A of the CPMF Reporting Tool.</p>
		<p>Q46. Will there be guidance from the ministry on standardization of how to document public interest rationale (such as a common template used in drafting briefing notes that is uniform across all Colleges)?</p> <p>The ministry will not be providing guidance to Colleges on the development of internal resources. It is expected that the CPMF will provide benchmark information and best practices that Colleges may choose to utilize to align and/or improve their performance.</p>
		<p>Q47. The evidence column suggests that College Briefing Notes specifically need to identify how the positions taken/decisions being made are in the public interest. Can the ministry provide clarity on this expectation, given that balancing public and provider/stakeholder feedback appropriately is most often in the public interest, but may be difficult to demonstrate, if the expectation is that perceived public interest takes priority?</p>

		The intent of this evidence is that the public interest rationale and evidence for Council decisions relating specifically to decisions about the College’s strategic direction or regulatory processes and actions are easily accessible to the public. This evidence is not intended to require that every Council decision requires a public interest rationale.
<p>Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.</p>		
Measure	Required evidence	FAQs
3.1 Council decisions are transparent	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date. (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>Q48. Can the ministry provide clarification on what constitutes a “status update” attached to all Council minutes?</p> <p>The intent of this measure is to provide an accessible and transparent update on decisions made by Council where the Council approves a decision that requires implementation by the College, such as a new course that all registrants are required to complete, or where the Council approves a strategy (e.g. Opioid strategy) that requires operationalization by staff. Such a status update would indicate whether decisions have been implemented, and if not, the status of the implementation.</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how to best track and communicate status updates.</p>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee 	<p>Q49. It is common practice amongst many sectors to not post statutory committee meeting materials or minutes – can this required evidence be reconsidered? Executive Committee reports are already made public in Council meeting packages, would this evidence suffice for the CPMF?</p> <p>This measure seeks evidence that Colleges either post their Executive Committee meeting minutes or provide specific information about the meetings on their website, as outlined in the CPMF to strengthen transparency in College decision-making by making public the decisions made by Executive Committee, and the public interest rationale for those decisions, similar to the requirement for Council decisions. This is also intended to strengthen trust in College governance by demonstrating that decisions are made in accordance with Council’s, Committees’ or Staff’s roles and responsibilities.</p> <p>Finally, the ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.</p>

	<p>acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	
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DOMAIN 2: RESOURCES		
Standard 4 The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	FAQs
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	<p>Q50. Will the College’s organizational chart be sufficient evidence, or will more documentation be required?</p> <p>The ministry will not assess whether a College meets or does not meet the standards during the baseline reporting cycle. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College’s activities and processes regarding best practices of regulatory excellence and, where relevant, the College’s performance improvement commitments.</p> <p>This measure looks at a Council’s accountability for ensuring a College’s sustainability now and in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations). The ministry notes that the CPMF Reporting Tool speaks to Council discussing a Human Resource plan as it relates to the Operational and Financial plans. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.</p>

		<p>Q51. Can the ministry provide additional rationale for including Council’s discussion of the College’s Human Resource plan, as it relates to the Operational and Financial plan, in the CPMF?</p> <p>The identified measure speaks to demonstrating responsible financial and human resources stewardship through a Council’s accountability for ensuring a College’s sustainability now and in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p> <p>The CPMF Reporting Tool speaks to Council demonstrating its awareness of this issue through discussion of a Human Resource plan as it relates to the Operational and Financial plans. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.</p>
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DOMAIN 3: SYSTEM PARTNER		
Standard 5	The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.	
Standard 6	The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.	
Standard 7	The College responds in a timely and effective manner to changing public expectations.	
FAQ		
Q52. Should the College’s final report include what was discussed with the ministry, or simply focus on the outcomes?		
<p>When reporting on the system partner domain, Colleges are asked to provide a narrative that highlights best practices within their own organization pertaining to each of the three standards. This narrative would be informed by discussion with the ministry and include certain key activities the College undertakes with system partners, and the outcomes of those activities, as well as the next steps that may have emerged.</p>		
Q53. Our registrants don’t work directly with other regulated health professionals, how can we meet the standards for the system partner domain?		
<p>Colleges are encouraged to consider system partners outside of regulated health professions. They can include any organization or institution that intersects with the work of the College, such as hospitals, government, community care settings, educational institutions, associations, long-term care and any other employment sectors.</p>		

Q54. Our mandate is to protect the public interest, it isn't to work with the Association that represents the professional interest. Is the ministry suggesting we work more closely with our professional Association?

While the distinction between Colleges' public interest mandate and that of professional associations is an important one, there are instances where issues may be of common interest and where would be important for the College to be aware of messaging to registrants from associations to ensure there isn't misalignment. For example, Colleges need to be aware of the association's activities and messaging to registrants in order to understand the information that's being provided and how it may or may not align with, for example, a College's standards and expectations for registrants in order to mitigate misaligned practice advice or contradictory information.

Q55. We have tried to collaborate with other Colleges and have been unsuccessful. How can we fulfil the CPMF's system partner standards?

The ministry is meeting with all 26 Colleges to discuss the importance of engaging system partners, including other Colleges, especially where scopes of practice intersect and/or overlap. Where a College has experienced barriers in engaging system partners, the ministry would be interested to hear what other strategies it may be employing with system partners and what other engagement opportunities it is pursuing.

Q56. Our responsiveness to the system partnership domain may be dependent on legislative changes – is the government comfortable with us reporting the existing legislative and regulatory barriers?

When reporting on each of the three standards under the system partner domain, Colleges are asked to report on the key activities they undertake with system partners, and the outcomes of those activities, that were part of discussion with the ministry, as well as the next steps that may have emerged as a result of the conversation.

The CPMF has been developed in consideration of the current legislative environment. However, the ministry would be pleased to receive more information about any perceived or unintended legislative barriers to reporting to inform future iterations of this particular domain.

Q57. While Colleges are committed to meaningfully engaging the public and patients and using that engagement to inform our decision-making, as currently worded, responding to changing public expectations (standard 7) may set the bar too high. Can the ministry clarify what is its expectation of Colleges?

In the context of the CPMF, this standard seeks to identify how Colleges have engaged the public / patients to inform changes to relevant policies / programs (e.g. instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.). The standard does not envision that Colleges respond to every changing expectation, rather that those most relevant to the profession it governs are prioritized.

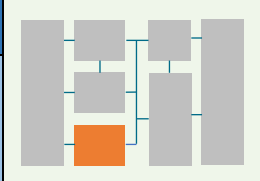
Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations in a timely and effective manner.

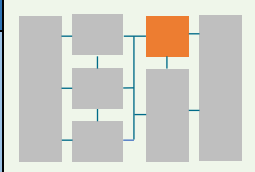
Q58. Public expectations are a subjective concept that may not always be aligned with a College’s mandate to protect and serve the public interest. Can the ministry provide additional clarity on the concept as it relates to standards 6 and 7 of the CPMF?

The CPMF has been developed in close collaboration with Ontario’s health regulatory Colleges, subject matter experts and the public in consideration of the current legislative environment and Colleges’ mandate. Standards 6 and 7 speak to the establishment and maintenance of relationships a College can leverage to identify changing public expectations that are relevant to the profession and how a College has responded to these and engaged the public/patients to inform changes to relevant policies/programs (e.g. instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).

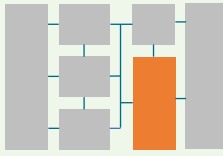
The ministry acknowledges that “public expectations” may differ from public needs and/or wants and is intended to focus on how a College responds to broad societal changes relevant to the profession the College governs (e.g. expectations around sexual abuse, transparency, virtual care, new models of care delivery, access to care etc.). Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations in a timely and effective manner.

DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8 Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	FAQs
8.1 The College demonstrates how it protects against unauthorized disclosure of information	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	<p>Q59. Will a technical explanation of the way we collect data be sufficient?</p> <p>This measure concerns a College’s policies and processes for collecting, using, disclosing and protecting sensitive information. The ministry notes that the CPMF Reporting Tool seeks a link to, or a description of, the applicable policies and processes. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation they feel addresses this measure.</p>



DOMAIN 5: REGULATORY POLICIES		
Standard 9		
<p>Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.</p>		
<p>Q60. There appears to be a tension between standards 7 and 9 in that standard 7 asks College’s to be responsive to public expectations but Standard 9 signals the need to be sensitive to the practice environment. In Standard 9 both public expectations and practice environment are noted so there’s balance, but Standard 7 is standalone about the public expectations. Can the ministry provide clarity about how to reconcile these concepts of the CPMF?</p> <p>These standards fall under different domains and therefore have different intents and focus. Standard 7 falls under the system partner domain and has a broader focus: the extent to which a College is working with system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation. Standard 9 falls under the regulatory policies domain and focuses specifically on a College’s policies, standards of practice, and practice guidelines being based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.</p>		
Measure	Required evidence	FAQs
<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, societal expectations, models of care, clinical evidence, advances in technology)</p>	<p>a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>Q61. Does this standard only relate to practice of the profession? Or does it include policies respecting College practices such as registration which may be affected by societal expectations, etc.?</p> <p>This standard would apply to any policy, standard of practice, and practice guideline that that is relevant to the current practice environment. Where a registration policy requires updates to remain relevant to the current practice environment, the College may wish to include this as an example of a policy that was updated and provide information on how the revisions were relevant.</p>
		<p>Q62. Can the ministry clarify the definition of ‘evaluating’? Specifically, what is the difference between an evaluation, a review, a formal review and an analysis or improvement of a policy?</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including the specific actions involved in evaluating policies, standards of practice, and practice guidelines.</p> <p>This evidence is intended to capture all of the different processes a College has implemented to ensure policies, standards of practice, and practice guidelines remain current and relevant to the practice of the profession (e.g., regular reviews, regular jurisdictional scans, monitoring emerging issues in practice, complaints and discipline data, quality assurance outcomes etc.). The evidence also intends to capture how a College applies evidence and stakeholder consultation results to update or improve the guidance it provides to its registrants to ensure that practice expectations remain aligned with the current practice environment.</p>

		<p>Q63. Where federal or provincial positions may be barriers to implementing best practice, how does the government prefer Colleges to articulate this?</p> <p>The ministry recognizes that Colleges may not meet or collect the data to demonstrate that they meet one or more of the standards at this time. That is why a key component of the CPMF is the identification of planned improvement actions.</p> <p>Colleges are encouraged to provide context where they do not meet, or partially meet a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway.</p> <p>Where the College has experienced barriers in meeting a standard, measure or evidence, the ministry would be interested to hear what other strategies it may be employing to implement interim solutions to reach a desired outcome (e.g. development of by-laws to implement eligibility criteria for professional members running for Council elections).</p>
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<p>DOMAIN 6: SUITABILITY TO PRACTICE</p>		
<p>General</p>		
<p>Q64. Can the ministry clarify what is meant by “right touch” regulation as referenced several times in this domain?</p> <p>“Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. For more information, the College is encouraged to review the Professional Standards Authority’s publications on the topic which can be found at: https://www.professionalstandards.org.uk/publications/right-touch-regulation.</p>		
<p>Q65. It appears that the registration measures may be largely covered in Colleges’ Fair Registration Practices Report, as required by the Office of the Fairness Commissioner (OFC). Given that a link to submit this is required as evidence, can the ministry clarify whether the OFC report may be sufficient to reduce duplication of effort, given the measures address the same issues.</p> <p>The intent of the CPMF measures that deal with registration processes is to complement those covered in the OFC Fair Registration Practices Report. The OFC measures focus on the transparency, objectiveness, impartiality and fairness of registration process, while the CPMF focus is on the College’s due diligence of ensuring that applicants meet registration requirements, as well as ensuring that the assessment criteria used to assess qualifications remain relevant.</p> <p>Based on previous feedback received from the Colleges the OFC measure was refined and Colleges are now only asked to indicate if all OFC recommendations have been addressed (where applicable).</p>		

Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	FAQs
10.1 Applicants meet all College requirements before they are able to practice	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.). ¹	<p>Q66. Can the ministry clarify how Colleges should align this measure with the fact that some registration requirements are exemptible and that applicants may be able to practice with limitations before meeting all of the requirements (e.g., currency, language)?</p> <p>The identified evidence speaks to the processes a College has in place to ensure that applicants meet requirements for issuance of a certificate of registration (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation, confirmation of information from supervisors, etc.).</p> <p>The required evidence is intended to ensure that every applicant meets the relevant requirements to practice under a class of certificate of registration to the full scope of the certificate. This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.</p>
	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices. (e.g. how does a College determine language proficiency)	<p>Q67. Review of registration requirements is an ongoing process. Can the ministry clarify if this applies to reviews conducted by staff, the Registration Committee or Council?</p> <p>This evidence applies to reviews conducted by staff, potentially in collaboration with the Registration Committee, and each College can determine its individual processes for reviewing and approving changes to registration requirements (i.e. if review/approval is required by its Registration Committee and/or Council). These criteria focus on how a College assesses whether an applicant meets the registration requirements, as opposed to a review of the registration requirements themselves (e.g., how does a College determine language proficiency).</p>

¹ The required evidence is intended to ensure that every applicant meets the relevant requirements to practice under a class of certificate of registration to the full scope of the certificate. This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency² and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<p>Q68. Can the ministry confirm if the CPMF is intended to require Colleges’ to verify continuously that registrants are practising ‘ethically’? It has not been part of the Quality Improvement and Quality Assurance standard processes although it may arise intermittently in investigations.</p> <p>This evidence asks Colleges to identify whether they maintain currency requirements (such as when registrants renew their certificate of registration, or at any other time), and how the College determines that currency requirements are met. The measure focuses on registration processes and does not include review of a registrant’s knowledge, skill and judgement as part of the Quality Assurance Program. This could include, for example, whether the College requires registrants to self-report any charges.</p> <hr/> <p>Q69. Will there be a definition for what qualifies as a “check”?</p> <p>Colleges are in the best position to define their processes and procedures in response to requested evidence, including how currency and other ongoing registration requirements are met.</p>
<p>10.3 Registration practices are transparent, objective, impartial, and fair</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>Q70. Does this include suggestions for improvement/recommendations outside of the Action Plan?</p> <p>This would include any recommendations from the OFC.</p>
<p>Standard 11</p> <p>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>FAQs</p>
<p>11.1 The College supports registrants in applying the (new/revised) standards of practice and practice</p>	<p>a. Provide examples of how the College assists registrants in implementing required</p>	<p>Q71. Can the ministry provide additional rationale for this evidence? What happens if the College reports that it does not fulfil this measure?</p> <p>While individual registrants are responsible for informing and educating themselves about guidance and expectations of the regulator, this measure speaks to activities an excellent regulator undertakes with respect to the dissemination of information</p>

