



The College of Naturopaths of Ontario

Draft Agenda – #2020/21-01

Meeting of the Council of the College of Naturopaths of Ontario

Date: April 29, 2020

Time: 09h30-13h00

Location: Council Chamber
College of Naturopaths of Ontario
150 John St., 10th Floor
Toronto, ON
M5V 3E3

Please be advised that our office is a scent free environment

**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
April 29, 2020, 09h30-13h00
Video Conference

DRAFT AGENDA

Sect/No.	Action	Item	Page	Responsible	
1	Call to Order and Welcome				
	1.01	Procedure	Call to Order	--	President
2	Election of Officers and Executive Committee				
	2.01	Election	Position of President	--	Registrar
	2.02	Election	Position of Vice President	--	Registrar
	2.03	Election	Officer-at-Large – Public member (1)	--	Registrar
	2.04	Election	Officers-at-Large – Professional member (2)	--	Registrar
3	Consent Agenda ¹				
	3.01	Approval	(i) Draft Minutes of January 2020 (ii) Committee Reports (iii) Ratification of Executive Committee Decisions (iv) Information Items	4-10 11-24 25 26-53	President
4	Main Agenda				
	4.01	Approval	Review of Main Agenda	3	President
	4.02	Discussion	Declarations of Conflict of Interest	--	President
5	Monitoring Reports				
	5.01	Acceptance	President's Report	54	President
	5.02	Acceptance	Registrar's Monitoring Report	55-106	Registrar
6	Council Governance Policy Confirmation ²				
	6.01	Decision	Review/Issues Arising i. Executive Limitations Policies ii. Council-Registrar Linkage Policies iii. Ends Policies	--	President
	6.02	Decision	Detailed Review (as per GP08) i. Governance Process Policies	--	President
7	Business				
	7.01	Approval	Biomedical Examination (BME) Blueprint	107-117	D. O'Connor
	7.02	Approval	Biomedical Examination Policy	118-122	D. O'Connor
	7.03	Approval	Clinical Science Examination Blueprint Amendments	123-128	D. O'Connor
	7.04	Approval	Committee Appointments	129-133	President
	7.05	Decision	Pandemic Response	134-146	Registrar
8	Other Business				
	8.01	Decision		--	President
9	Next Meeting				
	9.01	Discussion	Next Meeting – Orientation – July 28, 2020 Business Meeting - July 29, 2020	--	President
10	Adjournment				
	10.01	Decision	Motion to Adjourn	--	President

¹ Members of Council may request any item in the Consent Agenda to be added to the main agenda.

² Council Members must bring their Governance Policy Manual (PM) with them to each meeting



The College of Naturopaths of Ontario

Council Meeting
150 John St., 10th Floor
Toronto, Ontario
January 28 & 29, 2020

DRAFT MINUTES

Council		
Present		Regrets
Dr. Kim Bretz, ND (4:4)		Ms. R. Gail Goodman (2:4)
Dr. Shelley Burns, ND (4:4)		
Ms. Dianne Delany (4:4)		
Ms. Lisa Fenton (3:3)		
Dr. Tara Gignac, ND (3:4)		
Mr. Samuel Laldin (3:4)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (4:4)		
Dr. Danielle O'Connor, ND (3:4)		
Dr. Jacob Scheer, ND (3:3)		
Dr. Jordan Sokoloski, ND (4:4)		
Mr. Barry Sullivan (4:4)		
Dr. George Tardik, ND (4:4) (January 29 only)		
Staff Support		
Mr. Andrew Parr, CAE, Registrar & CEO		
Mr. Jeremy Quesnelle, Deputy Registrar		
Ms. Agnes Kupny, Director of Operations		
Ms. Margot White, Director of Communications		
Ms. Monika Zingaro, Administrative Assistant Operations		
Guests		Observers (Jan 29, 2020 only)
Deanna Williams, Facilitator		Mr. Stamatis Kefalianos, COTO
		Mr. John Wellner, OAND

1. Call to Order and Welcome

The President, Dr. Kim Bretz, ND, called the meeting to order at 9:05 a.m. on January 28, 2020. She welcomed everyone to the meeting. She welcomed Deanna Williams, our facilitator for the Governance Workshop portion of the meeting.

Prior to turning over the meeting to Ms. Williams, the President noted that in order to facilitate fulsome discussions and to allow Council the time to contemplate any outcomes from today's Governance Workshop, it has been recommended that the Council move to a Committee of the Whole for these discussions. As such, the full Council would participate as a Committee, Ms. Williams would chair the session and any outcomes would be in the form of recommendations presented to Council.

MOTION:	That the Council of the College resolve itself as a Committee of the Whole for the purposes of discussing governance matters and its own future governance model.
MOVED:	Tara Gignac
SECOND:	Danielle O'Connor
CARRIED.	

2. Governance Workshop

2.01 Format of the Day

Ms. Williams thanked the President and the Council for including her in these discussions. She reviewed the format that would be followed for the discussions.

2.02 Ground Rules

Ms. Williams reviewed the ground rules to be followed for the workshop discussions.

2.03 Re-Cap

Ms. Williams asked the President to recap the Council's purpose and goals of the governance review. The President took some time to speak to the reasons as to why the review was initiated and the emphasis on leadership and excellence in regulation.

2.04 Work Completed to Date

The President quickly reviewed the work completed to-date by the Council, including the extensive research and literature review, the development of the white paper by legal counsel and staff, the presentations by the three regulators who have already undertaken similar work and the various consultations undertaken by the College.

2.05 In-depth Discussion by Topic Area

Ms. Williams walked the Council through the key areas of discussion surrounding governance of regulatory authorities taking time for each item to contemplate the best practices worldwide, what the stakeholders have said about it and what has been done by others. The outcome of these discussions will be summarized in a separate report.

At 4:00 p.m. at the conclusion of the in-depth discussions, the President recessed the meeting until 9:00 a.m. on January 29, 2020.

2.06 Recap and Next Steps

At 9:00 a.m. on January 29, 2020, the President reconvened the meeting. She welcomed Dr. George Tardik, ND, to the meeting. She also welcomed guests from the Ontario Association of Naturopathic Doctors and the College of Occupational Therapists of Ontario.

Ms. Williams resumed the governance workshop and reviewed the outcomes of the discussions from the prior day and responded to several questions.

Next steps were also discussed which would include the preparation of a report and an implementation plan. These would be developed, reviewed by the Executive Committee and presented to the Council for approval in April 2020.

The President thanked Ms. Williams for her hard work facilitating an excellent discussion and her advance work prior to these two days. She asked for a motion to reconvene the Council from the Committee of the Whole.

MOTION:	That the Council now reconvene from the Committee of the Whole for the purpose of conducting its regular business.
MOVED:	Danielle O'Connor
SECOND:	Tara Gignac
CARRIED.	

3. Consent Agenda

3.01 Review of Consent Agenda

The Consent Agenda was circulated to members of Council in advance of the meeting. The President 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:	Sam Laldin
SECOND:	George Tardik
CARRIED.	

4. Main Agenda

4.01 Review of the Main Agenda

A draft of the Main Agenda, along with the documentation in support of the meeting had been circulated in advance of the meeting. The President asked if there were any items to be added to the agenda. The Council members had no items to add, however, the President noted that the Registrar asked that a verbal briefing on the 2019 Novel Coronavirus, to be presented by the Deputy Registrar, be added. The item was added as 7.01.

MOTION:	To approve the Main Agenda as amended.
MOVED:	Barry Sullivan

SECOND:	Dianne Delany
CARRIED.	

4.02 Declarations of Conflicts of Interest

The President asked the Council members if there were any conflicts to declare. No conflicts were declared.

5. Monitoring Reports

5.01 President's Report

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

MOTION:	To accept the President's Report as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Tara Gignac
CARRIED.	

5.02 Registrar's Report

The Registrar's Report was circulated in advance of the meeting. Mr. Parr highlighted several activities underway and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Registrar's Report as presented.
MOVED:	Barry Sullivan
SECOND:	Jordan Sokoloski
CARRIED.	

6. Business

6.01 Operational Plan 2020-2023

The President noted that the next item on the agenda was the draft Operational Plan for 2020-2023 and that a briefing note was included in the materials at page 231 and the draft plan was appended to that briefing. She asked the Registrar & CEO to present the plan.

The Registrar walked the Council through the plan and responded to questions. Clarification was provided on the two Requests for Proposals for the website and database. The extensive amount of work required was also noted by the Registrar & CEO.

MOTION:	To accept the Operational Plan for 2020-2023 as presented.
MOVED:	Danielle O'Connor
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.02 Operating Budget 2020-2023

The President noted that the next item on the agenda was the draft operating budget for 2020-2021. A briefing note was provided at page 280 of the package of materials and a proposed budget for the next fiscal year and estimates for the two subsequent fiscal years were attached to that briefing. She asked Agnes Kupny, Director of Operations, to walk the Council through the materials.

Ms. Kupny presented the highlights of the budget noting that despite several areas of increased costs, including staffing, operating two databases and the addition of the standard cost of living on most line items, she had been able to hold the increase in expenses to \$60,000 by cutting budgets elsewhere. Ms. Kupny responded to several questions from the Council.

MOTION:	To accept the draft Operating Budget for 2020-2021 as presented.
MOVED:	George Tardik
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.03 Capital Budget 2020-2023

At the request of the President, Ms. Kupny continued by presenting the draft Capital Budget for 2020-2021 which had also been attached to the briefing for the prior agenda item. The draft Capital Budget also included two additional years of estimates.

The Council posed several questions noting that the overall Capital Budget was relatively small.

MOTION:	To accept the Capital Budget for 2020-2021 as presented.
MOVED:	Tara Gignac
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6.04 Scheduled Substance Review Committee Terms of Reference

The President noted that the next item on the agenda was a request from the Scheduled Substance Review Committee (SSRC) to amend the Committee Terms of Reference. A briefing note was provided at page 285 of the materials package. She invited Dr. George Tardik, ND, Chair of SSRC to speak to the matter.

Dr. Tardik, ND, noted that the SSRC has been in the process of reviewing its policies, procedures and general approach to how it functions and how to best address gaps in the health care system. Based on discussions with Committee members, senior staff, legal counsel and other health regulators in Ontario, it was recommended that the SSRC undertake a review and assessment of the scope of practice of naturopaths in Ontario in order to accurately address gaps in the current system and to make recommendations to Council that are based on both public and system need. Proposed amendments to the Terms of Reference of the Committee were included in the meeting materials.

The Council discussed whether this was a one-time review or a review that would occur every number of years. It was generally agreed that at this time it would be a one-time review and any further reviews would have to be determined at a later date.

The Council generally agreed that as this was a one-time project, it might be a better approach to appoint a working group or the SSRC itself to take on this project and to not amend the Committee Terms of Reference.

MOTION:	That the Council directs the Scheduled Substances Review Committee to undertake a review of the Scope of Practice of the profession and to make recommendations on the definition of the scope and any 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.
MOVED:	Tara Gignac
SECOND:	Danielle O'Connor
CARRIED.	