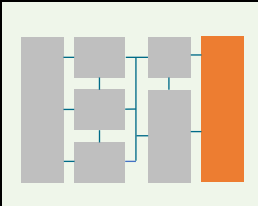
² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a registrant’s skills and patient care or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

<p>guidelines applicable to their practice</p>	<p>changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p>	<p>necessary to support successful implementation of new or updated standards of practice and/or practice guidelines to ensure safe, competent care by registrants. This could include the practice advisory services some Colleges offer, or newsletters, webinars, FAQs, and townhalls regarding new expectations that will assist registrants in understanding how to implement the new expectations in practice.</p> <p>The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet, one or more of the standards at this time. Colleges are encouraged to provide context to help the public understand where they do not meet, or partially meet a standard. Should a College have no planned improvement actions or activities underway to meet a required standard, it is encouraged to indicate this in the “Additional comments for clarification” section of the CPMF Reporting Tool.</p>
		<p>Q72. Would the ministry accept system collaboration with other organizations such as professional associations, emails to the profession and posting to the College’s website as adequate demonstration of uptake?</p> <p>Colleges are in the best position to determine the processes and procedures that would enable the College to respond to changes in public expectations and practice environments in a timely and effective manner. The reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved and may stimulate discussions about regulatory excellence and performance improvement.</p>
		<p>Q73. Can the ministry provide guidance on how Colleges can report statistical QA information while avoiding getting into small numbers and identifiability issues, given statutory confidentiality obligations?</p> <p>The intent of this standard is to report information about Quality Assurance in an aggregate manner. The measures and evidence under this standard are qualitative and ask the College to provide information about its processes and procedures and does not require the College to provide granular statistics.</p> <p>Statistical data reported under related context measures are quantitative in nature.</p> <p>The development of these context measures has been undertaken with the advice of a sub-working group made up of regulatory College staff who considered this issue among others. As result, where there is a risk that results may include personal identifiable information due to low numbers, the Technical Specifications document stipulates that where the response to a particular context measure is less than ‘5’ the College will report NR (Non-reportable) which indicated that results are not shown due to < 5 cases.</p>

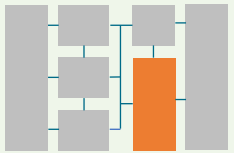
Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	FAQs
12.1 The College enables and supports anyone who raises a concern about a registrant	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<p>Q74. Is funding for sexual abuse the right example to highlight in the evidence given that access to funding is independent of the complaints process?</p> <p>The intent of this measure is that all supports that are available to a complainant during the complaints process, or related to the complaints process, are provided and communicated to the complainant to ensure he/she is not required to contact multiple areas of the College to access relevant information. This includes providing information on the access to sexual abuse funding should the individual complaint specifically deal with sexual abuse.</p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>Q75. What is the rationale for the 5-business day response time frame?</p> <p>The development of measure 15, evidence b, which establishes a five-day response time for inquiries as part of demonstrating that the College’s complaints process is accessible and supportive, was undertaken with the advice of a sub-working group made up of College staff from various Colleges. The sub-working group discussed a time period from two to five days and determined that five days would be a reasonable expectation for a College to initially respond to individuals seeking information about the complaints process.</p>
		<p>Q76. Measure 15 speaks to enabling and supporting anyone who raises a concern about a registrant. The Technical Specifications document explicitly excludes registrants or employers, however, Colleges receive a number of inquiries from other registrants, other health care providers and employers. Has the ministry considered amending the definition of public to include any individual who contacts the College about the complaints process and clarify it excludes all other enquiries made of the College?</p> <p>This measure falls under Standard 12 “the complaints process is assessible and supportive”. As such this measure would not capture inquiries that do not relate to complaints (e.g., regarding an upcoming Council meeting date, etc.). Within the context of this</p>

		<p>evidence, an inquiry is defined as the time when an individual, who is from the public, seeks information from the College about the complaints process. This would not include responding to inquiries about a complaint that has been filed with the College.</p> <p>In light of feedback received during the soft launch respecting the exclusion of registrants and employers in the methodology for calculating this evidence under the Technical Specifications document, the ministry made changes to include registrants and employers under the definition of public and provided additional clarity in the exclusions set out in the Technical Specifications document.</p> <hr/> <p>Q77. The College notes that inquiries include not only calls, letters and emails but also social media interactions and as a result, we suspect that many Colleges, including ours, will not be able to provide this data retrospectively and will need to develop new ways to track and report on it.</p> <p>The ministry recognizes that Colleges may not meet, or collect the data to demonstrate that they meet, one or more of the standards at this time. That is why a key component of the CPMF is the identification of planned improvement actions.</p> <p>Colleges are encouraged to provide context to help the public understand where they do not meet, or partially meet a standard. Where a College is unable to satisfy one or more standards, or where a College responds that it meets a required standard but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective measure under a standard, Colleges are encouraged to highlight improvement plans or activities underway. For example, going forward, the College may seek to monitor social media interactions or other interactions which it previously did not, as part of its improvement plan.</p> <hr/> <p>Q78. Colleges receive a number of inquiries from the public, registrants, and employers on a variety of topics, including but not limited to the standards of practice, the Council, committees, COVID-19 and many more. Has the ministry considered expanding this measure beyond merely complaints?</p> <p>Measuring Colleges’ responses to inquiries more broadly was discussed at the CPMFWG Group and with subject matter experts, however, it was determined to narrow this evidence to demonstrating that the College’s complaints process is accessible and supportive at this time.</p> <p>Apart from the discussions this information may stimulate about regulatory excellence and performance improvement, the results of the first iteration will help to identify and inform potential areas where expectations and benchmarks can be refined and improved upon in the future.</p> <p>Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration.</p>
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Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	FAQs
13.1 The College addresses complaints in a right touch manner	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<p>Q79. Is there a requirement for the College to have this posted on the website? Or can a College provide these internal documents as evidence of compliance with this measure?</p> <p>The ministry notes that the CPMF Reporting Tool seeks a link to, or a description of, the applicable policies and processes. However, as is the case with other evidence, Colleges are welcome to provide any and all evidence and documentation it feels addresses this measure.</p> <p>Colleges are asked to demonstrate the processes that are in place to meet each measure. Although Colleges are encouraged to be as transparent as possible, each College is in the best position to determine what documents it makes publicly available. If documents are not publicly available, the College may provide a description of its processes and/or procedures in the CPMF Reporting Tool that all Colleges are asked to post on their website.</p>
Standard 14		
The College complaints process is coordinated and integrated		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.)	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<p>Q80. Would a College’s Privacy Code and Transparency Initiatives page of the website satisfy the required evidence (in terms of how the College shares information with other regulators and government)?</p> <p>Colleges are in the best position to determine whether their processes and procedures respond to the requested evidence. This measure focuses on whether the College has consistent criteria outlining how it determines what information it can share, when it can be shared and with whom it can be shared. The evidence also requests that Colleges identify examples of scenarios when these criteria has been applied to share information with relevant system partners (i.e., general examples, not specific information that would identify a particular individual).</p>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT	
Standard 15 The College monitors, reports on, and improves its performance.	
No feedback received.	

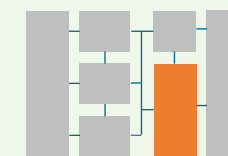
PART 3: CPMF TECHNICAL SPECIFICATIONS DOCUMENT FAQs

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Context Measure 1: Type and distribution of QA/QI activities and assessments used in CY 2020		
Context Measure 2: Total number of registrants who participated in the QA Program CY 2020		
<p>Q81. The College's QA program requires all registrants to complete annual requirements in the form of a continuing education (CE) and a professional portfolio. Each year, the QA Committee audits a percentage of registrants to ensure completion of the requirements. Starting December 31, 2020, in addition to auditing registrants, all registrants will be required to upload their CE and portfolio to the online registrant portal as part of the annual registration renewal process. The College is seeking clarification on whether the ministry is requesting information on the total number of registrants who participated in the QA program or the total number of registrants audited?</p> <p>Context measure #1 will allow the College to identify the number of registrants who underwent each type of QA/QI activity and assessment used in CY 2020.</p> <p>Context measure #2 requests that Colleges report the total number of registrants that underwent at least one activity or assessment as part of the QA Program within the reporting period. The Technical Specifications document provides additional details of how to calculate context measure #2.</p> <p>The CPMF Reporting tool provides the opportunity for Colleges to provide additional comments and clarification on each piece of evidence requested. Colleges are encouraged to provide context to help the public and ministry understand where the College feels it would be beneficial to understanding the College's processes and procedures</p>		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Context Measure 5: Distribution of formal complaints and Registrar's Investigations by theme in CY 2020

Q82. How are complaints or reports that deal with multiple areas of concern / themes categorized? If a College reports multiple themes, how is the impression that there are more complaints or investigations than is the case mitigated for the public?

Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes, therefore, when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations. This is noted in the CPMF Reporting Tool so that the public and the ministry understand the context for reporting this information.

Q83. There appear to be overlapping options for categories. For example, Professional Conduct and Behaviour, which includes failure to maintain the standards of practice of the profession, can encompass many of the other categories (e.g., Billing and Fees, Communication) and some concepts, such as failing to meet standards, may be captured under different themes. How should this be approached in reporting?

While the development of this context measure has been undertaken with the advice of a sub-working group made up of College staff to define distinct themes, the ministry is aware that individual Colleges may interpret the definitions of each theme differently.

Colleges are in the best position to define their processes and procedures in response to requested evidence, including determining under which theme a complaint or specific allegation made as part of a complaint would best fit. The context under each theme should be considered when coding each complaint.

The Technical Specification document attempts to provide examples for each theme to support consistent reporting and to assist Colleges in identifying the most appropriate theme for each allegation within a complaint. Where one of the allegations within a complaint could be categorized under multiple themes, Colleges are asked to report the theme they deem most appropriate.

In the example identified, if an allegation against a registrant relates to charging a fee that does not align with the regulator's guidance, the College may determine it makes more sense to capture it under "Billing and Fees", which specifically references this activity, rather than Professional Conduct and Behaviour.

Q84. Often, the College may identify a theme differently than the complainant. How should the College report the theme where there is a difference between how the complainant identified the issue versus how the College or ICRC identified it (e.g. the patient complains that the registrant failed to maintain standards, but on review it appears that the issue was really related to communication)?

Colleges are encouraged to report the theme they identify as the most appropriate. Colleges are in the best position to define their processes and procedures in response to requested evidence, including determining under which theme a complaint would best fit.

Q85. The CPMF Reporting Tool suggests that Colleges indicate a “NR, non-reportable” result instead of a metric when there are fewer than 5 cases to report. Does this instruction apply to the number or percentage columns or both? Smaller Colleges with a low volume of complaint matters may end up reporting a fair number of NRs. Would reporting a number of NRs raise a concern on the part of the ministry?

The development of these context measures has been undertaken with the advice of a sub-working group made up staff from various Colleges, who considered this issue among others. The ministry is aware that this may be the case for smaller colleges with lower numbers of cases.

Where there is a risk that a context measure result may include personally identifiable information due to low numbers, the CPMF Reporting Tool has been updated to clarify that results of < 5 cases should be reported as “NR” (Non-Reportable) for both the number and percentage columns.

Context measures provide statistical data that will provide helpful context about a College’s performance related to the standards. The context measures are themselves non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

Q86. The definition of Registrar’s Investigation throughout this document is limited to 75a investigations, however the Technical Specifications document also includes 75b and c investigations in some of the performance measures. Can you provide clarity regarding which of the documents represents the correct measure?

The Technical Specifications document outlines inclusions and exclusions for each of the context measures. In some circumstances a ‘s.75a’ would be included, and a ‘s.75b and/or c’ would be excluded (e.g., context measure 6), in others both a ‘s.75 a and b’ would be included (e.g., context measure 8).

Context Measure 6: Total number of formal complaints that were brought forward to the ICRC in CY 2020

Q87. The Technical Specifications document indicates that this includes “complaints where an appointment of an investigator has been made under 75(1)(c) but not matters where the ICRC or Registrar approved the appointment of an investigator after reviewing a report. Should the College include matters that only came to the ICRC for the purpose of requesting the appointment of a 75(1)(c) investigator (i.e. It has not yet come back before a panel to review the results of the investigation)?

The Technical Specifications document outlines specific inclusions and exclusions for each of the context measures. The intent of Context Measure #6 is to report on all formal complaints (i.e. s.75(1)(c)) that were brought forward for review by a Panel of the ICRC in CY 2020.

Context measure #7 specifically reports on all Registrar’s Investigations (i.e. resulting from a report) to the ICRC in CY 2020.

Context Measure 9: Of the formal complaints received in CY 2020:

- I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)
- II. Formal complaints that were resolved through ADR
- III. Formal complaints that were disposed of by ICRC
- IV. Formal complaints that proceeded to ICRC and are still pending
- V. Formal complaints withdrawn by Registrar at the request of a complainant
- VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious
- VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee

Q88. Should the definition of ADR be the Code definition: “alternative dispute resolution process” means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute?

The final Technical Specifications document has been updated to reflect this change.