7. Other Business

7.01 Novel Coronavirus

Jeremy Quesnelle, Deputy Registrar, provided the Council with a verbal briefing on the 2019 Novel Coronavirus. He noted that daily teleconferences are held with the Ministry of Health, public health officials, representatives of the health professional associations and the regulatory Colleges. He provided information about the current readiness of the Province and the rates of infection globally as known at this time.

Mr. Quesnelle informed the Council that the Ministry was about to issue guidelines for primary care providers and that once released, the College would be informing the profession of where to obtain these and helpful signage for clinic offices. The College would also remind the profession about their reporting obligations as the virus has been designated as a communicable disease under the *Health Protection and Promotion Act*.

The Council thanked Mr. Quesnelle for the information.

8. Next Meeting

8.01 Next Meeting

The President noted for the Council that the next regularly scheduled Council meeting is set for April 28 and 29, 2020 noting that a full orientation session would be held on the 28 for all Council members.

9. Adjournment

9.01 Motion to Adjourn

The President asked for a motion to adjourn the meeting. The meeting adjourned at 11:50 a.m.

MOTION:	To adjourn the meeting.
MOVED:	Dianne Delany

SECOND:	George Tardik
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Andrew Parr, CAE
Registrar & CEO
January 29, 2020



The College of Naturopaths of Ontario

MEMORANDUM

DATE: April 16, 2020

TO: Members of Council

FROM: Andrew Parr, CAE
Registrar & CEO

RE: Committee Reports

Please find attached the Committee Reports for item 3.01 (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

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:

- 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.



The College of Naturopaths of Ontario

AUDIT COMMITTEE REPORT

April 2020

The Audit Committee was not required to undertake any activities during the period of January 1, 2020 to March 31, 2020.

The Audit Committee did not convene in this reporting period.

Elena Rossi, ND
Chair, Audit Committee
April 6, 2020

EXAMINATION APPEALS COMMITTEE REPORT

APRIL 2020

The Committee convenes on an as-needed basis, based on received exam appeals (which meet the criteria stipulated in the Examinations Program Policy), requiring deliberation and decision, or needed appeals-related policy review.

The Exam Appeals Committee did not convene in this reporting period.

Dianne Delany

Chair

April 2020



The College of Naturopaths of Ontario

EXECUTIVE COMMITTEE REPORT

April 2020

For the reporting period of January 1, 2020 to March 31, 2019, the Executive Committee met once on March 4, 2020 for a full day, in person meeting. As it would turn out, it would be the last in-person Committee meeting held at the College Offices for some time as a result of the spread of the corona virus.

The meeting involved preliminary discussions with Jack Shand of The Portage Group. Mr Shand is the lead on the Performance Review Project, and he presented some preliminary findings from his interviews and discussed his intended course of action. The Executive Committee welcomed his report and encouraged him to move forward as he envisioned.

Ms. Kupny, Director of Operations, reviewed the variance report and unaudited statements with the Committee. The Committee discussed whether it was prudent to make changes to the budget for the current fiscal year to adjust for areas of overspending and underspending. It was agreed to present the financial outcome as it occurs and against the original budget to allow Council to see what variances occur and hear explanations as to why they occurred.

The Committee also discussed the new database system being implemented this year by the College as well as drafts of the Governance Report and Implementation Plan. These will now be presented to the Council at its next in-person meeting, hopefully in July 2020. The work of the Canadian Alliance of Naturopathic Regulatory Authorities was also discussed.

The Committee will next meet on June 3, 2020.

Dr. Kim Bretz, ND

Chair

April 2020

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The College of Naturopaths of Ontario

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

April 2020

Between January 1, 2020 and March 31, 2020, the Inquiries, Complaints and Reports Committee held three meetings – January 9 and March 5 – via teleconference, February 6 – in-person.

In January, 6 matters were reviewed, ICRC members issued 3 Decision and Reasons and drafted 1 report.

In February, 13 matters were reviewed, and ICRC members issued 2 Decision and Reasons, drafted 3 reports.

In March, 7 matters were reviewed, and ICRC members issued 1 Decision and Reasons, drafted 3 reports.

Meetings continue to be well-attended. We are very pleased that long-time ICRC Member Glenda Clark has agreed to be our Decision Writer. Going forward, Glenda will continue to attend meetings as a non-voting member.

The ICRC has seen a number of cancer advertising related matters, specifically regarding the use of inappropriate titles implying oncology specialization. The committee recommends publishing a summary of one of the oncology advertising matters in iNformedD.

Dr. Erin Psota, ND
Chair
April 14, 2020



The College of Naturopaths of Ontario

NOMINATIONS AND ELECTIONS COMMITTEE REPORT

March 2020

The Nominations and Elections Committee convenes on an as-needed basis, based on the nominations and elections process set out in the by-laws. The Nominations and Elections Committee was not required to undertake any activities during the period of January 1, 2020 to March 31, 2020.

The Nomination and Elections Committee did not convene in this reporting period.

Dr. Gudrun Welder, ND
Chair
April 16, 2020



The College of Naturopaths of Ontario

Patient Relations Committee Report

April 2020

The Patient Relations Committee (PRC) had 1 meeting during the reporting period.

Attendance continues to be good with no issue in reaching quorum.

Ongoing Issues/Topics for Discussion

Committee Makeup

It still continues to be a concern for the Committee to have only one public member on the Committee. If the Committee does not have quorum then it finds itself in a position of not having the necessary resources and support to complete its role. Having an additional public member on the Committee would be helpful.

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 \$10,364.60 of funding accessed.

Member & Patient Guide

Amendments were finalized for the Member Guide: Guideline for the prevention of sexual abuse and Patient Information Guide: Understanding Sexual Abuse.

Program Priorities

The Committee reviewed the current program initiatives, the activities of Patient Relation Programs from other Colleges, and Ministry guidance and determined that no major changes were needed at this time.

Shelley Burns, ND

Chair

April 2020



The College of Naturopaths of Ontario

QUALITY ASSURANCE COMMITTEE REPORT April 2020

Meetings and Attendance

Since the date of our last report in January, the Quality Assurance Committee has met on three occasions, all via teleconference; on January 21st, February 25th and March 24th. Attendance has continued to be good with no concerns regarding quorum experienced.

Activities Undertaken

Over the past three meetings, the Committee continued with its regular ongoing review and approval where appropriate of new and previously submitted CE category A credit applications.

In addition, at its **January** meeting, the Committee reviewed and approved revisions to the Quality Assurance Program policies. These revisions included the removal of the annual learning plan tool, as well as the replacement of the previous self-assessment tool with a new, less time-consuming and what should be more beneficial to members, annual self-assessment reporting requirement. The self-assessment will be focused on one particular area of competence which may be adjusted annually and assigned Category 'a' CE credit for completion, at the discretion of the Committee.

The Committee also reviewed and made decisions with respect to three Peer and Practice Assessment Extension requests.

At its **February** meeting, the Committee had further discussion on whether CE credit should be given for completion of the annual self-assessment and decided that category 'a' credits would not be provided for the 2019/20 year.

The Committee also received a summary of the Peer and Practice Assessment activities for the past year. Given the amount of positive feedback the College has received to date, it would appear that the process has been beneficial to members. Plans for the program for 2020/21 were also reviewed.

The Committee also considered and made decisions with respect to: one CE Reporting Extension request; one case of Failure to Comply with the Peer and Practices Assessment program requirement; and one case of deficient Peer and Practice Assessment results.

At its **March** meeting, the Committee received a brief update on the number of Self-Assessments submitted by members, noting that 643 had been submitted at the time of registration, thus far in 2020.

The Committee also considered summary information on the Group 11 CE Reporting results. It was noted that 12 members still had unresolved discrepancies in their reports while 7 members had still not reported as required. After a considerable amount of discussion, including consideration of the various options and the fact of the current COVID 19 pandemic, the Committee decided to allow these individuals one final time extension to May 31, 2020. The Committee also considered and made decisions with respect to: one case of Failure to Comply with the QA Program- Peer and Practice Assessment Requirement, previously discussed in February; one case of deficient Peer and Practice Assessment previously discussed in February; one CE Reporting extension request; and three matters of deficient Peer and Practice Assessment results.

The Committee also reviewed a draft MOU on the Electronic Provision of Services Between Jurisdictions that has been proposed by the Canadian Alliance of Naturopathic Regulatory Authorities (CANRA) and suggested two areas where further clarification should be provided.

Issues

The Committee was to commence its review of the Core Competencies standard at the March meeting but given circumstances resulting from the COVID pandemic, that topic was deferred.

Next Meeting Date

April 21, 2020

Respectfully submitted by,

Barry Sullivan, Chair,
April 8, 2020



The College of Naturopaths of Ontario

REGISTRATION COMMITTEE REPORT
(April 2020)

At the time of this report, the Registration Committee had met three times: January 23, February 27 and March 18. The following is a summary of the Committee's undertakings within the last quarter.

Policy Review

The Committee reviewed and approved updates to the following policies:

- the Registration Program Policy (approved by Executive in March 2020); and
- the Clinical & Biomedical Exam Policy

Exam Blueprint Review

The Committee reviewed and approved updates to the following blueprints:

- amendments to the Ontario Clinical Sciences exam blueprints; and
- proposed final version of the Ontario Biomedical exam blueprints

Both the blueprints and the Clinical & Biomedical Exam Policy will be presented to Council for review at the April 2020 meeting.

Referred Application Reviews

The Committee saw an increase of referred applications from applicants who had applied to the College for registration as NDs registered in another regulated Canadian jurisdiction, who had never practised naturopathy there. Of note was the fact that the majority were individuals who had unsuccessfully attempted the new Ontario Clinical Sciences exam prior to registering elsewhere.

Exam Remediation

The Committee reviewed and set plans of remediation (i.e. mandatory additional training or education) for candidates who had made two unsuccessful attempts of the following exams:

- the Ontario Clinical Sciences examination;
- the Ontario Prescribing & Therapeutics examination; and
- the Ontario IVIT exam.

Life Membership

The Committee reviewed and approved applications for life membership.

Reviews

The Committee reviewed the Competency Based Framework for Committees and Council and made recommendations.

Danielle O'Connor, ND
Chair, Registration Committee
April 14, 2020



The College of Naturopaths of Ontario

SCHEDULED SUBSTANCES REVIEW COMMITTEE

April 2020

During the reporting period of January 1, 2020 to March 31, 2020, the SSRC did not meet. Meetings are scheduled based on work flow.

Staff of the College have begun the research process and collective materials to support the committee in its review of the Scope of Practice as directed by Council at its January meeting.

Respectfully submitted by

Dr. George Tardik, ND
Chair
January 2020



The College of Naturopaths of Ontario

DISCIPLINE COMMITTEE REPORT

April 2020

The Discipline Committee (DC) is independent of the Council and has no legal obligation to submit quarterly reports addressing matters of importance to the Committee; however in the interest of transparency, the Committee is pleased to provide this report to Council.

This report covers the period from 1 January 2020 to 31 March 2020 and provides an overview of the Discipline Panels appointed to conduct hearings into allegations of professional misconduct referred to the DC by the Inquiries, Complaints and Reports Committee (ICRC) of the College. It also serves to acknowledge DC members' involvement in the discipline process. New referrals to the DC and any Committee meetings are reported here as well.

Discipline Hearings

No hearings were conducted during the reporting period.

New Referrals

One new referral was made to the Discipline Committee from the ICRC on 6 February 2020.

Committee Meetings

No committee meetings were held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND

Chair

13 April 2020



The College of Naturopaths of Ontario

INSPECTION COMMITTEE REPORT

April 2020

Committee Update

Since the last update to Council, the Inspection Committee has had two teleconference meetings on Jan 22th, and March 26th.

Inspection Outcomes

The Committee reviewed the Inspection Program Requirements Checklists used by the inspector to record his/her observations during the inspection, and the Inspector's Report for inspections of 21 locations.

The outcomes are as follows:

- Part I - Pass with recommendations – 6
- Part I - Pass with conditions – 1
- Part II – Pass with recommendations – 9
- Part II – Pass with Conditions – 2
- Fail – 0
- Pass - 3

When Inspection Program Requirements are partially met and do not warrant a condition being placed on the premises, the Inspection Committee makes recommendations to the premises. A total of 89 Recommendations and 4 Conditions were made.

Deferral Requests

Since the last report to Council there were no submissions for deferrals.

Inspection Outcomes in Response to Submissions Received

There were 3 submissions to address Conditions with restrictions to practice. After the submissions, one was changed to a pass, and 2 were amended to passes with a standing condition.

The Inspection Committee is pleased with the compliance and quick responses we have received from our professional members.

Type 1 Occurrence Reports

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

Four Type 1 Occurrence reports were submitted since the last report to Council. The Committee reviewed the reports and determined that no further actions were required on the part of the Committee or of the designated members who submitted the reports. The IVIT continues to be impressed with the detail provided in the reports, and that patient safety and follow-up is being adhered to diligently.

Review of the Summary of Type 2 Occurrence Reports

There were no Type 2 Occurrences reported for this period.

Closing Remarks

The year 2020 has started off well, and the first three-year term for inspectors has come to an end. We are thankful that 7 of 10 inspectors will be returning for another term and look forward to their feedback moving forward. For those that will not be returning, I would like to thank them for their diligent work over the last number of years as the inspection process has been refined.

On behalf of the IVIT committee, I would like to thank Daniella Abate and Dr. Mary-Ellen McKenna ND (Inactive), for their diligent work and organizational skills. You keep us on track!

Sincerely,

Dr. Sean Armstrong, ND
Chair
Inspection Committee
January 16, 2020



The College of Naturopaths of Ontario

Executive Committee Decisions To Be Ratified

Meeting of March 4, 2020

- Acceptance of the Variance Report and Unaudited Financial Statements for the third quarter of the fiscal year.
- Approval of authorizing additional funding for unanticipated costs not included in the College's budget for fiscal year 2019-2020.
- Acceptance of the amendments to the Registration Program Policy – P07.01.
- Acceptance of the appointment of Dean Catherwood to the Discipline and Fitness-to-Practice Committees.

MEMORANDUM

DATE: April 16, 2020

TO: Members of Council

FROM: Andrew Parr, CAE
Registrar & CEO

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. 243, 244, 245)	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	This is an update provided by Richard Steinecke to the members of the Federation of Health Regulatory Colleges of Ontario (FHRCO) identifying 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.

Online Reviews as an Alternative to Professional Regulation?

by Natasha Danson
February 2020 - No. 243

Have online reviews of practitioners made professional regulation obsolete? A research article published last month suggests that the answer may be yes. Another article, published in 2018, says online reviews only alter how professional regulation can be conducted. Either way, regulators need to consider how online reviews affect the regulation of professions.

Professional Regulation Is Largely Irrelevant

Consumer Protection in an Online World: An Analysis of Occupational Licensing is written by Chiara Farronato and three others and is published by the non-partisan National Bureau of Economic Research based in Massachusetts. By studying massive amounts of data from an online platform that consumers use to hire home improvement practitioners, supported by a survey of consumers, the researchers made the following observations:

- The two largest factors affecting consumer choice of practitioners are prices and online reviews.
- The researchers were able to compare consumer hiring before and after evidence of the practitioner's licensure showed up on the platform. The licensure information had no impact.
- Stringent licensure resulted in less competition and higher prices but did not appear to affect customer satisfaction as demonstrated by the

rating of the practitioner or the repeated use of the online platform. The researchers also pointed to other research indicating that stricter regulation also hampered labour mobility, thereby decreasing productivity.

The researchers acknowledged that their study was limited to home improvement practitioners and may not identify rare but serious negative outcomes. They also acknowledged that short-term consumer satisfaction (associated with the usual timing for online reviews) may not reflect problems that appear in the longer term (e.g., leaky roofs). However, they pointed to numerous other studies that indicate that rigorous regulation does not seem to result in higher quality services.

Limits to Online Reviews and their Regulatory Uses

Another view is contained in a 2018 paper by Sofia Ranchordás from the University of Groningen entitled *Online Reputation and the Regulation of Information Asymmetries in the Platform Economy*. Ms. Ranchordás identified a number of limitations in online reviews of practitioners:

- For some services, reviewers may not have the expertise to fairly and accurately evaluate the service.
- The content of reviews are influenced by factors other than the quality of the service. For example, some clients may feel guilty for providing a less than stellar review because of the impact it can have on the practitioner. Reviews may also be influenced by how much the client relates to or likes the practitioner.
- Online review systems are open to fake reviews, manipulation and deleted reviews.

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- Many online review platforms are not transparent on the criteria they use to prioritize reviews (i.e., which reviews show up first). Due process for inaccurate or unfair reviews is often limited or non-existent.
- Many hosts for online reviews are not accountable for the accuracy and fairness of the posted reviews, which limits the hosts' interest in ensuring fair and accurate reviews.

While online reviews may provide an incentive to change behaviour, Ms. Ranchordás differs from Ms. Farronato in her view that “they may not be enough to address market failures and manage important risks to consumers”.

Ms. Ranchordás argues for a more nuanced approach to the role of online reviews in the regulation of professions and businesses. She suggests a “co-regulatory or collaborative approach for the interaction between online reputational mechanisms and traditional regulation”, including the following:

- Online reviews can be used by regulators to quickly identify practitioners who may not be complying with standards or who may be going through personal difficulties and who may warrant more frequent inspections or quality assurance assessments.
- Regulators and external platforms providing online reviews can work together so that regulators can act on emerging risks arising from data received by the platform. Regulators could also assist the online review platform and use approaches that are more meaningful (e.g., encouraging individual reviewers to fill in a relevant comment form) and transparent (e.g., measures to reduce fake reviews; due process).

Another Option

Ms. Ranchordás does not explore the option of regulators establishing their own platforms to host online reviews. Doing so could address some of the identified limitations for online reviews, such as having a transparent and accountable system for posting reviews where due process is available. In addition, the regulator could include in the platform other publicly available information it has available, including inspection outcomes and the practitioner's complaints and discipline history.

In the alternative, online review platforms could enter into a data sharing agreement using publicly available information from the regulator to enhance the information it provides to the public. For example, the platform could develop an algorithm to assign a regulatory compliance rating to each practitioner (e.g., one to five stars) with a link to the regulator's website for those wishing to uncover more detailed information.

Conclusion

The relationship between online reviews and professional regulation is at its infancy. Much more research, creative thinking and policy analysis is needed to develop the potential of this rich regulatory opportunity.

An abstract of the Online World paper can be found at <https://www.nber.org/papers/w26601>. The Online Reputation paper can be found at <https://cal.library.utoronto.ca/index.php/cal/article/view/29508>

The Importance of Teamwork

by Julie Maciura

March 2020 - No. 244

Most professions emphasize the value of collaboration with colleagues. Cooperation with others on the team serving clients is often necessary to obtain a good outcome. But can this sort of expectation ever be enforced through discipline? A recent case indicates that the answer is yes, at least where the lack of teamwork skills is substantial.

In *Al-Ghamdi v College of Physicians and Surgeons of Alberta*, 2020 ABCA 71, <http://canlii.ca/t/j59f9> a surgeon was suspended for three years for persistently disruptive behaviour. The findings were summarized as follows:

In summary, the Hearing Tribunal found the appellant was unable or unwilling to work by consensus with the other surgeons, and would not follow established protocols. He believed that he had superior qualifications to the other staff at the hospital, that he was more focused on patient care, and that he had an obligation to improve standards. However, rather than engaging with his colleagues and co-workers when he observed what he thought were unacceptable practices, he reported, or threatened to report them to their superiors or their regulatory bodies for even relatively minor concerns. The Hearing Tribunal found that the appellant lacked insight into his behaviour, and his refusal to accept responsibility for the impact of his actions had affected his ability to practice his profession. The appellant did not appreciate that he could not form a positive working relationship with

colleagues and co-workers who were in constant apprehension of him advancing criticisms and complaints to those in authority.

Application of *Vavilov* to Discipline Appeals

This is one of the first appellate court decisions applying the new standard of judicial review espoused in *Canada (Minister of Citizenship and Immigration) v Vavilov*, 2019 SCC 65, <http://canlii.ca/t/j46kb> to a professional discipline hearing. The Court in *Al-Ghamdi* affirmed that the standard of review for issues of statutory interpretation, including of a regulator's home statute, is correctness.

Further, on the critical issue of how it would examine findings of professional misconduct, the Court suggested the review would be on a spectrum. Where the issue was how the hearing panel interpreted the definition of professional misconduct, scrutiny would be close to a correctness test. However, where the issue was whether the evidence met such a test for professional misconduct, the finding would be given deference by the Court.

In this case the Court noted that the definition of professional misconduct was quite broad, including such phrases as "displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services" and "conduct that harms the integrity of the regulated profession". Given this language, the Court found that disruptive behaviour could fall within the scope of those broad definitions:

Deciding whether a particular act meets the expected standard of professional conduct engages the expertise of the Hearing Tribunal and Review Panel. It is properly characterized as a mixed question of fact and law, a type of decision which is reviewed for palpable and

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overriding error. The finding that the conduct described in the particulars of the Notice of Hearing could constitute unprofessional conduct does not disclose any reviewable error.

What Constitutes Disruptive Behaviour?

The Court discussed in what circumstances disruptive behaviour could amount to professional misconduct:

Not every workplace misstep or disagreement should be characterized as “professional misconduct”. Workplace issues generally call for workplace remedies. However, workplace conduct that has a serious detrimental effect on the provision of patient care, and the efficient and sustainable operation of a healthcare facility (like the Queen Elizabeth II Hospital) can fall within the definition of professional misconduct if it is sufficiently egregious to be what could reasonably be called “misconduct”.