Q89. CM9 (III), asks that Colleges report formal complaints that were disposed of by the ICRC. The Technical Specifications document clarifies that this refers to complaint matters that were “disposed of through a decision by the ICRC panel”. Does this include decisions to refer the matter to discipline? We note this appears to be separately captured under CM9 (VII) but doesn’t appear to be expressly excluded for CM9 (III).

Context measure #9 (iii) captures any decision made by a Panel of the ICRC, including a decision to refer allegations to the Discipline Committee (apart from those outlined under the exclusions set out in the Technical Specifications document).

Context measure #9 (vii) requests that Colleges report specifically on the number of complaints matters that were disposed of though the referral of allegations to the Discipline Committee

Context Measure 10: Total number of ICRC decisions in 2020 / Distribution of ICRC decisions by theme in 2020

Q90. Often there are ICRC decisions that identify a number of themes in one decision (i.e. a registrant with professionalism and record keeping issues), which may convey an impression that there are more decisions than is the case. How do we identify that a single ICRC decision has a number of themes and avoid confusion to the public?

Where there are multiple themes for a single complaint or report, each theme related to the complaint or report should be included in the count. The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations. This ministry has included a footnote in the CPMF Reporting Tool provide this clarity so that the public and the ministry understand the context for the Colleges’ reported information.

Context Measure 11: 90th Percentile disposal of: I. A formal complaint in working days in CY 2020 II. A Registrar’s investigation in working days in CY 2020

Q91. Colleges may use different definitions for when complaints are disposed of. Can the ministry provide some guidance to Colleges as to when the complaints process ends for the purpose of the CPMF?

Regarding Context Measure #11, related to disposal of an ICRC matter, the ministry has updated the definition of “disposed of” in the Technical Specifications document:

Disposal:

- Complaint: The day upon which a decision was provided to the registrant and complainant by the College.
- Registrar’s investigation: Day where the Registrar has reported the results of his/her investigation to either the ICRC.

The intent is that a complaint is disposed of when the decision was sent out to the complainant(s) and registrant. For additional clarity, the ministry has also included the above language in a footnote in the CPMF Reporting Tool.

Q92. If a College does not currently count working days is it acceptable to track days in the format that our IT system permits?

The ministry recognizes that Colleges may not be able to capture and report information for the context measures in accordance with the methodology laid out in the Technical Specifications document for the initial reporting cycle. Where necessary, Colleges may report the context measures according to methodology currently used by the College.

Where a College chooses to report a context measure using methodology other than outlined in the Technical Specifications document, the ministry asks the College to provide the methodology to the ministry so that it can understand how the information was calculated.

Context Measure 12: 90th Percentile disposal of:

- I. An uncontested discipline hearing in working days in CY 2020
- II. A contested discipline hearing in working days in CY 2020

Q93. For uncontested matters, would this be the date of the hearing (when the decision is made the same day), or the date the reasons are released? Additionally, for contested matters, are we to count the liability decision or penalty decision? If the latter, the numbers will increase by a lot in some cases.

The term ‘disposal’ of a complaint is defined in the Technical Specifications document as the “day where a decision was provided to the registrant and complainant by the College”. The intent would be when all decisions related to a discipline matter are completed. The College is encouraged to provide additional context in the “Additional comments” section regarding the timing and disposal of different components of a discipline decision.

Q94. The definition of Uncontested Discipline Hearings in the Technical Specifications document may require clarification. Sometimes the respondent does not contest the facts and sometimes they agree to them. Also, in some cases there may not be a joint penalty submission, but rather a penalty that the registrant does not contest. It may be more accurate to say “In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the Respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.”

The definition of “uncontested” has been updated in the Technical Specifications Document.

Context Measure 13: Distribution of Discipline finding by type

Q95. Often there are discipline decisions that identify a number of findings in one matter (i.e., a registrant with a finding of falsifying records, incompetence and conduct unbecoming), which may convey an impression that there are more matters/registrants receiving discipline findings than is the case. How do we identify that a single registrant has a number of findings and avoid confusion to the public?

The CPMF Reporting Tool clarifies this information through a footnote that highlights that the requested statistical data recognizes that an individual discipline case may include multiple findings identified in context measure 13, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

Context Measure 14: Distribution of Discipline orders by type

Q96. Can the ministry clarify why undertaking and reprimand are grouped together? In addition, as this is limited to discipline orders, there appears to be no provision for measuring allegations referred to discipline that are withdrawn before a hearing is completed. In those cases, there will be no order.

The ministry worked with a sub-working group comprised of representatives from various Colleges to identify common discipline orders. The ministry notes that College Annual Reports, such as the College of Physicians and Surgeons of Ontario's 2019 Annual Report, includes the order type "Reprimand and An Undertaking to resign and not reapply". The ministry included the order type "Reprimand and An Undertaking" generally and did not qualify what the undertaking must specify in recognition that different Colleges may use undertaking for different purposes (e.g. limitations on practice, resignation, etc.).

Where an allegation is withdrawn before the hearing is completed it is not required to be included in the count.

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

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The College of Naturopaths of Ontario

BRIEFING NOTE

Review of Existing Reporting Frameworks

PURPOSE: To review and consider modifications to the reporting frameworks of the College and its Council.

OUTCOME Discussion and decision.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other: Governance

PROCESS:

Activity:	Review and discussion.		
Results:	Potential modifications to the reporting frameworks.		
Overall Timing:	30 minutes		
Steps/Timing:	1.	CEO to review current reporting frameworks and proposed changes.	15 minutes
	2.	Q&A from Council	5 minutes
	3.	Council discussion	5 minutes
	4.	Decision, if any	5 minutes

BACKGROUND:

As outlined in a separate briefing for the Council, the Ministry of Health has formally launched the College Performance Measure Framework (CPMF). This framework is designed to evaluate the health regulatory Colleges against set domains and standards to determine whether they are fulfilling their public interest mandate and to establish best practices among the Colleges.

Although the CPMF will entail a tremendous amount of work, in particular the first year when completing base line reporting, and in subsequent years if any of the domains and standards are altered, the Framework is very good, and will allow the Colleges to report on the same standards, including those which have been deemed to be relevant to the public interest. It is an important and worthy endeavour to which we will devote our resources.

The CPMF is not the only reporting framework that the College Council employs to monitor performance of the College and the CEO against established objectives (the Ends policies) and professional goals. There are eight additional reporting frameworks being used, bringing the total number of reporting frameworks to nine. A summary of these reports, including the data set they each contain, the frequency and who is responsible for preparing them is provided in Appendix 1, attached to this briefing. Greater detail follows.

Operational Plan & College Operational Performance Report

The Operational Plan is a plan establishing the activities of the College over a three-year period. It is revised and presented to Council for approval annually in January.

The Operational Plan establishes both the “routine” regulatory functions the College, CEO and staff perform, as well as the development work being undertaken at the College. The plan sets out the “domains” of work, the goals of each domain and the performance indicators. The Operational Plan is intended to be directly linked back to the Council’s Ends policies. In other words, each activity undertaken should be working towards fulfilling one of the strategic objectives of the Council.

The College Operational Performance Report (formerly the Registrar/CEO Performance review) presents to the Council the outcomes of the current year based on the Operational Plan approved in January. It contains both regulatory data and final outcomes on completed project work and is presented annually in July.

CEO Report on Operations

The CEO Report on Operations is presented to the Council at each meeting. It provides regular updates on the operational activities by providing the data in the reporting period, as well as cumulative data for the year-to-date. As such, it is also providing regulatory data, as well as updates on project work of the College staff.

CEO’s Performance Evaluation

The CEO’s Performance evaluation, which is newly implemented this year, is used to evaluate CEO Performance. As part of this process, the CEO identifies goals for the fiscal year, a development plan for the fiscal year and, at the end of the year, reports back on what has been completed both in terms of the projects/goals and the development plan. Beginning this spring, this will be the basis of the CEO’s performance evaluation whereas in prior years it has been the success at meeting the targets set out in the Operational Plan.

Report on Implementation of the Governance Report

This report is new this year and will only remain in place until all of the governance change activities set out in the Council’s Governance Report and the Implementation Plan are completed. This can be expected to take two to three years.

It is intended to ensure that the Council is aware of the efforts underway to implement the plan that came out of its Governance Review. In this report, each of the recommendations in the Implementation Plan are assessed in terms of whether they are not started, in progress or completed. Descriptive information is provided to set out where in the process the College staff are on each recommendation.

Financial Reports & Audit Report

The fourth and fifth reporting frameworks are related to the financial performance of the College. Annually, the College prepares a Capital budget and an Operating budget which are presented to the Council for acceptance. Once accepted, the College staff report on the financial performance on a quarterly basis and provide information about variances against budget. At the end of the year, the Audited Financial Statements are presented to the Council by the Auditor and Audit Committee allowing the Council to evaluate the CEO and College performance against the budget.

Annual Committee Reports

Annually in July, the Council is presented with the Annual Reports of the Committees for the prior fiscal year. These reports, which are also mandated in the Health Professions Procedural Code (the Code), summarize the work of the Committees. They are primarily data driven reports, drafted by the Committee Chair and assembled by the staff liaison, and they are included in the Annual Report of the College. In addition to the Annual Committee Reports, summaries are provided at each Council meeting on the activities of the Committee.

Annual Report

The Annual Report of the College is mandated under the Code. Apart from requiring the release of Audited Financial Statements, the Code is silent as to what the College should include in the report.

This College includes regulatory data from the prior year, as well as trending information and analysis. This report is filed annually with the Minister and released to stakeholders and the public.

To summarize, 2020-2021 has seen the launch of three new monitoring and evaluation processes which have been added to the existing ones. All processes require a significant amount of work to be completed.

DISCUSSION POINTS:

Reporting vs. Acting

Without intending to suggest that the College is there presently, there does become a point where the time devoted to reporting exceeds the amount of time available to undertake regulatory responsibilities and program related activities. This could pose serious concerns for the College as the regulatory role of the CEO, combined with the necessary work of directing the operations and supporting the Council itself might be impacted, or additional resources may need to be retained to complete these nine reporting processes.

Value of Reporting

The role of the Council in monitoring the activities of the CEO and operations is an important one. Consideration needs to be given to the degree to which the information provided to the Council is providing value. Reporting at each Council meeting, now increasing from four to six meetings annually, only for the sake of having done so previously, provides no value to the Council or the fundamental principles of Council oversight of the CEO.

Many, though likely not all, Council members will review the report. Given that the CEO Report on Operations presented to Council can run upwards of 40+ pages, it should not be surprising that the Report is not necessarily reviewed by all Council members, at all times.

The role of Council, as is being written into the College's by-laws, is to:

- Ensure compliance of the College with the mandate set out in the RHPA, the Code and the Act, and the regulations made under them,
- Set the strategic directions of the College and monitor the College's performance against these directions; and
- Appoint the Chief Executive Office and monitor their performance against the agreed upon priorities.

Each of the reports, to some degree accomplishes these oversight responsibilities. The question remains, how frequently does the Council wish to receive these reports? It may be fair to

assume that the role of the Council is set in priority sequence. If this is the case, then Council may wish to receive reports more frequently as it relates to the first bullet point than the second, and on the second more frequently than on the third.

Fundamentally, in performing your oversight role, what information do you need to receive?

Qualitative (Subjective) vs. Quantitative (Objective) Reporting

When evaluating performance, whether that is of an individual or of College operations, the ideal measures of success are based on quantitative as opposed to qualitative measures. For example, a performance measure that says the College will respond to inquiries within a reasonable amount of time is entirely different than one that says, the College will respond to inquiries within 5 business days, 90% of the time. In the latter case, evaluating success can be based on whether it has or has not been met or, it can be based on the percentage of variation from the standard (90%).

The College's Operational Plan attempts to establish performance indicators that are quantitative to the degree that it is possible. In some instances, there is no ability for the College to gather quantitative data and qualitative (subjective measures) are used instead. The overall Operational Performance Report uses these measures and provides data to support the evaluation as to whether the performance target has been met or has not been met.

Unfortunately, the same is not true of the CEO Report on Operations provided at each Council meeting. The data provided is primarily qualitative in nature and while it may provide data regarding regulatory functions, the data is not measured against the key performance indicators included in the Operational Plan.

Committees vs. Operations

In addition to the CEO's Report on Operations, the Council also receives Committee Reports from each Committee as part of the Consent Agenda. In the past year, changes were made to the nature of these reports to remove overlap between operations and Committee activities. The new focus of the Committee reports was on governance of the Committees and the College. Are Committee members attending? Does the Committee have the volunteer resources it needs? Is there some governance related work the Council needs to do on behalf of the Committee?

Operational activities, such as how many complaints were received or how many discipline hearings were held have now been moved into the CEO's Report on Operations. Presumably, this has increased the value of the Report on Operations, although that is not necessarily clear.

What does the Council need to know?

This is the fundamental question and the purpose of this discussion. Council members are asked to consider what information it needs to receive, and how frequently, to be satisfied that it is fulfilling its oversight function and that the operations of the College continue to function.

The intent here is the ability to provide quantitative data to the Council to allow it to fulfill its oversight function, and would become a new Report on Operations. It is important to note that the operational information is also reported on annually in the College's Annual Report.

Possible Reporting Structure

As noted above, the fundamental question that Council is being asked to consider is what does it need to know in order to fulfill its oversight role and can the volume of reporting activities be

rationalized to allow for both operational activities and operational reporting to be properly balanced?

Having given this a fair amount of thought, the following structure might be considered by the Council:

Role of Council	Report	Initiated	Interim Reporting	Final Report
Ensure compliance of the College with the mandate.	Regulatory Activities Report*	N/A	Each Council meeting	July 20XX
	CPMF	October 20XX	None	March 20XX+1
	Annual Committee Reports	N/A	None	July 20XX
	Annual Report	N/A	None	July 20XX
Set the strategic directions and monitor performance against these.	Operational Plan & College Performance Report	January or March 20XX	None	July 20XX+1
	Budgets	January or March 20XX	Quarterly	July 20XX+1
	Auditor's Report	May 20XX	None	July 20XX
Monitor CEO performance against the agreed upon priorities.	CEO Performance Review	January 20XX	None	July 20XX+1

Notes:

- The Regulatory Activities Report is a streamlined version of the CEO's Report on Operations and would focus exclusively on regulatory work and not report on project work being undertaken. A proposed data set is set out in Appendix 2.
- Several reports, namely the CPMF, Annual Committee Reports, the Annual Report and the Auditor's Report are mandated in the Code or by the Government.