The Court also accepted the concept that it was the pattern of behaviour that brought this practitioner within the definition of professional misconduct. The Court also indicated that disruptive behaviour is not a discrete definition of professional misconduct. Rather “disruptive behaviour” is a short hand description of certain types of professional misconduct.

The Court also held that the physician did not have to intend to cause a culture of fear among his colleagues. Being arrogant and lacking self-awareness of the impact of his conduct on others was sufficient.

Specific examples of conduct that constituted disruptive behaviour included:

- persistently disrupting the on-call schedule, refusing to accept his assignments, refusing to pass untreated patients to the next surgeon, and being secretive about why he was absent;
- weaponizing the complaints process against colleagues, excessive criticism of others and failing to follow through on complaints that were initiated; and
- filing a human rights complaint which, while not objectionable on its own, could be seen as a part of the pattern of disruptive behaviour.

Defence of Duty to Report

The practitioner defended his frequent reporting of colleagues on the basis of his general ethical duty to report misconduct pursuant to his professional Code of Ethics. While some statutory mandatory reporting requirements (such as sexual abuse provisions) are quite specific and strict compliance is compulsory, where there is a general and less clearly defined ethical obligation, different circumstances apply. The Court said:

The obligation of a physician to report misconduct is clear, but it cannot be interpreted in a vacuum. The physician has an equally important obligation to cooperate with other healthcare workers in patient care, and treat coworkers with dignity and respect The appellant’s constant criticism of his coworkers was merely one of the particulars underlying the general allegation of disruptive conduct. The Hearing Tribunal found that the appellant had an inflated view of his own superior qualifications and abilities, and was oblivious to the effect that his conduct had on others. The Hearing Tribunal observed ... that when transgressions are perceived “the

[reasonable] physician seeks to help the other physician understand the perceived transgression and improve their quality of care". A physician must engage in "a serious attempt to understand the professional's behaviour and to ensure that there were no extenuating circumstances explaining the observed behaviour" prior to making a complaint. Further, most instances of perceived inadequate performance should properly be resolved in the hospital, by discussion, education, and mentoring. The obligation to report misconduct does not permit the weaponization of the complaints procedures, and does not excuse excessive criticism of others.

Using the Conduct of the Defence to Assess Credibility

The practitioner, who was also a lawyer, defended himself at the hearing. The tribunal used some of the practitioner's advocacy efforts in assessing his credibility. The Court held that in some circumstances this was acceptable.

It is unreasonable for the appellant to expect that his conduct during the hearing would have no affect [sic] on the Hearing Tribunal. Misrepresenting the content of documents, misstating the qualifications of witnesses and making contradictory submissions need not be ignored. The mere fact that the professional has denied the allegations and has mounted a full defence should not be held against him, but that is not what occurred here. There was nothing unfair or unreasonable about the assessment of the appellant's credibility.

Sanction for Disruptive Behaviour

In addition to the three-year suspension, the tribunal imposed a requirement to successfully complete a "comprehensive assessment program" and a recommended course of therapy. Given the possibility of rehabilitation, the Court had difficulty understanding the need for that length of suspension to act as a general deterrent.

The Court was concerned that the "reasons given for the lengthy suspension do not clearly connect it to the public interest." However, the issue was now moot given the passage of time.

Costs Order

The practitioner was ordered to pay over \$700,000 in costs, which represented more than 60% of the total costs for the 47 day hearing. The Court accepted that the manner of the practitioner's defence greatly increased the cost of the hearing, including bringing multiple preliminary motions with little merit, unduly long cross-examinations of witnesses and calling 50 witnesses of his own that added little relevant information.

The Court described the criteria for evaluating the costs the practitioner should pay as follows:

A professional charged with misconduct is entitled to make full answer and defence. That principle, however, does not insulate the professional from a costs award if the defence is conducted in a way that is insensitive to the expenses generated. A costs award requires consideration of many factors, including the outcome of the hearing, the reasons the complaint arose in the first place, and the financial burden on both the College and the

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professional. The way that the defence was conducted is also relevant

The Court concluded that the “costs award here is substantial, but on this record it is not unreasonable”.

Conclusion

A basic level of collaborative teamwork is a professional expectation for practitioners that can be enforced at discipline. However, the degree of disruptive behaviour required to constitute professional misconduct is substantial and proving this type of misconduct is challenging.

Guiding Practitioners on their Privacy and Confidentiality Obligations during COVID-19

by Bernie LeBlanc
April 2020 - No. 245

Regulating the protection of client privacy / confidentiality is now a shared responsibility between professional regulators and privacy commissioners. In recent years privacy commissioners have taken the lead in this area by providing more detailed guidance to practitioners and by operating well-known and comprehensive enforcement mechanisms. This is not to say that professional regulators have no role at all. As recently noted in our blog, in *Dagenais c. Nurses (Professional Order of)*, 2020 QCTP 11, <http://canlii.ca/t/j54cs> a nurse was disciplined by her professional regulator for revealing information about a patient to a journalist.

How then should these separate agencies provide guidance about addressing privacy and confidentiality concerns during the COVID-19 crisis? In particular, are standards relaxed when providing essential services by practitioners who may be unexpectedly practising electronically from their homes using equipment and programs that have not been set up using the usual safeguards?

The Information and Privacy Commissioner of Ontario, who oversees privacy by health care practitioners, offers the following guidance:

Should organizations tell staff who are working at home to avoid accessing and collecting personal information of patients/clients? Home computers may not

have the same level of security as the devices in the office, which are on a secure network.

We understand that these are exceptional circumstances and it may not be possible for service providers to meet the same standards for security and privacy protection that they normally do. Many organizations are striving to manage service disruptions and continue to provide essential services, especially in the health and child and family services sectors.

If your organization believes that staff (or agents working on the behalf of the organization) should be allowed to handle personal information from home, in order to provide necessary services in an effective and efficient way, you should permit them to do so. You should guide any staff working from home on how to do their work within as privacy-protective an environment as they can, given the realities of our current situation.

In a public health crisis, it is also understandable that service professionals, especially in the health and child protection sectors, may need to send or receive information by phone, text, email or other messaging services. The above applies to the use of technologies not normally used for business, during this crisis.

We remain available to public organizations for consultation and discussions on access and privacy matters during this time.

The Information and Privacy Commissioner of Ontario goes on to say:

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Tips for Working from Home

We understand that these are exceptional circumstances and it may not be possible for you to meet the same standards for security and privacy protection that you normally do. Many organizations are striving to manage service disruptions and continue to provide essential services, especially in the health and child and family services sectors.

Here are some tips for dealing with personal information when working from home:

Mobile devices

- password protect your device
- lock your device when not in use
- if using portable storage devices, such as USBs and portable hard drives, if possible, ensure they are encrypted and password protected
- keep your software up-to-date

Emails

- if possible, use work email accounts rather than personal ones for work-related emails involving personal data
- before sending an email, check that you're sending it to the correct recipient, particularly for emails involving personal data

Paper copies and files

- only remove personal information from the office if it is necessary to carry out your job duties

- securely store any paper files when not in use – lock files away and do not leave files in your car

Most non-health professions in Ontario fall under the jurisdiction of the federal *Personal Information Protection and Electronic Documents Act (PIPEDA)*. The Information and Privacy Commissioner of Canada has also issued guidance relating to COVID-19. However, while helpful, this guidance is more legalistic and, perhaps, less practical than that from Ontario.

PIPEDA allows organizations to collect, use or disclose information only for purposes that a reasonable person would consider appropriate in the circumstances (subsection 5(3)). Organizations are required to obtain the knowledge and meaningful consent of the individual for the collection, use, or disclosure of their personal information (Principle 3). Consent is only valid if it is reasonable to expect that the individual understands the nature, purpose and consequences of the collection, use or disclosure of the personal information to which they are consenting (section 6.1).

This said, there are some circumstances under which organizations may collect, use, or disclose personal information without the consent of the individual, including:

- If the collection is clearly in the interests of the individual and consent cannot be obtained in a timely way (paragraph 7(1)(a)), such as if an individual is critically ill or in a particularly dangerous situation, and needs help.
- If the collection and use is for the purpose of making a disclosure required by law

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(paragraphs 7(1)(e), 7(2)(d) and 7(3)(i)). For instance, this would include where a public health authority has the legislative authority to require the disclosure.

- If the disclosure is requested by a government institution under a lawful authority to obtain the information and the disclosure is for the purpose of enforcing or administering any law of Canada or a province (subparagraphs 7(3)(c.1)(ii)-(iii)). Again, this would include instances where a public health authority has the legislative authority to require the disclosure.
- If the disclosure is made on the initiative of the organization to a government institution, which has reasonable grounds to believe that the information relates to a contravention of the laws of Canada, a province or a foreign jurisdiction that has been, is being or is about to be committed (paragraph 7(3)(d)(i)). This would include if an organization believes an individual is in contravention of an invoked quarantine order.
- If the use or disclosure is for the purpose of acting in respect of an emergency that threatens the life, health or security of an individual (paragraphs 7(2)(b) and 7(3)(e)), such as if an individual requires urgent medical attention, and they are unable to communicate directly with medical professionals.

The federal guidance does not appear to address whether the usual privacy safeguards can be relaxed at this time other than to say:

All organizations must continue to operate with lawful authority and exercise good judgment. Government institutions will need to apply the principles of necessity and

proportionality, whether in applying existing measures or in deciding on new actions to address the current crisis

Regulators will undoubtedly be asked by practitioners about their privacy and confidentiality obligations during this crisis. Since most regulators of professions define the privacy and confidentiality duties broadly, they probably have greater flexibility in issuing general guidance indicating that all of the circumstances will be taken into account if a complaint comes in. Of course, more detailed guidance is possible and will likely be welcomed. Regulators may also wish to ensure that their messaging is, where possible, consistent with that issued by the applicable Information and Privacy Commissioners.

Some Canadian regulators of professions have given some carefully worded guidance about recognizing that the exceptional circumstances might result in practitioners adopting procedures that might not generally be considered appropriate. For example, the regulator for registered nurses in Alberta has said:

CARNA supports the use of virtual care platforms that are recommended and supported by the employer. We recognize that in highly challenging circumstances an NP may need to depart from established procedures in order to care for clients and people using health-care services. It is reasonable that if the employer is supporting temporary use of unregulated communication technologies based on the principle of matching intervention to need, then CARNA would also support this use as the Practice Standards for Regulated Members state that the RN and NP follow policies relevant to their practice setting.

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Similarly, the legal regulator in Ontario has provided guidance on a number of issues, including proffering an interpretation of requirements for commissioning affidavits that is clearly driven by COVID-19:

Commissioning is governed by the *Commissioners for Taking Affidavits Act* and is not regulated by the Law Society. Although the law is evolving in this area, the best practice for commissioning documents remains for the lawyer or paralegal who is acting as a commissioner to be in the *physical presence of the deponent* to commission the document(s). For more information, please review the Law Society's Virtual Commissioning resource.*

However, as a result of COVID-19, until further notice:

- The Law Society will interpret the requirement in section 9 of the *Commissioners for Taking Affidavits Act* that “every oath and declaration shall be taken by the deponent in the presence of the commissioner or notary public” as not requiring the lawyer or paralegal to be in the physical presence of the client.
- Rather, alternative means of commissioning such as commissioning via video conference will be permitted.
- If lawyers and paralegals choose to use virtual commissioning, they should attempt to manage some of the risks associated with this practice as outlined below....

The guidance went on to provide safeguards to ensure that the client fully understands the nature of the document and the significance of commissioning it

and to ensure that the client was not experiencing undue influence.

The guidance documents referred to above can be found at:

- <https://www.ipc.on.ca/newsrelease/ipc-closure-during-covid-19-outbreak/>
- https://www.priv.gc.ca/en/privacy-topics/health-genetic-and-other-body-information/health-emergencies/gd_covid_202003/
- <https://nurses.ab.ca/about/what-is-carna/news/news-story/updates-on-novel-coronavirus-covid19>
- <https://lso.ca/news-events/news/corporate-statement-re-covid-19#can-a-lawyer-or-paralegal-use-virtual-commissioning-in-the-context-of-covid-19--5>

Prepared by Richard Steinecke

In this Issue:

- Bill 176 to require review of maternal mental health by the Minister, see p. 1
- Bill 175 to change home and community care services, see p. 1
- Bill 161 to amend the regulation of legal services, see p. 1
- Bill 159 to permit competency-based selection of Board members for DAAs, see p. 2
- Bill 145 to update the regulation of real estate services, see p. 2
- Consultation on future direction of regulations on home and community care, see p. 2

Bonus Features:

- Access by a Regulator to Highly Confidential Client Files, see p. 3
- Breach of Confidentiality, see pp. 3-4
- Deference Continues for Policy Decisions by Regulators, see pp. 4-5
- Gross Carelessness by Regulators Must Be Extreme for There to Be Liability, see p. 5
- Reasons for Examination Failure Need to Cover All Grounds of Appeal, see p. 6

Ontario Bills

(See: <https://www.ola.org>)

Bill 176, *Maternal Mental Health Act, 2020* – (*private members Bill – passed first reading*). “The Bill requires the Minister of Health to conduct a comprehensive review of maternal mental health in Ontario and prepare a Provincial Framework and Action Plan on the issue. The Bill requires the Minister to report to the Assembly periodically about the progress of the review and to table the Provincial Framework and Action Plan in the Assembly.”

Bill 175, *Connecting People to Home and Community Care Act, 2020* – (*government Bill – passed first reading*). The Bill will restructure and integrate the provision of home and community care under the Ontario Health agency. This will involve new funding models and new oversight mechanisms including additional investigation powers, enhanced powers to appoint a supervisor on an urgent basis without notice, and an expanded role for the Patient Ombudsman.

Bill 161, *Smarter and Stronger Justice Act, 2019* – (*government Bill – second reading debate*). The Bill, amongst other things, provides the legal regulator, the Law Society of Ontario, with the authority to perform entity regulation. It also:

- authorizes the regulator to disclose information during an investigation where necessary to protect the public interest;
- expands the power of investigators to obtain information from former practice colleagues;
- simplifies the interim order powers in discipline matters; and
- increases the maximum fine at discipline to \$100,000 from \$10,000.

Bill 159, *Rebuilding Consumer Confidence Act, 2019* – (government Bill – consideration by the Standing Committee on Justice Policy). The Bill reforms the delegated administrative authorities (DAA) scheme that applies to many professions and businesses, including:

- allowing the Minister to revise the composition of the Board of Directors of a DAA (e.g., requiring a certain percentage of public members);
- allowing the Minister to establish competency criteria for being elected or appointed to the Board of Directors of a DAA;
- requiring disclosure of compensation of Board and staff members of a DAA; and
- authorizing the appointment of an administrator to take over the operation of a DAA.

The Bill also establishes an administrative penalty scheme for the *Consumer Protection Act*.

Bill 145, *Trust in Real Estate Services Act, 2019* – (government Bill – passed third reading). The Bill amends the regulation of real estate practitioners including expanding the criteria the Registrar can consider when determining eligibility for registration (e.g., past conduct, public interest), allowing the imposition of administrative penalties for non-compliance, expanding the authority of the discipline process to including suspension and revocation of a practitioner's registration, allowing the regulator to collect data to identify enforcement risks, creating a specialist certification program and allowing seller representatives to disclose competing offers to potential buyers.

Proclamations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

There were no relevant proclamations this month.

Regulations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

There were no relevant regulations this month.

Proposed Regulations Registry

(See <http://www.ontariocanada.com/registry>)

Connecting People to Home and Community Care Act, 2020 – A description, but not wording, of the various regulations to implement this Act are provided. These include the scope, location, method of delivery and eligibility for home and community services. Submissions can be made until April 14, 2020.

Bonus Features

(Includes Excerpts from our Blog and Twitter feed found at www.sml-law.com)

Access by a Regulator to Highly Confidential Client Files

Should there ever be limits to a regulator's access to a practitioner's files on their clients when the files are relevant to an investigation? Almost none is the answer provided in *College of Physicians and Surgeons v SJO*, 2020 ONSC 1047, <http://canlii.ca/t/j59mv>. During the course of an employment dismissal matter, the regulator became aware of inappropriate communications between the former employee and her psychiatrist. As a result of these concerns, including possible boundary crossings with the client, the regulator sought to obtain the psychiatrist's files for the employee/client. The psychiatrist asserted that disclosing the file, especially to the client's former employer, would put the client's health at risk.

The Court upheld the right of the regulator to have access to the file. Its investigative powers are broad and override any other statutory confidentiality and privacy laws. In addition, the case law "privilege" for special relationships of confidence would not apply to a regulator protecting the public. The practitioner's position would, in effect, create "an almost perfect avoidance of regulatory scrutiny". There was no reason to believe that the investigation was being conducted in bad faith or for a collateral purpose related to the employment issues. The scope of the investigation, even though it might include the review of other files for comparison purposes, was appropriate.

Because the client was a former employee of the regulator, certain safeguards were put in place. The investigator was external to the regulator and the file would be kept and reviewed offsite at the practitioner's lawyer's office. To the extent feasible, information would not be shared with the staff at the regulator. The Court directed that the practitioner cooperate fully with the investigation.

This case is also interesting in that the regulator used the provision allowing for an order directing compliance with the statute (a form of injunction) to compel cooperation by the practitioner. That provision is usually used by regulators to compel unregistered persons to cease holding themselves out as being registered or from performing dangerous acts.

It is difficult to contemplate circumstances in which the client file could be more sensitive than in this case. Regulators will almost always have access to the client files of the practitioners it regulates.

Breach of Confidentiality

Breaches of client confidentiality rarely are the sole subject of a discipline hearing. There are many possible explanations for this including that practitioners are respectful of this professional obligation or that breaches tend to be unintentional and, therefore, are addressed by educational means rather than discipline. However, in a recent Quebec case, a nurse's registration was suspended for two months for breaching client confidentiality: *Dagenais c. Nurses (Professional Order of)*, 2020 QCTP 11, <http://canlii.ca/t/j54cs>.

A nurse conducting a post-natal visit learned that the mother had come to Quebec for the child's delivery in order to obtain Canadian citizenship for the baby. The nurse also learned that the mother appeared to be engaging in fraud in order to receive government benefits. The nurse contacted a journalist, who posed as a volunteer delivering baby supplies, in order to conduct a hidden camera interview of the mother. The interview was broadcast. The nurse faced allegations of having disclosed confidential information about the location of her clients to the journalist.

The nurse was found to have disclosed confidential information and the two-month suspension was imposed. The nurse's appeal, on the basis that it had not been proved that she had breached confidentiality, was unsuccessful as the Tribunal concluded there was an adequate basis for the Disciplinary Council to make that finding.

Despite the paucity of precedents, this case illustrates that a deliberate breach of confidentiality can result in serious sanctions.

Deference Continues for Policy Decisions by Regulators

Regulators continue to monitor how judicial review of its actions will change in light of the landmark decision of *Canada (Minister of Citizenship and Immigration) v Vavilov*, 2019 SCC 65, <http://canlii.ca/t/j46kb>. A recent Alberta case suggests that policy decisions made by regulators will continue to be reviewed with deference. In *Morris v Law Society of Alberta (Trust Safety Committee)*, 2020 ABQB 137, <http://canlii.ca/t/j5d8l>, a lawyer challenged a requirement to provide privileged client information to the regulator in his annual reports on his trust accounts.

He argued that the requirement involved a general principle of law (i.e., solicitor-client confidentiality) or, at least the interpretation of the regulator's home statute, and thus should be reviewed by the court on a strict, correctness standard. He also argued that since the enabling statute explicitly overrode solicitor and client confidentiality in other contexts, such as conduct proceedings, but was silent about overriding the privilege for trust account reports, this implied the exclusion of the regulator's authority required disclosure of client information in trust account reports.

The Court disagreed. The Court was of the view that *Vavilov* supported the more deferential standard of review of reasonableness when interpreting a broad authorizing provision for a regulator of professions. The Court said:

Given the breadth of the statutory authority, the Act must be construed such that the powers it confers "include not only those expressly granted but also, by implication, all powers which are practically necessary for the accomplishment of the object intended to be secured by the statutory regime created by the legislature ...".

Taking a purposive view of the legislation and the legitimate concerns about trust accounts being used to further fraudulent activity or money laundering, the regulator's requirement to provide otherwise privileged client information as part of the annual reports was reasonable.

Should this approach to judicial review stand, regulators should take comfort in making policy decisions based on relevant considerations and on an articulated rationale.

Gross Carelessness by Regulators Must Be Extreme for There to Be Liability

For almost two decades, the case of *Finney v Barreau du Québec*, 2004 SCC 36, <http://canlii.ca/t/1h87m>, has caused regulators to wonder in what circumstances a regulator could be held liable for faulty regulation. The cases before and after *Finney* are fairly consistent in holding that a regulator will only be held liable for harm caused by a failure to regulate where the regulator acted in bad faith. However, in *Finney*, Canada's highest court found the regulator liable for acts of "gross carelessness and serious negligence".

A recent case of the Alberta Court of Appeal spoke at some length on the exceptional circumstances of *Finney* that would not frequently apply to mistakes or omissions by regulators:

The lawyer in *Finney* had been subject to four disciplinary complaints between 1980 and 1985 and found guilty on at least three occasions. After a lengthy investigation, in 1990 the professional inspection committee determined he was incompetent and recommended his suspension. But instead of suspending the lawyer, in 1992 the Barreau ordered continuing education and supervision.