In terms of overall change, there is not a great deal that can be accomplished. The Report on Governance Implementation would cease, and its content merged into the College Performance Report. The other change would be the reduction of effort required to produce the Regulatory Operations Report when compared to the current CEO Report on Operations.

ANALYSIS

Risk Assessment – The risks inherent in this decision are Operational Risks including people risks, such as having the right people to run the organization and the staffing levels to support all operations and reporting. Additionally, there are process risks, that is reviewing outcomes, and internal and external review processes. Finally, there is a risk that proposed changes may increase the risk of not being able to identify adverse outcomes before they occur thereby limiting Council and the CEO's ability to take measures to reduce or mitigate those risks.

Privacy Considerations – There are no privacy considerations.

Transparency – The reports that are provided to Council and are therefore made public are intended to support transparency and accountability. If Council were to adopt this slightly modified approach, the only data that would not be reported on regularly (but would be reported on annually) would be broader project work intended to support the Council's strategic directions.

Financial Impact – There is minimal financial impact given that the overall reporting is not being significantly reduced.

Public Interest – Accountability and transparency both support the public interest, however, the public interest is primarily served by being able to meet the regulatory mandate of the College. The Council needs to be cautious that its accountability and reporting framework is not so onerous as to impede regulation or require the addition of new resources.

RECOMMENDATIONS

It is recommended that the Council approve the proposed amendments to the reporting structure.

Andrew Parr, CAE
Chief Executive Officer
January 2021

Appendix 1 – Summary of College Reports

Report	Data Set	Frequency	Responsible
Report on Operations	Regulatory data Project Updates	Each Council meeting	Managers, Directors, CEO/Dep CEO, Communications
Annual Committee Reports	Regulatory data	Annually – July	Managers, Directors, CEO/Dep CEO, Communications, Committee Chairs, Council.
Annual Report	Regulatory data Broad trends	Annually – July	Managers, Directors, CEO/Dep CEO, Communications
College Performance Review	Annual regulatory data Annual Project outcomes	Annually – presented in July	Managers, Directors, CEO/Dep CEO, Communications
CEO Performance Review	Report on goal achievement Report on Development work	Set annually - January Report Annually – presented in July	CEO
Financial Reports	Budget Actuals Variance	Quarterly at next Council meeting	Director of Operations, CEO
Auditor's Report	Annual budget and Actuals	Annually – July	Director of Operations, Audit Committee, Council
CPMF	Data in domains and meeting standards	Annually – March	Managers, Directors, CEO/Dep CEO, Communications
Report on Governance Implementation	Activities towards governance changes	Each Council meeting	CEO, Deputy CEO

Appendix 2 – Proposed Report on Regulatory Activities

For each Council meeting, the following regulatory data would be provided, broken down by program area.

- Registration
 - Number of registrants by class
 - Number of new registrants
 - Change of class information
 - Number of resignations
- Examinations
 - Number of exams offered
 - Number of candidates for each exam at each sitting
 - Pass/fail rate
 - Number of examination appeals
 - Summary of outcomes of appeals
- Entry-to-Practice
 - Number of new applications
 - Number of referrals to the Registration Committee
 - Number of Registration Committee decisions
 - Registration Committee outcomes
- Quality Assurance
 - Number of Peer & Practice Assessments
 - CE Reporting
 - Reviews by QAC
 - Outcome of QAC reviews (non-identifiable)
- Inspection Program
 - New premises registered
 - New premises inspections (part 1 and part 2)
 - Re-inspections
- Complaints and Reports
 - New complaints received
 - Total number of active complaints
 - Complaints completed
 - Outcomes of the complaints
 - Summary of nature of complaint topics
- Hearings
 - Number of Pre-hearing conferences scheduled, completed and pending
 - Number of Hearings scheduled, completed and pending
 - Summary of outcomes of hearings
 - Number of FTP hearings scheduled, completed and pending
 - Summary of outcomes of FTP
- Communications
 - Editions of newsletter and bulletin sent
 - Open rates
 - Website page visits
 - Inquiries made of the College, inquires responded time and average response time
- Patient Relations
 - Applications for funding
 - Summary of outcomes of applications
- Regulatory Guidance

- Summary of inquiries
- Summary of topics of inquiry
- Governance
 - Meetings held (Council and Committees)
 - Average time prior to meeting for materials to be received
 - Average time after meeting for minutes to be circulated

The Report would provide this data in seven columns, one for each reporting period (the two months prior to the Council meeting, and a total annual sum of all activities).

Period Reported	April-May	June-July	Aug-Sept	Oct-Nov	Dec-Jan	Feb-March	Total YTD
Meeting Presented	July	September	November	January	March	May	Each Report



College of Naturopaths of Ontario

Report on the Governance Implementation Plan

Report #2: August 1 to December 30, 2020

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INTRODUCTION

The following is a report on the work underway to implement the Council's decisions set out in the *Governance Report: A Mandate for Change* and the recommendations adopted the Council in the *Governance Report Implementation Plan*, both of which were approved in July 2020.

Risk-based Regulation

The Council made two decisions regarding risk-based regulation. They are:

1. A more formal risk-based approach to regulation will be developed by the College through the development of a tool for use at the Committee level and which will be published on the College's website.
2. A mediation process will be considered, allowing for a formal negotiated settlement to complaints that pose less risk to the public, thereby allowing the College to focus its resources on matters posing a more serious risk.

The following is a status update on the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
a.	That the College initiate the development of a risk-based regulatory approach and tool using available research to guide the work.	An initial canvassing of the sources of risks and means to catalogue them has been undertaken. Stakeholders have been invited to participate in the project.	In progress.
b.	That the risk-based regulatory approach be developed in consultation with external stakeholders, including Registrants, the professional association and educational program.	Stakeholders have been invited to participate in the project.	In progress.
c.	That the risk-based regulatory approach includes elements from an accountability framework.	No work has been undertaken during this reporting period.	Not started.
d.	That Council be kept abreast of the developments and presented with a final framework for approval.	This report has been prepared to keep the Council informed.	In progress.
e.	That the CEO develop an Alternative Dispute Resolution (ADR) program for the College, including necessary policies and procedures and present the program, including financial costs, to the Council for approval.	The Deputy CEO and staff have completed the research necessary to support the development of an ADR program for the College and have created initial drafts of the program policies, procedures and guides.	In progress.

Role of Council

The Council made one decision regarding its role:

3. The role of Council should be more clearly defined in statute and be focused on governance of the organisation and strategic directions and priorities.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
f.	That the Council Chair correspond with the Minister of Health, recommending that the role of the Council be properly enshrined in the Health Professions Procedural Code (HPPC).	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
g.	That the CEO undertake a review of the College by-laws to ensure consistency with the role of the Council as set out in the Report and make recommendations about changes or additions required.	The by-law changes have been developed and consultation of Registrants and stakeholders completed. Final recommendations will come to Council in January 2021.	In progress.
h.	That the Council undertake a review of its Governance Policies to ensure that the role of the Council set out is consistent with the role as articulated in the Report.	The Governance Policy Review Committee has completed its review of several policies and Terms of Reference and has several more to complete.	In progress.

Size of Council

The Council made one decision surrounding the size of Council:

4. That the Council size should not be reduced from the current complement as set out in the legislation.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
N/A	No recommendations were made on this item.	Although no changes to the size of Council were recommended, the	N/A

		overall size will be reduced by one position to achieve parity between public and profession representation.	
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Composition of Council and Committees

Council made three recommendations regarding the composition of Council and its Committees:

5. Composition of statutory committees should be reduced to one sitting Council/Board member on each committee, although the same need not apply to non-statutory committees.
6. The Discipline function should be removed entirely from the regulatory authorities.
7. That the Council should have an equal representation from the profession and the public.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Status	Status
i.	That the Chair correspond with the Minister of Health recommending that the HPPC be amended to remove the requirement that public members on the panels of the various committees be public members appointed to Council, thereby allowing public members engaged as volunteers by the College to be used to meet public representation requirements.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
j.	That the Chair correspond with the Minister of Health recommending that the HPPC be amended to remove the discipline function from the health regulatory requirements and that these requirements be placed in a separate entity.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
k.	That the CEO review the by-laws and recommend changes to the Council to reduce the number of districts from eight to seven.	The by-law changes have been developed and consultation of Registrants and stakeholders completed. Final recommendations will come to Council in January 2021.	In progress.
l.	That the Chair correspond with the	Correspondence from the Council	Completed.

	Minister of Health setting out the College's intent in (k) and ask the Minister to appoint a full complement of public members (seven in total) to establish parity between public and professional Council members.	Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	
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Selection of Council members

The Council made two decisions regarding the selection of Council members:

8. That elections of professional members cease.
9. That the Council be constituted through a competency-based appointment process for both professional and public members.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
m.	That the Chair correspond with the Minister of Health recommending that the <i>Naturopathy Act, 2007</i> , be amended to remove reference to the election of professional members of Council.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
n.	That the Chair correspond with the Minister of Health recommending that section 94(1) the HPPC be amended to remove the by-law making authority for Councils governing the elections of professional members and adding a by-law making authority for Councils governing the appointment of professional members.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
o.	That the Chair correspond with the Minister of Health noting that the Council will be moving to a competency-based process and that they take into consideration the competencies developed by the Council for future appointments of	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.

	public members to the Council.		
p.	That the CEO review the competencies developed for Council and Committee appointments and present them to the Council for approval and adoption.	The competencies have been refined and reviewed by the Nominations and Elections Committee. The CEO is continuing to liaise with other regulatory authorities, HPRO, as well as The Directors College.	In progress.
q.	That the CEO continue the development of a comprehensive Volunteer Program and that necessary policies be presented to Council for approval (or acceptance as the case may be) no later than the April 2021 Council meeting.	The Program overview has been created and has been reviewed by the Nominations and Elections Committee. Work is on-going to establish the details of each component of the Program.	In progress.
r.	That the CEO review the Terms of Reference for the Nominations and Elections Committee (NEC) and make recommendations to the Council for changes, in name and substance of this Committee, such that it will assume responsibility for nomination, selection and appointment process for the Council and Committees.	The NEC has reviewed the revised Terms of Reference. These have also been reviewed by the Governance Policy Review Committee and will be presented to Council in January 2021. Reference to the NEC has been addressed in the proposed by-law changes which will be presented to Council in January 2021.	In progress.
s.	That the CEO, in association with Legal Counsel and other relevant partners, develop an induction (boot camp) program as set out in paragraph (xvi) of section 10.05 of the College's by-laws for implementation.	An initial outline of the program has been developed and has been discussed with HPRO and other Colleges. Initial conversations with The Directors College to assist in the program development and delivery have been undertaken.	In progress.
t.	That competency-based assessments and the induction program be implemented as soon as practicable, but not later than necessary for use in the next cycle of Council elections and Committee appointments.	This work is underway, however, the by working with HPRO and The Directors College the timeframe for development and implementation will take longer but with a stronger, more robust and more cost effective program.	In progress.

Need for an Executive Committee

The Council made one decision regarding the need for an Executive Committee:

10. That the Executive Committee be eliminated.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
u.	That the Chair correspond with the Minister of Health, recommending that the HPPC be amended to repeal paragraph 1 of section 10(1) and to repeal section 12.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
v.	That the Chair correspond with the Minister of Health recommending the removal of the by-law making authority for Council's governing the elections of the Chair.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
w.	Struck.	N/A	N/A
x.	That, as an interim step, the CEO reviews the Terms of Reference of the Executive Committee and makes recommendations to the Council on amendments to limit the Executive Committee's authority to urgent matters at the discretion of the Chair.	Revised Terms of Reference have been prepared, reviewed by Legal Counsel and the Executive Committee. They were subsequently reviewed by the Governance Policy Review Committee and will be presented to Council in January 2021.	In progress.
y.	That, also as in interim step, the CEO revises the Council meeting schedule as soon as possible, such that the Council meets approximately every 60 days to facilitate timely decision making in the absence of the Executive Committees authority.	A revised schedule has been set and was presented to the Council at their October 2020 meeting.	Completed.

Role of the President/Chair

The Council made the following two decisions with respect to the President and Vice-President positions:

11. That the Council of the College move away from the President terminology and adopt the term Council Chair.
12. That the position of Vice-President be eliminated.

The following is an update of the status of the relevant recommendations that were included in the Implementation Plan.

No.	Recommendation	Update	Status
z.	That the Chair correspond with the Minister of Health recommending that the <i>Naturopathy Act, 2007</i> , be amended to remove the position of Vice-President and amend the title of President to Chair in section 7.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
aa.	That the CEO prepare a by-law amendment for the approval of Council adding a definition of Council Chair and Council Vice-Chair as being equivalent as the terms President and Vice President respectively in the <i>Naturopathy Act, 2007</i> , and the HPPC. Said by-law changes will also amend all references to these two titles in all cases to become Chair and Vice-Chair.	The initial review of the by-laws has been completed and amendments developed in consultation with General Counsel to the College. Consultation on proposed changes began in early October 2020.	In progress.
bb.	That effective immediately, all communications of the College shall refer to the Council Chair and Vice-Chair as opposed to the President and Vice-President respectively.	On September 9, 2020, the CEO e-mailed all Registrants and Stakeholders advising of the change in terminology.	Completed.

External Audit

The Council made three decisions regarding an external performance audit, including:

13. That the Council adopt a formal annual evaluation process that includes a Council/Committee performance evaluation, an individual self-assessment for Council and committee members, and an assessment of each Council and committee member by their peers.

14. That an external third party will be retained to receive, consolidate, and present their findings to each member of Council and Committees.
15. That a summary report of the evaluation will be released publicly by the College.

The following is an update of the status of the relevant recommendations that were included in the Implementation Plan.

No.	Recommendation	Update	Status
cc.	That the CEO issue a Request for Proposals to interested third parties who can assist the Council in the development and delivery (over the first three years) of this new performance evaluation process.	A panel of Executive Committee members and the CEO received proposals and recommended a vendor to the Executive Committee. Satori Consulting has been contracted.	In progress.
dd.	That the CEO work with the successful vendor in the development of the evaluation policies, procedures and tools for presentation to the Council for approval.	Satori Consulting has initiated its review of the Council's policies to develop the program.	In progress.
ee.	That the new evaluation process be ready for implementation for the Council whose term ends in April 2021.	Preliminary work has begun with Satori Consulting with an implementation date of May to July 2021.	In progress.

Terminology

The Council made several decisions regarding terminology used by the College:

16. That the name of the regulatory authorities should be changed away from "College."
17. That the name of the governing body of the regulatory authority should be referred to as a "Council" as opposed to a Board.
18. That the senior staff official appointed by the Council should be referred to as the "Chief Executive Officer (CEO)" as opposed to "Registrar", "Registrar & CEO" or "Executive Director."
19. That the individuals that the regulatory authority regulates should be referred to a "Registrants" as opposed to "Members."
20. That the individuals that the regulatory authority regulates should be referred to "registered to practice" as opposed to "licensed."

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
ff.	That the Chair correspond with the Minister of Health asking that the <i>Naturopathy Act, 2007</i> , and the HPPC be amended to cease referring to the “College” of Naturopaths of Ontario.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College’s website.	Completed.
gg.	That as interim step to legislative change, the College highlight in its communications that the College of Naturopaths of Ontario is the regulatory authority for naturopathic doctors in Ontario.	The College has begun adding an explanatory note to all announcements and news items noting the role of the College as a regulatory authority.	Completed.
hh.	That the title of the Chief Staff Officer be immediately altered from Registrar & CEO to Chief Executive Officer (CEO). All legal communication will note that the Chief Executive Officer has been appointed by the Council as the registrar pursuant to section 9(2) of the HPPC. This change will be made throughout all Council and College documents.	On September 9, 2020, the CEO e-mailed all Registrants and Stakeholders advising of the change in terminology.	Completed.
ii.	That the Chair correspond with the Minister of Health recommending that the reference to Members in the Code be amended to refer to Registrants.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College’s website.	Completed.
jj.	That the College, effective immediately, ceases to refer to its Members, but rather to its Registrants in all communications and that all policies and by-laws of the College be updated to reflect this change.	On September 9, 2020, the CEO e-mailed all Registrants and Stakeholders advising of the change in terminology.	Completed.

Standards Committee

The Council made one decision relating to the Standards Committee:

21. That standard setting (development and approval) should be mandated to a Statutory Committee in the legislation, either the Quality Assurance Committee (QAC) or a separate authorised Standards Committee.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
kk.	That the Chair correspond with the Minister of Health asking that the role of setting standards of practice be assigned to a new or existing Statutory Committee in the HPPC.	Correspondence from the Council Chair to the Minister of Health, that included this topic, was sent on August 28, 2020, and was posted onto the College's website.	Completed.
ll.	That, as an interim step, the CEO review the Terms of Reference of the QAC and make recommendations to Council for changes that would provide the authority for the QAC to set and approve the standards of practice.	Upon review of the Code by the Deputy CEO, Legal Counsel, and the CEO, it was noted that the role of a Statutory Committee cannot be expanded by a Council. As a result, this will be accomplished by the creation of a Standards Committee, the role of which has been drafted in the proposed by-laws changes.	In progress.
mm.	That the CEO, working with the QAC, determine the necessary competencies of Committee members to enable informed decision-making surrounding the standards of practice.	No work was conducted during this reporting period.	Not started.
nn.	That no professional member on the QAC be appointed to a panel of the Discipline Committee (DC) of the College unless and except a) the standards of practice are not at issue ¹ in the matter being brought before the panel, or b) the appointment is absolutely necessary, in the discretion of the DC Chair, to the timely disposition of the matter.	An initial analysis of committee composition has been undertaken. Any changes to silo individuals on various committees will be implemented in May 2021.	In progress.

Number of Colleges

The Council made one decision relating to the overall number of Colleges:

¹ A Standard of Practice is not at issue in a hearing before the panel if a) the matter is uncontested by the Registrant or b) the allegations set out in the Notice of Hearing do not allege violation of any standards.

22. That the College Council begin proactively contemplating this question as part of its planning processes.

The following is an update of the status of the relevant recommendations that were included in the *Implementation Plan*.

No.	Recommendation	Update	Status
oo.	That the CEO undertake research as to the various potential models for amalgamation of health regulatory authorities in Ontario and present those models to the Council, along with the advantages, disadvantages and consequences of each model for the consideration and planning discussions of the Council.	No work was conducted during this reporting period.	Not started.

Summary of Results

The following is a summary of the status of the 40 recommendations set out in the *Implementation Plan*.

Status	Report #1 – Oct '20 Number (%)	Report #2 – Jan '21 Number (%)	Report #3 – Mar '21 Number (%)	Report # - May '21 Number (%)
Not started.	11 (27.5%)	2 (5%)		
In progress.	11 (27.5%)	20 (50%)		
Completed.	18 (45%)	18 (45%)		

It has now been five full months since the process of implementing the Council's decisions and the recommendations in the Implementation Plan began. While no additional projects were completed, much of this is reliant on the January 2021 Council meeting where a number of items will be presented for approval. The majority of projects are completed or in progress with only two items not yet started. These are dependent on completion of other projects that must precede their start up.

Respectfully Submitted,

Andrew Parr, CAE
Chief Executive Officer
January 2021



The College of Naturopaths of Ontario

BRIEFING NOTE CEO Goals & Development Plan

PURPOSE: To review and determine whether the Chief Executive Officer's Goals/Objectives and Development Plan for the fiscal year 2021-2022 are acceptable to the Council.

OUTCOME Decision

NATURE OF DECISION Strategic Regulatory Processes & Actions Other: Governance

PROCESS:

Activity:	Discussion		
Results:	Decision on whether to accept the goals/objectives and the development plan from the Chief Executive Officer (CEO).		
Overall Timing:	15 minutes		
Steps/Timing:	1.	Introduction and background by the Council Chair	5 minutes
	2.	Review of the Goals/Objectives and the Development Plan by the Council Chair	6 minutes
	3.	Motions/Decisions	4 minutes

BACKGROUND:

In July 2020, the Council received and approved proposed amendments to GP19 – Registrar Performance and Compensation Review, a policy that establishes the framework for the annual review of the CEO's performance. A copy of the revised policy is attached.

In accordance with this policy, the Council is required to review Form 1: Annual Objectives and Priority Projects (generically referred to as Goals/Objectives) and Form 4: Registrar Development Plan. These documents relate to the upcoming fiscal and program year of the College which runs from April 2021 to March 2022.

Under normal circumstances, these are reviewed by the CEO Performance Review Panel; however, as the panel was not appointed in October due to an oversight, they have been reviewed by the Council Chair and presented to the Council in order to remain on target for the completion of these process.

DISCUSSION POINTS:

Two Stage Process

As there are a number of new Council members, the Council is reminded that the Annual Performance Review process is a two-stage process. Objectives and Priority Projects, as well as a Development Plan which are presented to the Council annually in January. This is in advance of the coming period to which they pertain. The actual performance review itself that

sets out the outcomes of the objectives and development activities, along with three other forms (Management and Compliance, Determining and Calculating Bonus and Comments, and Acknowledgment and Signatures) are presented to the Council for approval in July.

What is most likely to cause confusion is the forms that are presented in January are not seen or reviewed by the Council again until July of the following year.

For clarity, at the January 2021 Council meeting, Forms 1 and 4 are presented for approval. They will come back to Council, along with Forms, 2, 3 and 5 of the process at the July 2022 meeting, which is following the close of the year to which they pertain.

In July 2021, the Council will receive Forms 1 and 4 which the Council approved in July 2020 (normally, these are approved in July; however, the policy was not developed and approved until July 2020). Council will also receive Forms 2, 3 and 5 as they pertain to the fiscal year ending March 31, 2021. The following table may assist the Council.

Review Year	Reporting Period	Goals/Plan approved	Outcomes determined
2021	April 1, 2020 – March 31, 2021	July 2020	July 2021
2022	April 1, 2021 – March 31, 2022	January 2021	July 2022
2023	April 1, 2022 – March 31, 2023	January 2022	July 2023

Process

GP19 – Registrar Performance and Compensation Review also establishes a comprehensive process and the deadlines associated with the annual review process. It is intended to ensure that the Registrar Performance Review Panel, the CEO and the Council follow an appropriate and fair process and that all of the deadlines are set to meet the timeframes laid out in the table above.

Form 1 and 4 for the 2022 Review Year

At the January 2021 Council meeting, the Council must review the two forms for the 2022 review year. These forms together set the objectives and priority projects for the CEO and the CEO's Development Plan.

The question before the Council is whether these objectives and priority projects fit within the Council's own strategic objectives and are appropriate goals and projects. Additionally, based on earlier consideration of any areas of development identified by the Council for the CEO, of which none have been identified to date, does the Development Plan meet the needs of the College and provide support to its staff's future development?

ANALYSIS

Risk Assessment – The risks are both Operational and Strategic. Operational risks pertain to people and whether the CEO has the experience and education necessary to perform the job as well as Process risks, that is, whether the Council is following its own process. Strategic risks to the Council and College are primarily reputational risks. If the Council is not able to demonstrate the proper management and development of its key personnel, then its reputation for excellence in regulation could be damaged. The new process established by the Council is a best practice approach and, when executed properly, serves to enhance the Council's reputation not only for excellence in regulation but also for its employment practices.

Privacy Considerations – As these are the Objectives and Priority Projects, as well as the Development Plan of the senior staff person of the College, they are all personal information

belonging to the CEO. The College has a legal and moral obligation to protect these from disclosure. It is for these reasons that a) the portion of the meeting where the Council will consider these documents will be held in-camera, that is, closed to the public and staff and b) the documents were redacted from the Council meeting materials disclosed prior to the meeting. The in-camera session and the redaction of the information is permitted pursuant to paragraph (d) of Section 7(2) of the Health Professions Procedural Code.

Transparency – Transparency in this instance is a balance between ensuring that the public and stakeholders are aware of the activities of the Council but that privacy rights are also protected. Transparency is accomplished by disclosing the reason that the Council will conduct this single item of business beyond the view of the public and in accordance with the legislation.


Financial Impact – There is no financial impact from this briefing.

Public Interest – The public interest is served provided the College Council and its Committees are able to fulfill their legal and moral requirements to regulate the profession. This, in part, relies on the Council having a CEO who is equipped to perform their duties, hence the need for a development plan for the work of the CEO that is in keeping with the strategic objectives set out in the Council's Ends policies.

RECOMMENDATIONS

It is recommended that the Council accepts both Form 1 and Form 4 as presented.

Dr. Kim Bretz, ND
Council Chair
January 2021

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES Item 8.02a
	Title Registrar Annual Performance & Compensation Review	Policy No. GP19.01
		Page No. 1

As part of its responsibilities, the Council undertakes an annual review of the performance of the Registrar & 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 Registrar & CEO Performance Review Panel (the Panel) appointed by the Council.

Accordingly,

1. Annually, and not later than its October meeting, the Council will appoint a four-member *Registrar & CEO Performance Review Panel* (the Panel) that is comprised of the:
 - a) President and Vice President of Council; and
 - b) Two Council members, one of whom is appointed by the Lieutenant Governor in Council, and both of whom have the competencies necessary for the role.

2. The 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 – Registrar Development Plan
 - Form 5 – Comments, Acknowledgement and Signatures
 - Executive Summary.


3. The Panel shall ensure that new Council members are provided annual training 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 Registrar & 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 Panel and the Registrar & CEO shall ensure that draft copies of Form 1, setting out the annual objectives and priority projects and Form 4, setting out the Registrar’s Professional Development Plan, for the following year (April 1st to March 31st), are presented to the Council at its January meeting.

6. As the conclusion of the current Program/Fiscal year approaches, the Panel and the Registrar & CEO shall work together to complete the performance review following a process that is based on the following components and timeframes:
 - 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 Registrar & CEO and provided to the Panel no later than April 15th

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 29, 2020

 <p>The College of Naturopaths of Ontario</p>	Policy Type GOVERNANCE PROCESS	COUNCIL POLICIES <i>Item 8.02a</i>
	Title Registrar Annual Performance & Compensation Review	Policy No. GP19.01
		Page No. 2

- annually;
- c) The 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 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 Registrar & CEO for feedback;
- e) The Panel shall finalize all documents (within a draft Registrar Performance Review Report), including the Executive Summary 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 Panel shall present the final Registrar Performance Review Report to the Registrar & CEO not later than August 15th annually and the Registrar & 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 Registrar's personnel file; and
- g) The Registrar & CEO shall be entitled to add any comments to the Report, which shall be provided to the Council by the Panel and shall also be filed in the Registrar & CEO's personnel file.

7. The Registrar & CEO and the Panel shall ensure that there is adequate time set aside at the July Council meeting for a full discussion of the draft Registrar 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 Panel and to be a resource through the process to evaluators and employees.
9. Separate and apart from any incentive bonus awarded to the Registrar & CEO as set out in paragraph 4, the Council shall annually consider adjusting the Registrar's based salary for inflation using an average of the following three sources:
 - a) Morneau Sobeco (or a similar compensation/HR-benefits consulting firm) that publishes data each year forecasting salary adjustments,
 - b) Canadian Society of Association Executives that includes projections on increases employees of not-for-profits expect their governing boards to approve for the next year,
 - c) Consumer Price Index (CPI) data as published by Statistics Canada.