McCulloch-Finney's difficulties with the lawyer began in 1990, first as a client, and then as an adverse party. What followed was an escalating dispute between the lawyer and McCulloch-Finney where the lawyer engaged in egregious conduct referred to as "guerilla war" and harassment of McCulloch-Finney. The Barreau failed to intervene or exercise its statutory oversight even though McCulloch-Finney and her lawyer filed numerous complaints against the lawyer, McCulloch-Finney complained about the Barreau's inaction, the courts alerted the Barreau to the lawyer's troubling behavior and the lawyer's supervisor withdrew. It was not until 1994 that the Barreau provisionally struck the lawyer off the rolls.

Both the lawyer's behavior and the Barreau's inaction in *Finney* were extreme; nothing akin to what has happened here.

See: *Morris v Law Society of Alberta (Trust Safety Committee)*, 2020 ABQB 137, <http://canlii.ca/t/j5d8l>.

When described in this fashion, the limited circumstances in which gross careless and serious negligence would apply to a regulator become clearer.

Reasons for Examination Failure Need to Cover All Grounds of Appeal

Few regulatory decisions have as significant an impact on individuals as clinical examinations, especially for an examinee's final attempt. In *Mattar v The National Dental Examining Board of Canada*, 2020 ONSC 403, <http://canlii.ca/t/j5dbh>, an internationally trained dentist appealed the failure of their third and final attempt of the national dental skills examination. The candidate appealed on three grounds: the standardized patient's condition created a problem for the requested

procedure; the examiners had not followed procedure; and as a result of the unfair treatment the applicant suffered a “nervous breakdown” or panic attack that raised compassionate grounds worthy of setting aside the failure. The Court held that the reasons for decision for the first two grounds were quite brief but were adequate.

However, the Court ruled that the complete absence of reasons for the third ground of appeal made the decision procedurally unfair. The Court was unwilling to infer that the committee concluded that, having failed to establish the first two grounds of appeal, it “must have found that whatever stress and panic [the examinee] experienced following the Provisional Crown Restoration test did not arise from circumstances beyond [their] control”. Other conclusions were possible including that the examinee “was simply being disruptive after not getting the extra time [they] wanted to complete the task”. Reasons were required to make the decision fair and reviewable. The matter was returned to the committee for reconsideration on the entire record (including new information issued since its original conclusion) and to issue a new decision with reasons on the appeal grounds related to the applicant’s medical condition.

While courts have often said that a tribunal’s reasons for decision do not have to cover every point raised, they do have to address the main issues.

Prepared by Richard Steinecke

In this Issue:

- Bill 159 to permit competency-based selection of Board members for delegated administrative authorities (DAAs), see p. 1
- Regulation authorizes nurses to self-initiate controlled act of psychotherapy, see p. 1
- Regulation authorizes occupational therapists to perform psychotherapy, see p. 2
- Numerous regulations made implementing new animal welfare legislation, see p. 2

Bonus Features:

- Restraining Illegal Practice, see p. 2
- Using the *Competition Act* to Engage in Unauthorized Practice, see pp. 2-3
- Does Bankruptcy Extinguish an Administrative Penalty?, see p. 3
- Expanded Remedies in Judicial Review, see pp. 3-4

Ontario Bills

(See: <https://www.ola.org>)

Bill 159, *Rebuilding Consumer Confidence Act, 2019* – (government Bill – consideration by the Standing Committee on Justice Policy). The Bill reforms the delegated administrative authorities (DAA) scheme that applies to many professions and businesses including:

- allowing the Minister to revise the composition of the Board of Directors of a DAA (e.g., requiring a certain percentage of public members);
- allowing the Minister to establish competency criteria for being elected or appointed to the Board of Directors of a DAA;
- requiring disclosure of compensation of Board and staff members of a DAA; and
- authorizing the appointment of an administrator to take over the operation of a DAA.

The Bill also establishes an administrative penalty scheme for the *Consumer Protection Act*.

Proclamations

(See www.ontario.ca/en/ontgazette/qazlat/index.htm)

There were no relevant proclamations this month.

Regulations

(See www.ontario.ca/en/ontgazette/qazlat/index.htm)

Nursing Act – The regulation prescribing controlled acts for nurses was amended, effective January 1, 2020, to permit nurses to self-initiate the controlled act of psychotherapy. (Ontario Regulation 473/19 Gazetted January 11, 2020).

Occupational Therapy Act – A controlled acts regulation authorized occupational therapists to perform the controlled act of psychotherapy and establishes standards of practice for doing so. (Ontario Regulation 474/19 Gazetted January 11, 2020).

Provincial Animal Welfare Services Act, 2019 – Numerous regulations implementing the new regulatory scheme were enacted. For example, the regulations deal with the standard of care for animals, a Code of Conduct for animal welfare inspectors, exemptions from some requirements and administrative details. (Ontario Regulation 442/19 and 448/19 Gazetted January 4, 2020).

Proposed Regulations Registry
(See <http://www.ontariocanada.com/registry>)

There are no relevant consultations pending.

Bonus Features
(Includes Excerpts from our Blog and Twitter feed found at www.sml-law.com)

Restraining Illegal Practice

One of the most notorious disbarred lawyers is Harry Kopyto. Despite being disbarred more than 30 years ago, he continues to practise. The regulator sought a permanent injunction against his continuing to practise law or holding himself out as a legal representative. The Court had little difficulty concluding that Mr. Kopyto was acting illegally and would continue to do so. The injunction was granted: *Law Society of Ontario v Harry Kopyto*, 2020 ONSC 35, <http://canlii.ca/t/j4f8s>.

In doing so the Court affirmed that where a regulator's statute authorizes the granting of a restraining order, the usual requirements for obtaining such an order are relaxed. The regulator does not have to demonstrate that there would be irreparable harm. The regulator also does not have to prove that any harm could not be compensated for in damages. In addition: "Hardship from the imposition and enforcement of an injunction will generally not outweigh the public interest in having the law obeyed."

However, there remains discretion to refuse to grant an injunction where granting it "would be of questionable utility or inequitable".

Using the *Competition Act* to Engage in Unauthorized Practice

Can someone engaging in the unauthorized practice of a profession rely on the *Competition Act* to continue their conduct? The answer is "no" according to the case of *Maddock v Law Society of British Columbia*, 2020 BCSC 71, <http://canlii.ca/t/j4sjv>. The Court held that it was the Competition Bureau and not the courts acting in an individual case that determined whether a regulator of a profession, or its restrictive enabling legislation, was breaching the *Competition Act*. It was no defence to an injunction application by the regulator for the unauthorized practice of the profession.

The Court also interpreted the exception for individuals practising in the employment of and under the supervision of another registered practitioner as referring to an intense level of control over the unregistered person. For example, just because the client of the unregistered person happened to be a lawyer did not provide the intended level of oversight to engage the exception for the unregistered person to practise law.

The Court also looked at all of the circumstances of the case to ascertain whether it was likely that the unregistered person would continue their conduct if no injunction was granted. Prominent in that analysis was the fact that the regulator had issued many warnings, and the manner in which the unregistered person resisted the application for the injunction by raising unconvincing arguments. The Court concluded that, in the absence of the injunction, the unregistered person would find additional justifications to continue his conduct.

Does Bankruptcy Extinguish an Administrative Penalty?

Regulators are, with increasing frequency, authorized to impose administrative penalties. Administrative penalties are similar to fines but often imposed through a less formal process than that usually associated with fines. In *Alberta Securities Commission v Hennig*, 2020 ABQB 48, <http://canlii.ca/t/j4rnk>, Mr. Hennig had a \$400,000 administrative penalty imposed for, among other things, “improper financial disclosure and misrepresentations”. The order was filed with the court. Mr. Hennig declared bankruptcy and the regulator received less than \$1,000 from the estate.

The regulator asserted that the administrative penalty was not extinguished by Mr. Hennig’s bankruptcy as it fell into the exceptions related to debts incurred through fraud, dishonesty or other reprehensible conduct. The Court agreed:

A purposive interpretation of the subsection in view of the intention of section 178 - to preclude dishonest debtors from benefitting from their dishonesty - would surely extend to a decision of a securities commission, charged with enforcing securities laws in order to protect the interesting public and promoting the integrity of the capital markets, in circumstances that would otherwise fit within the subsection.

The decision turned somewhat on the particular conduct underlying the payment order which may not apply to every administrative penalty. But the case does clarify that bankruptcy does not extinguish all administrative penalties.

Expanded Remedies in Judicial Review

Judicial review has traditionally been narrower than an appeal. This is so particularly when it comes to the remedies that can be granted by the Court. Generally, when an order is made by a court on judicial review quashing a tribunal decision, the court sends the matter back for a new decision. However, recently courts have indicated that where “a particular outcome is inevitable and that remitting the case would therefore serve no useful purpose” a court will exercise broader remedies.

An example of this newer approach is found in *Gogek v Real Estate Council of Ontario*, 2020 ONSC 486, <http://canlii.ca/t/j4wt6>. In that case an internal appeal tribunal for the regulator refused to extend the time for initiating an appeal. However, the chairperson of the appeal panel making that decision had presided over the pre-hearing conference in the matter. It is generally accepted that, in order to promote candid resolution discussions, a person presiding over a pre-hearing conference will not later hear the case. The regulator acknowledged the error and not only agreed that the decision refusing the extension of time should be set aside, but that an extension of time was reasonable in the circumstances. The Court directly ordered that permission to initiate the appeal late be granted rather than sending the matter back to the appeal tribunal to make that order.

Prepared by Richard Steinecke

In this Issue:

- Bill 188 expands electronic hearings and alters electronic health record rules, see p. 1
- Bill 175 to change home and community care services, see p. 1
- Bill 161 to amend the regulation of legal services, see p. 2
- Bill 159 to permit competency-based selection of Board members for DAAs, see p. 2
- Bill 145 to update the regulation of real estate services, see p. 2
- Additional provisions proclaimed to restructure health care in Ontario, see p. 2
- Numerous regulations made under the *Emergency Management* statute, see p. 3
- Consultation on regulations on integrating home and community care, see p. 3
- Consultation on administrative monetary penalties for consumer protection, see p. 3

Bonus Features:

- Emergency Suspension of Limitation Periods and Procedural Timelines, see pp. 3-4
- Retrospectivity of Mandatory Sexual Abuse Penalties, see pp. 4-5
- Limits to the Principle of Necessity, see pp. 5-6
- Anonymizing Investigations, see p. 6
- Sentencing Considerations for Contempt of Court for Holding Out, see p. 6-7

Ontario Bills

(See: <https://www.ola.org>)

Bill 188, *Economic and Fiscal Update Act, 2020* – (government Bill – passed all three readings and Royal Assent). The Bill permits tribunals to hold electronic hearings even if rules have not been made under the *Statutory Powers Procedure Act*. It also makes a number of changes to the *Personal Health Information Protection Act* in respect of electronic records including:

- Requiring health information custodians with electronic records to have and monitor an audit log which would be available to the Information and Privacy Commissioner;
- Allow extra-Ministerial entities to operate data integration units;
- Provide for broader access to electronic records by the government (for health payment purposes), health units (for immunization and health protection and promotion purposes) and the Coroner's office; and
- Allowing the imposition of administrative monetary penalties for non-compliance with certain aspects of the legislation.

Bill 175, *Connecting People to Home and Community Care Act, 2020* – (government Bill – passed second reading and referred to the Standing Committee on Social Policy). The Bill will restructure and integrate the provision of home and community care under the Ontario Health agency. This will involve new funding models and new oversight mechanisms including additional investigation powers, enhanced powers to appoint a supervisor on an urgent basis without notice, and an expanded role for the Patient Ombudsman.

Bill 161, *Smarter and Stronger Justice Act, 2019* – (government Bill – passed second reading and referred to the Standing Committee on Justice Policy). The Bill, amongst other things, provides the legal regulator, the Law Society of Ontario, with the authority to perform entity regulation. It also:

- authorizes the regulator to disclose information during an investigation where necessary to protect the public interest;
- expands the power of investigators to obtain information from former practice colleagues;
- simplifies the interim order powers in discipline matters; and
- increases the maximum fine at discipline to \$100,000 from \$10,000.

Bill 159, *Rebuilding Consumer Confidence Act, 2019* – (government Bill – second reading debate). The Bill reforms the delegated administrative authorities (DAA) scheme that applies to many professions and businesses including:

- allowing the Minister to revise the composition of the Board of Directors of a DAA (e.g. requiring a certain percentage of public members);
- allowing the Minister to establish competency criteria for being elected or appointed to the Board of Directors of a DAA;
- requiring disclosure of compensation of Board and staff members of a DAA; and
- authorizing the appointment of an administrator to take over the operation of a DAA.

The Bill also establishes an administrative penalty scheme for the *Consumer Protection Act*.

Bill 145, *Trust in Real Estate Services Act, 2019* – (government Bill – received Royal assent). The Bill amends the regulation of real estate practitioners, including expanding the criteria the Registrar can consider when determining eligibility for registration (e.g., past conduct, public interest), allowing the imposition of administrative penalties for non-compliance, expanding the authority of the discipline process to include suspension and revocation of a practitioner's registration, allowing the regulator to collect data to identify enforcement risks, creating a specialist certification program, and allowing seller representatives to disclose competing offers to potential buyers.

Proclamations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

Additional portions of **Bill 74, *The People's Health Care Act, 2019***, implementing a significant restructuring of the provision of health care services in Ontario including the centralization of 20 agencies into one body called Ontario Health, is proclaimed into force on April 1, 2020.

Regulations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

Emergency Management and Civil Protection Act, R.S.O. 1990. While not gazetted yet, numerous regulations have been made related to COVID-19 including limiting health care providers to providing essential services, suspending limitation periods and procedural timelines (see Bonus Features), limiting businesses generally to essential services, allowing for the redeployment of health care providers and preventing large public gatherings. They can be found at: <https://www.ontario.ca/laws/statute/90e09> (click on the “Regulations under this Act” link).

Proposed Regulations Registry

(See <http://www.ontariocanada.com/registry>)

Connecting People to Home and Community Care Act, 2020 – This consultation includes: “Through the *Connecting People to Home and Community Care Act, 2020*, if passed by the Ontario legislature, the ministry is proposing to leverage existing authorities in the *Connecting Care Act, 2019* to govern the funding and oversight of home and community care. This approach recognizes that home and community care is part of an integrated system and is not a stand-alone service. It would embed home and community care in broader health system legislation, creating a single framework for integrated care. Eventually, with a strong regulatory framework in place to ensure quality, consistency and accountability, with ongoing patient rights and complaint mechanisms, the *Home Care and Community Services Act, 1994* and its regulations, would be repealed.” Comments are due by April 14, 2020.

Rebuilding Consumer Confidence Act, 2020 – This consultation includes: “This consultation is on draft regulations that propose administrative penalties for certain [*Consumer Protection Act*] requirements, as well as the proposed penalty amounts. These regulations could be made only if the proposed bill is passed. [Administrative monetary penalties] are initially proposed for disclosure obligations in two key areas: direct agreements (including door-to-door agreements) and tow and storage services.” Comments are due by April 23, 2020.

Bonus Features

(Includes Excerpts from our Blog and Twitter feed found at www.sml-law.com)

Emergency Suspension of Limitation Periods and Procedural Timelines

The Ontario government has just issued an emergency order, retroactive to March 16, 2020, suspending all limitation periods and timelines in proceedings. Regulators generally deal with few true limitation periods. Very few regulators have true limitation periods relating to the filing of complaints or the initiation of disciplinary proceedings. There are limitation periods related to the initiation of provincial offences prosecutions, which many regulators can do, and those will likely be suspended for the duration of the order.

It is the part of the order that suspends the period of time within which any step must be taken in any proceeding, including any intended proceeding, that will have a greater impact on Ontario regulators. For example, timelines for regulators to notify a practitioner of a complaint within so many days is likely suspended. What is less clear is whether regulators can proceed with an investigation, referral to discipline or a discipline hearing where the practitioner is given a specified amount of time to respond before the step is taken. Is the regulator prevented from proceeding in those circumstances? Even if the regulator is presumptively so prevented, the suspension of the timeline is “subject to the discretion of the court, tribunal or other decision-maker responsible for the proceeding”. This exception contained in the emergency order would appear to provide a method for a regulator to require compliance with the timeline in appropriate circumstances, such as where the public is at risk.

The emergency order only applies to proceedings. Other obligations that are not in the nature of intended or actual proceedings, such as the requirement to hold Council meetings within certain timeframes, are likely not suspended by the order. The order also only applies to proceedings under the jurisdiction of the Ontario government; it would not apply to federal proceedings such as under the *Criminal Code of Canada*.

Given the variety of legislative provisions affected and the general language of the emergency order, regulators need to obtain legal advice for any specific situations.

Read the order here: <https://www.ontario.ca/laws/regulation/200073>.

Retrospectivity of Mandatory Sexual Abuse Penalties

Touching a patient’s genitals for no clinical reason has always been serious professional misconduct for a registered health practitioner. However, before 2017, revocation was not mandatory. At the time the amendments were made, there was significant debate as to whether mandatory revocation applied to pre-2017 conduct. The Divisional Court in Ontario (*College of Physicians and Surgeons of Ontario*) v *Kunynetz*, 2019 ONSC 4300, <http://canlii.ca/t/j1m2m>, suggested that the mandatory revocation requirement was not retrospective. In *Schoelly v College of Massage Therapists of Ontario*, 2020 ONSC 1348, <http://canlii.ca/t/j5n1s>, the Divisional Court reiterated this proposition. In that case, the Court was faced with a finding by the panel that, even if revocation was not mandatory, the panel would have imposed it in any event. The Court held that this was not a proportional outcome in all of the circumstances and reduced the penalty to the suspension already served, which was over two years. That period of suspension, along with the significant costs order was “sufficient to accomplish the goals of specific and general deterrence, denunciation and protection of the public and maintaining the public’s confidence in the profession’s ability to self-regulate in the public interest.”

The Court upheld the credibility finding of the panel, applying the palpable and overriding error standard in much the same way as the previous reasonableness test.

The Court also concluded that a reasonable apprehension of bias was not demonstrated by the fact that the College retained legal counsel to prosecute the allegations or that substantial costs of almost \$50,000 were awarded.

Limits to the Principle of Necessity

Some appearances of bias can be caused by the structure of the legislation. For example, where a complaint is made about a member of the complaints committee, it is awkward for the other members of the complaints committee to consider the matter. In such situations, a regulator will attempt to reduce the concerns as much as possible, perhaps by appointing additional, short-term, members to the committee to consider the matter. In addition, the principle of necessity can apply. The principle of necessity means that where a public interest function must be performed, circumstances that should otherwise be avoided will be condoned.

The limits to the principle of necessity were illustrated in the case of *Canada (Director of Military Prosecutions) v Canada (Office of the Chief Military Judge)*, 2020 FC 330, <http://canlii.ca/t/j5p93>. In that matter, the Chief Military Judge was the subject of allegations of making a false travel expense claim and of an inappropriate personal relationship with a person under his command (a court reporter). The Deputy Chief refused to hear the case because of an appearance of bias and refused to appoint any of the other military judges because everyone in that small pool would also be biased or unable to conduct the hearing in French.

Prosecutors sought judicial review for an order compelling the Deputy Chief to appoint an eligible military judge relying, in part, on the principle of necessity. The Court refused to make such an order, finding that the appearance of bias concerns were, on the facts of this case, quite strong. For example, in addition to adjudicating a well-publicized case involving a close colleague, many of the witnesses would be colleagues as well. The Court indicated that the principle of necessity:

will not apply in circumstances where its application would involve positive and substantial injustice since it cannot be presumed that the policy of either the legislature or the law is that the rule of necessity should represent an instrument of such injustice. Secondly, when the rule does apply, it applies only to the extent that necessity justifies. These two limitations make clear that the doctrine should not be applied mechanically. To do so would gravely undermine the guarantee of an impartial and independent tribunal provided by section 11(d) of the *Charter [of Rights and Freedoms]*. In this case, the doctrine of necessity would not apply in a context of criminal or military justice where the fundamental rights of the accused may be irreparably compromised by the absence of an impartial and independent tribunal or by the language deficiency of the trial judge.

The Court noted that this situation was caused by the structure of the legislative scheme which had not contemplated this rather unique set of events. The Court identified some less than ideal options for proceeding with the hearing including amending the legislation or asking a superior court to appoint one of its Judges to hear the matter.

While military discipline matters are quasi-criminal in nature and have some differences from most other professional discipline matters, this case illustrates that the principle of necessity may have some limits.

Anonymizing Investigations

Generally, the fact that a practitioner is under investigation is not made public. Only if a referral to discipline is made or significant remedial action is taken does the matter become public. This places the practitioner in a bit of bind if the practitioner seeks to challenge an investigation in court, because court proceedings are almost always public.

In *Party A v British Columbia (Securities Commission)*, 2020 BCCA 88 (<http://canlii.ca/t/j5srk>), a party was appealing an aspect of the investigation conducted by the regulator. At the request of the party, the Court restricted public access to the court file and anonymized the publicly-available documents. In doing, so the Court said:

There is always concern on the part of this court when orders are sought that would seal a file. The principle of the open court is important and we do not lightly seal a file, the act of which has the effect of foreclosing public knowledge of the contents of the file.

However, the Court was satisfied by the evidence that there would be significant harm to the party and, indeed, to the public, if the fact that the investigation was occurring became known. It noted:

I am satisfied that there is potential harm to the appellants, who are the applicants today, should the fact of the investigation become broadly known. I am also satisfied that there is potential harm to the public at large from knowledge of the fact of the investigation without information as to the content of the investigation or where it is likely to lead. For example, the public at large may respond in the capital markets to information that turns out to have little impact.