Council shall approve the annual salary adjustment as part of an in camera session in January annually, at the same time it is considering the Registrar & CEO's objectives and priorities and development plan, as well as the College's budgets.

DATE APPROVED	DATE LAST REVISED
July 30, 2013	July 29, 2020



The College of Naturopaths of Ontario

Materials Redacted

Page redacted pursuant to paragraph (2) of section 7(2) of the Health Professions Procedural Code. The materials include personnel related materials that are personal information to the individual to whom they pertain.

The Council will be moving to an in camera session to discuss these materials pursuant to paragraph (2) of section 7(2) of the Health Professions Procedural Code

Pages 496 through 503 have been redacted.



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The College of Naturopaths of Ontario

BRIEFING NOTE Capital and Operating Budgets for 2021-2022

PURPOSE: To consider the draft Capital and Operating Budgets for the fiscal year April 1, 2021 to March 31, 2022, and to consider whether any changes to the Registration fees for the coming fiscal year are warranted.

OUTCOME Decision on Capital and operating budgets, Registration fees and payment plans.

NATURE OF DECISION Strategic Regulatory Processes & Actions Other: Financial

PROCESS:

Activity:	Presentation, discussion.		
Results:	Decision on fees and payment plan, direction on the budget.		
Overall Timing:	35 minutes		
Steps/Timing:	1.	An overview of each of the two budgets will be presented by the CEO.	10 minutes
	2.	Discussion of the key implications of the draft budgets.	10 minutes
	3.	Q&A, discussion by Council.	10 minutes
	4.	Motion/Acceptance	5 minutes

BACKGROUND:

Each year in January, the Senior Management Team typically presents an Operational Plan as well as an Operating Budget and Capital Budget in support of that plan and the on-going infrastructure of the College.

Due to on-going irregular¹ operations within the College, the Operational Plan is not yet completed; however, the activities that will be included will be those that are on-going from the last year and the Governance Review implementation activities.

The draft Capital Budget for 2021-2022, along with two years of estimates, is attached to this briefing note as Appendix 1 for the Council's consideration.

The draft Operating Budget for 2021-2022, and two additional years of estimates is attached to this briefing note as Appendix 2 for the Council's consideration.

¹ College operations are irregular due to several factors including: COVID-19 and remote operations, medical leave of the Director of Communications (role being filled by CEO), and parental leave of Director of Operations (role being partly filled by CEO).

DISCUSSION POINTS:

Budget Timing

Normally, the budget is presented to the Council for acceptance in January in order to have a budget in place prior to the start of the fiscal year to which it applies. Under the Council's former quarterly meeting schedule, the January meeting represented the last opportunity to meet this objective.

Now that the Council has moved to a six-meeting cycle, the March meeting now represents the final opportunity to have the budget accepted prior to the start of the next fiscal year.

This means that the Council should not feel pressured to accept this budget and, depending on decisions surrounding registration fees, the CEO may prefer to take the budget back to the finance and senior staff members for revisions prior to re-presenting it for acceptance.

Capital Budget

A Capital Budget is a budget allocating money for the acquisition or maintenance of fixed assets such as land, buildings, and equipment (Oxford Dictionary). A simplistic view of a Capital Budget is that the purchases made are added to the College's asset list and are depreciated over a defined period.

In the coming year, capital expenditures have only been identified for computer equipment that has been noted as at or will hit the estimated life expectancy. Each computer or other electronic equipment is purchased and is assigned a timeframe by which it is expected to fail. The intent is to maximize the lifespan but to replace the equipment prior to failure.

The only other equipment to be replaced is the dishwasher which will only be replaced once there is a clear indication that the College will be ending its remote operations.

Regardless of whether we purchase this equipment, the funds to enable the replacements as they are needed must be included in the Capital Budget.

The total Capital Budget (Appendix 1) for 2021-2022 is \$9,200, over \$10,000 less than the \$19,400 set out last year.

Operating Budget

The total Operating Budget (Appendix 2) for 2021-2022 is as follows:

Revenue	\$3,323,039
Expense	<u>\$3,454,234</u>
Net Result	\$(131,195)

Revenues

Revenues have been calculated using the following high-level assumptions.

- Registration fees will be returned to their normal level, although the CPI increase would not be added for this year. Please see section below addressing fees.
- Applications for Registration will be as they would normally be on an annual basis, as would the issuance of initial applications.
- Examinations will run as normal with the typical number of candidates per session as the College has seen with regularity prior to COVID-19, and a small increase has been noted for those who may not have been able to complete examinations that were cancelled in the prior year.

- Inspections will be delivered as normal for new premises and the first of the 5-year inspections will be initiated.
- Professional corporations will continue to grow in number, albeit a small growth, but existing corporations will renew.

As Chief Executive Officer, I must note for the Council that these revenues have been developed based on a high degree of “normalcy” that may not yet exist. COVID-19 will continue to impact our operations and revenues well into the fall until a large percentage of the population is vaccinated. As of today, that is expected to be September 2021, but it would be foolhardy not to expect that this timeframe may slip.

Unfortunately, no degree of “crystal balling” will be able to shed light on what is about to happen. As a result, we need to contemplate risk mitigation approaches. One mitigation approach is to guarantee the revenue that is available to us, such as Registration fees from renewals.

Expenses

Expenses have been calculated using the following high-level assumptions.

- Council and all Committees will predominantly meet via Zoom, with an allocation made for one in-person meeting for training for Council and ICRC (dependent on government restrictions). This significantly reduces meeting expenses such as travel, accommodations and meals.
- Allocations for training have been increased as there is a need for training (and re-training) in unconscious bias, human rights etc.
- Hearing costs have been increased based on an analysis of the matters currently before the ICRC and the likelihood of a referral. The complexities of these cases have also been taken into consideration.
- ICRC program costs have been increased in the area of external consultants (investigators) again due to the increasing complexity of the matters under investigation.
- Under operations, legal fees have been increased based on the experience of the past year.
- Rent costs have remained essentially the same as the College is committed to the current lease until the end of February 2023; however, the timing will allow the College to consider what the future footprint of the College will need to be given our experience of working from home.
- Staff salaries and benefits have been increased by both an inflationary factor, as well as pay-for-performance bonus or salary increases to ensure that the College remains as competitive as possible in order to retain its staff.
- Important regulatory processes, including Peer & Practice Assessments and Inspections have been included in the budget on the assumption that the current lockdown will be lifted in February or March.
- Website programming has been completed, although a small allocation has been included for the final programming of the College’s new database, as well as for necessary upgrades and programming adaptations.

Registration Fees

The College is aware that many Registrants have been asking what, if anything, the College will do with its fee structure for the coming registration year (April 1, 2021 to March 31, 2022). In the prior fiscal year, the College reduced Registration fees by 40% and deferred payment until late September due to the COVID-19 pandemic. This was primarily because in early March, all non-essential services by regulated health professions were halted.

There are several considerations for the Council in contemplating any fee reduction for the coming registration year.

Approach of other Colleges

An analysis of the data from other regulatory Colleges and any changes made to fees indicates that two Colleges reduced fees, CONO (by 40%) and the College of Medical Radiation and Imaging Technologist of Ontario (by \$90). Several Colleges deferred payments and several more instituted payment plans.

Overwhelmingly, most Colleges did not change fees and there is no indication that any fee reductions are being undertaken for the next fiscal year.

Approach of the Associations

As part of the development process, the College has contacted both the Canadian Association of Naturopathic Doctors (CAND) and the Ontario Association of Naturopathic Doctors (OAND) about what they might be considering.

The CAND advised that they have not changed their fees in some time and will not do so for 2021.

The OAND has advised that they have taken several measures:

- The discounted membership rate for NDs in first and second year of practice has been extended so both groups remain at their discounted rate for another year.
- NDs in their first year of practice have been provided an offset in credit for CE courses from the OAND.
- All other membership fees for all other NDs have remained unchanged, that is, no fee increases of any kind.

College's Reserves

As noted elsewhere in this briefing, the anticipated deficit for the current fiscal year is projected to be within the range of \$600,000 to \$700,000. Actual projections are estimating a deficit of \$668,000.

When the question of a fee reduction was discussed at the Council meeting in April 2020, it was estimated that the deficit would result in a loss of \$935,000 if the pandemic went on for a lengthy period. Compared to those original estimates, the College has fared well, overall; however, much of the difference is due to having received \$350,000 in funding from the federal government.

Funding for a deficit of \$668,000 comes from the College's reserves which we now project to be reduced from \$2.46 million to \$1.79 million after accounting for the projected deficit in the current fiscal year.

Reserve Policy (EL17)

In October 2020, the Council approved a new Executive Limitations Policy requiring that specific Restricted Reserve Funds be established and maintained at specific ranges. These include:

Restricted Reserve Fund	Target Range	Current Amount
Investigations and Hearings	\$1,000,000 to \$2,000,000	\$0
Patient Relations	\$100,000	\$89,704
Succession Planning	\$50,000	\$0
Business Continuity	\$3,000,000 to \$4,000,000	\$75,385
Total Restricted Reserves	\$4,150,000 to 6,150.000	\$165,089

The College is expected to have a minimum of \$4,150,000 in the Restricted Reserve Funds. As noted above, as of the date of preparing this briefing note, the current Restricted Reserves are \$165,089 and Unrestricted Reserves are at \$2.46 million.

In preparation for the close of the third quarter of the current fiscal year, instructions have been relayed to the finance and accounting staff to reallocate those reserves into the specified funds as follows:

- Investigations and Hearings - \$1,000,000
- Patient Relations - \$0²
- Succession Planning - \$50,000
- Business Continuity - \$1,000,000.

This leaves \$417,386 in Unrestricted Reserves (retained earnings).

The Council will be asked to provide funding for the current deficit from the Business Continuity Fund, the purpose for which the fund exists. This will leave \$332,000 in that fund moving into the next fiscal year.

Regulatory Experience of the College during COVID-19

As Council members are aware, the circumstances impacting the profession and regulatory Colleges are evolving. That said, the College needs to reflect upon its experience in this past year, including the following observations.

- Regulatory work was reduced last year, primarily the Peer & Practice Assessments and Inspections. Both programs must be reinstated moving forward in order for the College to properly meet its mandate.
- Regulatory work in other areas, including Complaints, Reports, Discipline and Examinations has increased over the past year, due in part to the pandemic.
- Staff willingly gave up any pay-for-performance increases or bonuses for the best interest of the College last year. It would be unfair to ask the staff to do this for a second year in a row, especially given the increased workloads in many areas. It is of critical importance that the College retains the staff team it has in place at this time given the skills of these people. Failure to adjust salaries will likely result in an increased level of staff turnover.

The primary rationale for providing a fee reduction in April 2020 was due to the profession being prohibited from practicing. Today, the profession can provide health care services to the public, albeit primarily on a remote basis but in-person when it is essential to do so. The current stay at home order is exempted for health services so Ontarians can and will continue to seek those services.

² In accordance with EL17, just prior to the close of this current fiscal year, the Patient Relations Fund will be topped up with \$10,296 from the Unrestricted Reserve Funds.

Payment Plan Recommendation

Prior to the Council deliberating what relief it might consider for the profession, a recommendation is now being brought forward to allow the Chief Executive Officer to institute a payment plan for Registrants that does not comply with the College's by-laws.

The College, having moved to a new database system, has access to a more streamlined pre-authorized debit system than previously available. The CEO would like to launch a new payment plan program, however, to make it more advantageous to the Registrants and more of a COVID-19 offset, Council is being asked to accept the following proposed program changes:

- Section 18.04 of the by-laws requires that the Registration fees set out in Schedule 3 of the by-laws be adjusted by the Consumer Price Index –
 - It is proposed that this adjustment, albeit minor, be waived.
- Paragraph (i) of section 18.08 (Payment Schedules) requires that 35% of the annual fee for the coming year be paid by March 20th –
 - It is proposed that this be waived for the coming year, instead, the College will collect pre-authorized debits on a straight line of 10 equal payments, being made on the 5th day of each month, beginning in April 2021.
- Paragraph (ii) of section 18.08 requires the CEO to designate the amount of payments to be made –
 - The payments will be in the amounts of \$160.90 for Registrants who hold a General Class certificate of registration and \$80.70 for Registrants who hold an Inactive Class certificate of registration.
- Paragraph (iv) of section 18.08 requires that a Registrant who wishes to participate in the program must pay an enrolment fee as set out in the by-laws. That fee is currently set at \$153 –
 - It is proposed that this fee will be waived, and that no enrolment fee will be charged in the coming registration year.
- Finally, the Operating Policies of the College do not permit a Registrant who has previously participated in the program and who has defaulted in making a payment to participate in the program –
 - It is proposed that this requirement also be waived.

Other rules surrounding the payment plan will remain in place, including the following conditions of a default in payment:

- Any default of payment will result in a \$35 insufficient funds fee be levied.
- Default of any fee will result in all remaining fees being due to be paid within 30 days.
- Nonpayment of the fees within the 30 days will result in the suspension of the Registrant for non-payment of fees.

Registrants will not be obligated to participate in the payment plan; however, they will be given the opportunity to do so upon logging into the website to renew their Registration.

Options for consideration

The primary responsibility of the Council is to ensure that the College continues to exist and can perform its role as mandated in legislation. The College exists to serve the public interest and enhance patient safety.

In light of these and other circumstances described in this briefing note, the Council may wish to consider several avenues for the College to continue to provide some relief to the profession.

The College's reserves are not depleted and the projected deficit for next year's budget is sufficiently low that it can be accommodated within the reserves. Council does have some

flexibility in terms of how it might wish to proceed, although it should be noted that a second 40% reduction would all but deplete the reserve funds.

Another important factor to note when considering various levels of discounting Registration fees for the coming year, it would also mean that the College will not be able to allocate any monies to any of the new or existing Restricted Reserve Funds or Operational Reserve Funds, as the College will not be generating a surplus.

What Council may also wish to consider is the amount of funds that remain in the Business Continuity Fund (\$332,000) and whether it wishes to provide this as a form of Registration fee relief to the profession.

Should Council wish to essentially deplete what remains in the Business Continuity Fund, then it might approach the situation by providing at reduction of \$200 for Registrants in the General Class and \$100 for Registrants in the Inactive Class:

Class	# in Class	Discount	Cost by Class
GC	1524	\$200	\$304,000
IN	155	\$100	\$15,500

This would leave \$12,500 in the Business Continuity Fund which would be used to offset the Registration fees of new Registrants in the coming year. The following table sets out the overall costs of the discount for varying amounts of discounts on the fees.

Class	-\$200/-100	-\$175/-75	-\$150/-50	-\$125/-25	-\$100/\$0
GC (1524)	\$304,000	\$266,700	\$228,600	\$190,500	\$152,400
IN (155)	\$15,500	\$11,625	\$7,750	\$3,875	\$0
Total	\$319,500	\$278,325	\$236,350	\$194,375	

ANALYSIS

Risk Assessment – The following is a more comprehensive risk assessment. Please refer to the attached document Understanding the Risk Analysis Terminology for information.

Risk Category	Risk Type	Assessment
Hazard	People	Not applicable in this matter.
	Property	Not applicable in this matter.
	Liability	Not applicable in this matter.
	Net Income Loss	Not applicable as Net Income loss based on declining revenues is not the result of a hazard (peril).
Operational	People	As budgets include salary dollars, there is always a risk that the College is not able to keep up to the compensation levels of the employment market pay and loss of personnel may occur.
	Process	Launching a payment plan in a new system will require a new process and the risk of error exists.
	Systems	The new database will process payment plans and there is a low risk that the new system might fail.
	External events	Payment processing will rely on the bank to properly process and report on the receipt of funds. Registrants to ensure monies are in account on pre-set day of monthly withdrawals.
Financial	Market	Declining interest rates result in a lower return on the College’s investments. The budget is not largely reliant on these revenues. Additionally, the College is

		subject to changes in the market as they impact the profession. Should the government shut down the health care sector again, there is risk to the College’s funding, in particular as it relates to the credit risk described below.
	Credit	The introduction of the payment plan makes the College a creditor and subjects the College to a risk of default in payment. The role of the College does provide it with sufficient leverage such that there is no history of loss in this regard.
	Price	Not applicable in this matter.
Strategic	Economic Environment	The College is subject to changes in the economic environment based on the ability of the profession to provide services to patients, overall market sustainability could impact the profession and therefore the College.
	Demographics	Under normal circumstances, the number of Registrants will grow annually by a small amount as the number of new Registrants exceeds the number of retiring/resigning Registrants. This may change in the future with an aging population.
	Political	The political environment has a degree of instability and uncertainty due to the COVID-19 pandemic and a lack of clarity as to which measures the government may take and their impact on the economy and health care.
	Reputation	Some Registrants may be once again looking to the College for fee relief and failure to do so may impact how they view the College. The public and government could interpret providing the profession fee relief, in particular if it jeopardized the sustainability of the College, as evidence that the College is acting in the profession’s interest as opposed to the public interest. On the other hand, not taking actions to ensure the long-term sustainability of the profession could negatively impact the College’s reputation among naturopathic patients.

Privacy Considerations – The way the budget is presented ensures that there are no privacy implications. These may have arisen if the materials disclosed compensation rates for College personnel and providers.

Transparency – The discussion in this briefing provides the reader and the public with appropriate information, full disclosure (through public release of the briefing and discussion of Council that will be open to the public) of relevant information in a timely way. The briefing provides the context for the information and the often-competing factors which the Council must weigh in arriving at a decision. Please see the attached document Understanding the College’s Commitment to Transparency.

Financial Impact – This budget briefing sets out above the financial implications of the budget for the next fiscal year.

Public Interest – Budgets are operating road maps, and any budget must speak to the overall financial standing, revenues and expenses for the organization which in turn allows the reader to deduce whether the College is sustainable in the long term. The public interest is best served if the College's budget can demonstrate the sustainability of the organization.

RECOMMENDATIONS

It is recommended that the Council approve the waiving of the specific by-law provisions with respect to the proposed payment plan for Registrants.

It is recommended that the Council consider the financial information provided and make a final determination of whether it wishes to provide relief for Registrants in the form of changes to the Registration fees.

Andrew Parr, CAE
Chief Executive Officer
January 25, 2021



The College of Naturopaths of Ontario

CAPITAL BUDGET 2021-2022

	2021-2022		2022-2023		2023-2024	
Computer Equipment						
Laptop (with docking station) - 1	\$	2,700.00	Laptop (with docking station) - 5	\$13,500.00	Laptop (with docking station) - 6	\$ 16,200.00
Power Back Up-1	\$	1,200.00	Labour/Deployment	\$1,500.00	Labour/Deployment	\$ 1,800.00
Wifi Wireless Access Points-2	\$	600.00	Desktop Printers-1	\$1,000.00	Monitors-2	\$ 600.00
Computer Accessories (mice, keyboards, headsets, etc.)	\$	1,000.00	Computer Accessories (mice, keyboards, headsets, etc.)	\$1,000.00	Computer Accessories (mice, keyboards, headsets, etc.)	\$1,000.00
Labour/Deployment	\$	300.00	Monitors-2	\$ 600.00		
Monitors-3	\$	900.00				
Desktop Printers-1	\$	1,000.00				
Total Comp Equip		<u>\$ 7,700.00</u>		<u>\$ 17,600.00</u>		<u>\$ 19,600.00</u>
Furniture and Fixtures						
Dishwasher-1	\$	<u>1,500.00</u>	Office Chairs--10	\$ 8,500.00	Guest/Reception Chairs-6	\$ 1,500.00
					Misc New Furniture	\$ 20,000.00
Total Furnit. & Fixtures		<u>\$ 1,500.00</u>		<u>\$ 8,500.00</u>		<u>\$ 21,500.00</u>
Total Budget		<u>\$ 9,200.00</u>		<u>\$ 26,100.00</u>		<u>\$ 41,100.00</u>

Please note in 2023-2024 additional costs have been allocated to furniture and fixtures due to College being in a new office space



The College of Naturopaths of Ontario

OPERATING BUDGET

	2020-2021		2021-2022		2022-2023	
	Budget	% of Bud.	Estimate	% of Est.	Estimate	% of Est.
REVENUES						
Registration and member renewal fees	\$ 2,877,889	87%	\$ 2,975,281	85%	\$ 3,075,942	85%
Examination fees	\$ 292,000	9%	\$ 292,000	8%	\$ 340,000	9%
Deffered capital funding	\$ -	0%	\$ -	0%	\$ -	0%
Incorporation fees	\$ 23,150	1%	\$ 24,950	1%	\$ 26,150	1%
Ordered costs recovered	\$ 16,000	0%	\$ 16,000	0%	\$ 16,000	0%
Inspection fees	\$ 110,000	3%	\$ 170,000	5%	\$ 160,000	4%
Interest	\$ 4,000	0%	\$ 4,000	0%	\$ 10,000	0%
TOTAL REVENUES	\$ 3,323,039		\$ 3,482,231		\$ 3,628,092	
EXPENSES						
Salaries and benefits	\$ 1,621,321	47%	\$ 1,774,268	47%	\$ 1,779,936	50%
Rent and utilities	\$ 307,052	9%	\$ 315,404	8%	\$ 198,728	6%
Office and general	\$ 156,134	5%	\$ 191,728	5%	\$ 204,182	6%
Consulting fees						
Consultants - general	\$ 19,600	1%	\$ 94,800	3%	\$ 9,800	0%
Consultants - complaints and inquiries	\$ 128,000	4%	\$ 128,000	3%	\$ 128,000	4%
Consultants - assessors/inspectors	\$ 53,700	8%	\$ 76,200	8%	\$ 89,700	8%
Exam fees and expenses	\$ 267,703	8%	\$ 283,124	8%	\$ 290,261	8%
Legal fees						
Legal fees - general	\$ 43,432	1%	\$ 45,391	1%	\$ 46,343	1%
Legal fees - complaints	\$ 101,572	3%	\$ 102,279	3%	\$ 103,087	3%
Legal fees - discipline	\$ 276,000	8%	\$ 243,000	6%	\$ 168,000	5%
Council fees and expenses	\$ 200,934	6%	\$ 186,059	5%	\$ 182,796	5%
Hearings (Discipline, Fitness to Practise)	\$ 34,619	1%	\$ 42,367	1%	\$ 26,228	1%
Amortization/Depreciation	\$ 16,715	0%	\$ 20,526	1%	\$ 24,952	1%
Insurance	\$ 31,000	1%	\$ 31,620	1%	\$ 32,253	1%
Equipment maintenance	\$ 48,380	1%	\$ 49,356	1%	\$ 110,392	3%
Audit fees	\$ 16,500	0%	\$ 17,160	0%	\$ 17,846	1%
Public education	\$ 106,695	3%	\$ 129,571	3%	\$ 101,130	3%
Education and training	\$ 22,966	1%	\$ 17,737	0%	\$ 21,661	1%
Printing and Postage	\$ 1,912	0%	\$ 2,013	0%	\$ 2,053	0%
TOTAL EXPENSES	\$ 3,454,234		\$ 3,750,603		\$ 3,537,347	
EXCESS OF REVENUES OVER EXPENSES	\$ (131,195)		\$ (268,372)		\$ 90,745	

UNDERSTANDING THE RISK ANALYSIS TERMINOLOGY

The risk analysis provided to Council as part of its briefing process is becoming more sophisticated. New terminology will begin to be introduced that may be unfamiliar to many Council members and stakeholders. The table below provides information to allow a reader to interpret the information being provided.

RISK CATEGORY	Risk Type	Type Description	Indicators
HAZARD	People	Loss of key people.	Sudden and unforeseen loss of CEO or senior staff due to resignation, retirement, death or illness.
	Property	Damage or destruction.	Property damage due to fire, weather event, earthquake etc.
	Liability	Claims, and cost of defense claims.	Cost of defending a liability claim or awards paid due to a liability claim.
	Net Income Loss	Net Income loss from hazards.	Loss of Net Income (after expenses) from any of the above noted hazard risks.
OPERATIONAL	People	Risks from people selected to run an organization.	Education, professional experience, staffing levels, employee surveys, customer surveys, compensation and experience benchmarking, incentives, authority levels, and management experience.
	Process	Procedures and practices of an organization.	Quality scorecards, analysis of errors, areas of increased activity or volume, review of outcomes, internal and external review, identification of high-risk areas, and quality of internal audit procedures.
	Systems	Technology or equipment owned by an organization.	Benchmark against industry standards, internal and external review, and analysis to determine stress points and weaknesses.
	External Events	Failure of others external to an organization.	Suppliers unable to provide or deliver supplies, or consultants unable to complete projects on time or on budget.

FINANCIAL	Market risk	Currency price, interest rates, commodity price, equity price, and liquidity risk.	Interest rates, savings, and return on investments.
	Credit risk	Risk of people in an organization lent money to defaulting.	If the College were to lend money or credit to Registrants, the risk of defaulting.
	Price risk	Risk of prices of an organization's products or services, price of assets bought or sold by an organization.	Price increases of supplies, consultants, and personnel.
STRATEGIC (external to an organization)	Economic environment	GDP changes, inflation, financial crises, and international trade.	GDP, CPI, and Interest rates.
	Demographics	Changing landscape of people, i.e., aging.	Aging population, lower birth rates.
	Political	Changes in the politics where an organization operates.	Changes in government or government policy, locally, regionally, or nationally.
	Reputation	Damage to the reputation of the organization based on decisions taken or perils encountered.	Confidence and trust of stakeholders, the public, and Registrants.

UNDERSTANDING THE COLLEGE'S COMMITMENT TO TRANSPARENCY

To help protect the public, the College and its Council are committed to transparency. This means providing Ontarians with the tools to make informed decisions, and ensuring that our own decision-making processes are easily understood.

The College and its Council have adopted the Transparency Principles developed by the Advisory Group for Regulatory Excellence (AGRE), a working group of health regulators, as the framework for its decisions.

The following table summarizes the transparency principles adopted by the Council.

Principle	Description
Information to foster trust.	The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.
Improved patient choice and accountability.	Providing more information to the public has benefits, including improved patient choice and increased accountability for regulators.
Relevant, credible, and accurate information.	Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible, and accurate.
Timely, accessible and contextual.	In order for information to be helpful to the public, it must be; a) timely, easy to find, understandable and, b) include context and explanation.
Confidentiality when it leads to better outcomes.	Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.
Balance.	Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.
Greater risk, greater transparency.	The greater the potential risk to the public, the more important transparency becomes.
Consistent approaches.	Information available from Colleges about Registrants and processes should be similar.



The College of Naturopaths of Ontario

**Council Meeting
January 27, 2021**

**Teleconference
APPROVED MINUTES**

Council	
Present	Regrets
Ms. Asifa Baig (3:3) *	Dr. Tara Gignac, ND (3:4)
Dr. Kim Bretz, ND (4:4)	
Dr. Shelley Burns, ND (4:4)	
Mr. Dean Catherwood (4:4)	
Mr. Brook Dyson (1:1)	
Ms. Lisa Fenton (4:4)	
Dr. Brenda Lessard-Rhead, ND (Inactive) (4:4)	
Dr. Danielle O'Connor, ND (4:4)	
Ms. Sarah Griffiths-Savolaine (2:2)	
Dr. Jacob Scheer, ND (4:4)	
Dr. Jordan Sokoloski, ND (4:4)	
Dr. George Tardik, ND (4:4)	
Staff Support	
Mr. Andrew Parr, CAE, CEO	
Ms. Erica Laugalys, Director, Registration & Examinations	
Mr. Jeremy Quesnelle, Deputy CEO	
Ms. Monika Zingaro, Administrative Assistant Operations	
Guests	
Ms. Rebecca Durcan, Legal Counsel	

*Attended between 9:00 a.m. – 10:30 a.m.

1. Call to Order and Welcome

The Chair, Dr. Kim Bretz, ND, called the meeting to order at 9:05 a.m. She welcomed everyone to the meeting and recognized new Public member Mr. Brook Dyson. The Chair also noted that the meeting was being live streamed via YouTube to the College's website. As a result, any observers were directed to that feed as opposed to logging into the Zoom meeting.

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:	Brenda Lessard-Rhead
SECOND:	George Tardik
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 presented.
MOVED:	Danielle O'Connor
SECOND:	Sarah Griffiths-Savolaine
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 the Annual Conflict of Interest Questionnaires completed by Council members has been included to increase transparency and accountability initiatives, and to align with the College Performance Measure Framework launched by the Ministry of Health. An error with respect to the listing of Ms. Sarah Griffiths-Savolaine was noted and would be corrected for the next meeting.

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:	Jacob Scheer

SECOND:	Lisa Fenton
CARRIED.	

4.02 Report on Operations from the CEO

The Report on Operations from the CEO was circulated in advance of the meeting. Mr. Andrew Parr, CEO, identified misspellings of Ms. Sarah Griffiths-Savolaine's name in the report and apologized. He also highlighted several activities underway and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Report on Operations from the CEO as presented.
MOVED:	Shelley Burns
SECOND:	Brenda Lessard-Rhead
CARRIED.	

5. Council Governance Policy Confirmation

5.01 Review/Issues Arising

5.01(i) Detailed Review – 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(ii) Executive Limitations Policies

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

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) – Council-Registrar Linkage Policies

Council members were asked if there were any Council members who wished to discuss the Council-Registrar Linkage Policies. Dr. Jordan Sokoloski, ND, provided a brief overview of the amendments being presented and responded to any questions that arose during the discussion. A detailed review of the proposed amendments to the policies and Council's acceptance will take place during Agenda Item 6.04.

6. Business

6.01 Proposed by-law Changes

A briefing note highlighting the proposed amendments to the College's by-laws and corresponding document were circulated to the members of the Council in advance of the meeting. Mr. Parr advised the Council that during the consultation of the by-laws no feedback or concerns were received from the College's Stakeholders or Registrants.

Mr. Parr also briefed the Council on issues that have arisen in an analysis of the by-law changes when compared to panel requirements set out in the Code. He was therefore recommending some further changes to the composition requirements set out in section 13 of the by-laws to meet these requirements.

Finally, Mr. Parr identified an issue relating to the Quality Assurance Committee which, although it does not meet in panels and although the Code has no panel composition requirements, such requirements are set out in the Quality Assurance Regulation made under the *Naturopathy Act, 2007*. After a discussion, the consensus of the Council was that the requirements set out in the regulation should also be incorporated into the by-laws.

MOTION:	To approve the proposed by-laws changes as presented.
MOVED:	Jordan Sokoloski
SECOND:	Danielle O'Connor
CARRIED.	

MOTION:	To further amend paragraph (i) of sections 13.02, 13.03, 13.05 of the by-laws to read "at least one Council member who is a Public member and any number of additional Council members".
MOVED:	Brenda Lessard-Rhead
SECOND:	Asifa Baig
CARRIED.	

MOTION:	To further amend paragraph (i) of section 13.06 of the by-laws to read "at least one Council members who is a Public member and at least one Registrant who is a Council member".
MOVED:	Shelley Burns
SECOND:	Jacob Scheer
CARRIED.	

MOTION:	To further amend paragraph (i) of section 13.04 of the by-laws to read "at least two Council members who are Public members and at least one Registrant who is a Council member".
MOVED:	Lisa Fenton
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.02 Executive Committee Vacancies

The Chair informed the Council members that due to the Minister's decision not to re-appoint Mr. Barry Sullivan and Ms. Dianne Delany to the Council, the Executive Committee does not currently have a Council Vice-Chair and the Executive Committee is also missing an Officer-

at-Large (Public member). However, the Committee remains properly constituted with the three remaining members, and the Committee's role moving forward has been reduced to meeting at the call of Chair for urgent matters.

Therefore, the Council may wish to leave the two vacancies unfilled until the election in May 2021 or hold an election during the March 2021 meeting. The Chair reviewed the various challenges in moving forward and the timeframe until the next regular election of the Executive Committee.

After a discussion, the consensus of the Council was to proceed to hold a supplemental election for the Executive Committee vacancies at the March Council meeting.

MOTION:	To hold an election at the March 2021 Council meeting to elect a Council Vice-Chair and/or Officer-at-Large (Public member) to the Executive Committee of the Council of the College.
MOVED:	Brenda Lessard-Rhead
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

6.03 Public Member, Public Representatives and CEO Performance Review Panel Appointments

The Chair reviewed in detail the briefing note distributed to Council in advance of the meeting and highlighted seven recommendations set out in the briefing note for Council to consider. The Chair responded to any questions or concerns that arose during the discussion that followed.

It was noted that the Vice-Chair position, in association with the CEO Performance Review Panel, will be filled after the election in March.

MOTION:	To amend the composition requirements set out in the Terms of Reference of the Governance Policy Review Committee to read as "any number of Registrants who are not Council members". The Governance Policy Review Committee shall be appointed by the Council and shall be comprised of at least two (2) but as many members as the Council deems appropriate, including: (i) One (1) or more Council members. (ii) Any number of Registrants who are not Council members. (iii) Any number of Public Representatives as defined in the by-laws.
MOVED:	Brenda Lessard-Rhead
SECOND:	Shelley Burns
CARRIED.	

MOTION:	To appoint Public member Mr. Brook Dyson to the Discipline Committee and the Fitness-to-Practise Committee.
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MOVED:	Jacob Scheer
SECOND:	George Tardik
CARRIED.	

MOTION:	To appoint Mr. Barry Sullivan as a Public Representative to the Quality Assurance Committee (as Chair), the Governance Policy Review Committee (as Chair), and to the Inquiries, Complaints and Reports Committee.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Jordan Sokoloski
CARRIED.	

MOTION:	To appoint Ms. Dianne Delany as a Public Representative to the Governance Committee, the Examination Appeals Committee, the Discipline Committee and the Fitness-to-Practise Committee.
MOVED:	Shelley Burns
SECOND:	Jacob Scheer
CARRIED.	

MOTION:	To appoint Dr. Rick Olazabal, ND, as a Registrant to the Examination Appeals Committee.
MOVED:	Brenda Lessard-Rhead
SECOND:	Danielle O'Connor
CARRIED.	

MOTION:	To appoint the Council Chair, Dr. Kim Bretz, ND, Dr. Brenda Lessard-Rhead, ND (Inactive), and Ms. Sarah Griffiths-Savolaine, to the CEO Performance Review Panel.
MOVED:	Jacob Scheer
SECOND:	Shelley Burns
CARRIED.	

MOTION:	To appoint Mr. Dean Catherwood to the Quality Assurance Committee as a Public member.
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MOVED:	Brenda Lessard-Rhead
SECOND:	Lisa Fenton
CARRIED.	

6.04 Council Governance Policy Changes

A briefing note highlighting the proposed amendments to the Council Registrar Linkage policies, Governance policies GP04, GP06 and GP08, Committee Terms of Reference, and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Jordan Sokoloski, ND, provided a detailed review of the amendments and responded to any questions or concerns that arose during the discussion that followed.

Mr. Parr also reviewed some additional changes to the Terms of Reference based on the earlier discussions surrounding the Quality Assurance Committee composition, to require at least one Public member and at least one Registrant who is on the Council. Mr. Parr also identified a typographical error in the Audit Committee Terms of Reference.

MOTION:	To approve the proposed amendments to the Council Registrar Linkage policies as presented.
MOVED:	Danielle O'Connor
SECOND:	Shelley Burns
CARRIED.	

MOTION:	To approve the proposed amendments to GP04, GP06 and GP08 as presented.
MOVED:	Sarah Griffiths-Savolaine
SECOND:	Jacob Scheer
CARRIED.	

MOTION:	To approve the proposed amendments to the Committee Terms of Reference as amended.
MOVED:	Shelley Burns
SECOND:	Dean Catherwood
CARRIED.	

MOTION:	That the Council authorizes the Chief Executive Officer, subject to review and approval of the Governance Policy Review Committee, to amend all governance policies to reflect the changes in terminology set out in the by-laws, including changes to make all language gender neutral and to make such housekeeping
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	changes to ensure that the wording is grammatically correct and understood and to correct any other grammatical and typographical errors that might be identified.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

6.05 Amended Ontario Biomedical Exam Blueprints

A briefing note highlighting the proposed amendments to the Ontario Biomedical Exam Blueprints and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Danielle O'Connor, ND, provided a detailed review of the changes and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the Ontario Biomedical Exam Blueprints as presented.
MOVED:	Lisa Fenton
SECOND:	Jordan Sokoloski
CARRIED.	

6.06 Amended PLAR Program Policy

A briefing note highlighting the proposed amendments to the PLAR Program Policy and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Danielle O'Connor, ND, provided a detailed review of the changes and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the PLAR Program Policy as presented.
MOVED:	Lisa Fenton
SECOND:	George Tardik
CARRIED.	

6.07 Amended PLAR Appeals Policy

A briefing note highlighting the proposed amendments to the PLAR Appeals Policy and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Danielle O'Connor, ND, provided a detailed review of the changes and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the PLAR Appeals Policy as presented.
MOVED:	Jacob Scheer
SECOND:	Brenda Lessard-Rhead

CARRIED.	
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6.08 Amended Language Proficiency Policy

A briefing note highlighting the proposed amendments to the Language Proficiency Policy and the corresponding documents were circulated to the members of the Council in advance of the meeting. Dr. Danielle O'Connor, ND, provided a detailed review of the changes and responded to any questions or concerns that arose during the discussion that followed.

MOTION:	To approve the proposed amendments to the Language Proficiency Policy as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

6.09 College Performance Measure Framework Briefing

A briefing note highlighting the newly developed Framework and the corresponding documents were circulated to the members of the Council in advance of the meeting. Mr. Parr provided the Council with information of how the new reporting framework for health regulatory Colleges from the Ministry of Health will enable all Colleges to report on the same performance measures, while also indicating areas for improvement and how the public's interest is being protected.

This report will be presented to Council during their March meeting for approval before submission to the Ministry.

6.10 Review of Existing College Reporting Frameworks

A briefing note highlighting all of the current College reports Council receives throughout the year and the corresponding documents were circulated to the members of the Council in advance of the meeting. Mr. Parr explained in detail the information presented within each report and responded to any questions or concerns that arose during the discussion that followed.

Going forward, the Council agreed to receive the CEO's Report on the Operational Plan twice a year, once half-way through the fiscal year and then at the end of the fiscal year. In addition, the revised CEO's Report on Operations, following the briefing note's Appendix 2 parameters, will be provided at each Council meeting throughout the year.

MOTION:	That the CEO's Report on Operations be revised to report on the parameters as set out in Appendix 2 of the briefing note as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

MOTION:	That the Report on the Implementation of the Governance Plan be eliminated.
MOVED:	George Tardik
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

6.11 Registration Fees – Fiscal Year 2021-22

A briefing note highlighting the College’s proposed draft Capital and Operating Budgets, and Registration fee information and the corresponding documents were circulated to the members of the Council in advance of the meeting. Mr. Parr explained in detail the information presented within the briefing note, including the request for approval to waive the \$153 fee to enroll in the College’s Payment Plan and the initial 35% payment of total fees to be paid. However, it was noted that if a Registrant should miss a payment, they will be required to pay their remaining balance in full within 30 days, if they do not comply, the Registrant may be suspended. Mr. Parr also explained the possibility of reducing the Registration Fee for fiscal year 2021-22 and responded to any questions or concerns that arose during the discussions that followed.

MOTION:	That the CEO be authorized to waive the annual indexing of Registration fees as required under section 18.04 of the by-laws.
MOVED:	Dean Catherwood
SECOND:	Jordan Sokoloski
CARRIED.	

MOTION:	That the CEO be authorized to implement the payment plan without applying paragraphs (i) and (iv) of section 18.08 of the by-laws.
MOVED:	Danielle O’Connor
SECOND:	Jacob Scheer
CARRIED.	

MOTION:	That there will not be a Registration fee reduction for the 2021-22 fiscal year.
MOVED	Jacob Scheer
SECOND	George Tardik
CARRIED	

7. Business Arising from the Governance Review

7.01 Report on the Governance Implementation Plan - #2

Mr. Parr informed the members of Council that out of the 40 recommendations created through the Governance Review and indicated within the Implementation Plan, 45% have been completed, 50% are on-going to-date and 5% have not been started. Furthermore, he

highlighted major accomplishments thus far and responded to any questions that arose during the discussion and reminded everyone that this report will no longer be provided at each Council meeting.

MOTION:	To accept Report #2 on the Governance Implementation Plan.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

8. In-camera Session (Pursuant to paragraph (d) of section 7(2) of the HPPC)

8.01 Motion to Begin In-camera Session

The Chair called the meeting to move to an in-camera session at 3:14 p.m.

MOTION:	To move to an in-camera session pursuant to paragraph (d) of section 7(2) of the Health Professions Procedural Code as the Council will be discussing personnel matters.
MOVED:	Brenda Lessard-Rhead
SECOND:	Sarah Griffiths-Savolaine
CARRIED.	

9. Other Business

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

10. Next Meeting

The Chair noted for the Council that the next regularly scheduled meeting is set for March 31, 2021.

11. Adjournment

11.01 Motion to Adjourn

The Chair asked for a motion to adjourn the meeting. The meeting adjourned at 3:27 p.m.

MOTION:	To adjourn the meeting.
MOVED:	George Tardik
SECOND:	Jacob Scheer

Recorded by: Monika Zingaro
Administrative Assistant, Operations
January 27, 2021

Approved: March 31, 2021