Despite this finding, the Court insisted that an anonymous version of the key documents, including the decision, be made public so that the matter was not completely out of public view.

This case suggests that while it will be rare for courts to restrict public access to court files relating to regulatory investigations, courts may do so to avoid significant harm.

Sentencing Considerations for Contempt of Court for Holding Out and Use of Title

In *College of Physicians and Surgeons of British Columbia v Ezzati*, 2020 BCSC 339, <http://canlii.ca/t/j5s7k>, the Court had to decide what sentence to impose on an unregistered person who held themselves out as able to practise medicine and used protected titles such as “physician” and “Doctor”. The Court identified the following factors as relevant to that decision:

1. the gravity of the offence (in this case disregarding a court order);
2. the need to deter the offender;
3. the past record and character of the offender (e.g., is this a first finding);
4. the need to protect the public from the offender's conduct;
5. the ability of the offender to pay a fine; and
6. the "extent to which the breach was flagrant and wilful and intended to defy the court's authority".

In applying those considerations to the conduct of this individual, the Court imposed a fine of \$5,000.



The College of Naturopaths of Ontario

Presidents Report

This is my fourth and final President's Report for the Council cycle of April 1, 2019 to March 31, 2020. If we had known the kind of year this would turn out to be, I might have given second thought to taking on the role. Its certainly been a year of many challenges for us, not the least of which is our current COVID-19 crisis.

This report is intended to cover the period of January 1, 2020 to March 31, 2020 although some of our more recent activities in April will be included as they are relevant to our current situation. The initial part of this period was relatively routine working with the Registrar & CEO, staff and the Executive Committee on on-going data management issues and looking at routine financial matters. As the period progressed, the novel corona virus, or COVID-19 as we now refer to it began to loom greater and greater over the horizon.

By the first week of March, communications between myself and the Registrar & CEO became almost daily as we watched how other Colleges were reacting to the growing pandemic. The College's senior staff developed a contingency plan and relayed that information to me and to the Executive Committee, a plan that was implemented on March 17, 2020 when the College's office was officially closed.

There has been a fair amount of concern among Members about the directives issued by the Chief Medical Officer of Health eliminating non-essential services and the Premier essentially closing non-essential Ontario businesses. Although it is not typically the role of the President, I was pleased to assist staff in their work on communication efforts to ensure clarity of the requirements and who was placing these rules on this and all professions.

In late March, I did take the opportunity to meet with Dr. Vivienne Guy, ND, Chair of the Ontario Association of Naturopathic Doctors (OAND). Our discussions were very positive and reinforced our mutual desire to work together to ensure that the profession had all of the information they it needs to understand the situation.

There is considerable uncertainty for the medium- and long-term periods, in particular how the pandemic will impact the profession and therefore the College. For the short term, the College is fulfilling its regulatory obligations while operating remotely. My thanks go to all of the staff for their commitment to the work of the College.

Dr. Kim Bretz, ND
Chair, Executive Committee
January 2020



The College of Naturopaths of Ontario

Registrar's Report on the Operational Plan

Q4: JANUARY 1, 2020 – MARCH 31, 2020

Activity	Ends Ref.	Results for this Period	Results to Date
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ITEM 5.02

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 2019, and
2. a report on compliance with the Executive Limitation Policies.

REPORT ON OPERATIONAL ACTIVITIES

I. Regulate the Profession

In each of the three years of the operating plan, the College will perform the following operational activities.

Activity	Ends Ref.	Results for this Period	Results to Date
1. Entry to Practise	Intro, 4.1, 4.2		
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: - New received: 11 - On-going from prior: 10	Applications received: 84
		Certificates issued: 13	Certificates issued: 107 One certificate of registration could not be issued as the applicant did not satisfy the requirements set out by a panel of the Registration Committee.
		Referrals to RC: 8 1 – approved 0 – approved with TCL's¹ 4 – approved with more education or training 7 – approved with additional exams 0 – declined	Referrals to RC: 15 ² 5 – approved 2 – approved with TCLs 5 – approved with more education or training 7 – approved with additional exams 0 – declined

¹ TCL's are Terms, Conditions or Limitations

² Includes applicants who were mandated to complete more than one requirement (e.g., exams and additional education) prior to issuance of a certificate.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
Receive, review and process applications for a determination of substantial equivalency under the Prior Learning Assessment and Recognition (PLAR) Program.		No PLAR applications were received or assessments conducted during this reporting period.	PLAR Document of Education and Experience (DEE) Received: 1
Support the Registration Committee in consideration of applicants referred to it and implement the decisions provided by the Committee.		Supporting documentation (e.g. decision tree, sections of pertinent legislation and summary documents) was provided to the Registration Committee for all applications referred for review and decision.	
Support the Registration Committee in appeals made by applicants to the Health Professions Appeal and Review Board (HPARB).		New HPARB appeal: 1 HPARB decisions: 0	HPARB appeals: 2 1 – Decision upheld 0 – Matter returned for reconsideration.
Maintain current information on the College's website about the application process and the Prior Learning Assessment and Recognition Program.		PLAR webpage translated for website.	Updates were made as needed. PLAR webpage translated for website.

2. Examinations	Intro, 4.2		
Deliver three Clinical (Practical) examinations (CPE) for new applicants to the profession.		CPE sessions held: 1 - February 9, 2020 21 candidates sat the exam	CPE sessions held: 3 131 candidates to date
Deliver two written Clinical Sciences Examinations (CSE) in each year and, beginning in 2020, two written Biomedical Examinations (BME).		CSE session held: 1 - February 20, 2020 52 candidates sat the exam BME sessions held: 0 (Note: The BME has not yet been fully operationalised)	CSE sessions held: 3 163 candidates to date BME sessions held: 0
Deliver two IVIT Examinations (IVIT Ex) in each year for those Members who wish to meet the Standard of Practice.		IVIT Ex sittings: 0	IVIT Ex sittings: 2 63 candidates to date

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
Deliver two Therapeutic Prescribing Examinations (TPE) in each year for those Members who wish to meet the Standard of Practice.		TPE sittings: 0	TPE sittings: 2 137 candidates to date

3. Membership/Registration	Intro		
Conduct an annual renewal process that includes enabling Members to pay their annual fees in each year and update their Information Return with the College.	5.2, 5.3	Renewal for the 2020-21 registration year launched February 14, 2020. 755 – Paid and completed the info return form 842 – Submitted the info return form but did not pay 11 – Paid but did not submit the info return form 43 – Took no action Note: Due to COVID-19, the renewal fee deadline was extended to May 31, 2020.	Renewal for the 2020-21 registration year launched February 14, 2020. 755 Members completed their renewal requirements 896 Members have one or more component of the renewal process to complete Note: Due to COVID-19, the renewal fee deadline was extended to May 31, 2020.
		Suspensions: 14	Suspensions to date: 34
		Revocations ³ : 3	Revocations to date: 13
		Resignations: 14	Resignations to date: 36
		Reinstatements: 11	Reinstatements to date: 26

³ Refers to suspensions made pursuant to section 16 of the *Registration Regulation* which occurs two years from the date a Member was suspended.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
		Total Members: - General Class: 1,516 - In good standing: 1,494 - Suspended: 22 - Inactive Class: 169 - In good standing: 157 - Suspended: 12 - Life Members: 19	
Receive, review and process applications for change of class, approving those who qualify and referring the remainder to the Registration Committee for review and determination.	5.2, 5.3	Class Change applications: - GC to IN: 21 - IN to GC (under 2 years): 9 - IN to GC (2 years or more): 0 Life Membership applications: 1 - Approved: 2 - Denied: 0	Class Change applications to date: - GC to IN: 45 - IN to GC (under 2 years): 21 - IN to GC (2 years or more): 0 Life Member applications to date: 4 - Approved: 4 - Denied: 0
Manage (adding, modifying and auditing records) the Public Register of Members for use by the public as required in the <i>Regulated Health Professions Act, 1991</i> and the College by-laws.	2.1	Information on the Public Register was updated as needed, based on changes to Member status and Standards of Practice (IVIT and Prescribing). No register audits were conducted during this reporting period.	Information on the Public Register was updated as needed, based on changes to Member status and Standards of Practice (IVIT and Prescribing).
Submit the annual reporting data to HealthForceOntario (HFO) as required under the Code.	2.1	Preparation work for the HFO submission for the 2019 reporting year was initiated.	HFO reporting data submission for the 2018 reporting year made on May 2, 2019.
Receive, review and process applications for certificates of authorization for professional corporations (PC).	2.1, 2.3	New applications: 1 - Approved: 1 - Denied: 0	New PC applications to date: 9 - Approved 9 - Denied: 0
Conduct annual renewals of certificates of authorization for professional corporations.	2.1, 2.3	PC renewal applications: 17 - Approved: 17 - Denied: 0	PC renewal applications to date: 66 ⁴ - Approved: 66 - Denied: 0 Total PCs: 73

⁴ Includes 2 new PCs that submitted their renewal documents ahead of the expiration date.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
		Membership undertook the first Public Register photo update since proclamation with 400 Members being sent notice to submit a new photo. • # of Members who submitted a new photo by the suspension deadline: 30 • # of Members suspended for non-compliance: 8	Membership undertook the first Public Register photo update since proclamation with 400 Members being sent notice to submit a new photo. • # of Members who submitted a new photo by the deadline: 362 • # of Members who were sent a notice of intent to suspend for non-compliance: 38 ○ Of the 38 sent a notice, 30 submitted a new photo and 8 were suspended for non-compliance.

4. Patient Relations Program	Intro, 2.1		
• The College will operate a Patient Relations Program as set out in the <i>Regulated Health Professions Act, 1991</i>.		The College operates a Patient Relations Program under the guidance of the Patient Relations Committee (PRC). PRC meetings: 1	The College operates a Patient Relations Program under the guidance of the Patient Relations Committee (PRC). Total of PRC meetings: 2
• Applications for funding will be accepted and reviewed under the new rules and patients entitled to funding supported by the College.		New applications: 0	Applications to date: 0

5. Quality Assurance Program			
• The College will operate a Quality Assurance Program as set out in the <i>Regulated Health Professions Act, 1991</i> and the Quality Assurance Regulation made under the <i>Naturopathy Act, 2007</i>.	Intro, 4.1, 4.2	The College operates a Quality Assurance Program under the guidance of the Quality Assurance Committee (QAC). • QAC meetings: 3 • All 2019-2020 Peer and Practice Assessments were conducted for a total of 65 Members.	The College operates a Quality Assurance Program under the guidance of the Quality Assurance Committee (QAC). • QAC meetings: 10 • All 2019-2020 Peer and Practice Assessments were conducted for a total of 65 Members.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
The Quality Assurance Committee will be supported by the College and will be provided with information in a timely fashion.		The QAC is supported by the Deputy Registrar, the Manager, Professional Practice, and the Administrative Assistant, Professional Practice.	The QAC is supported by the Deputy Registrar, the Manager, Professional Practice, and the Administrative Assistant, Professional Practice.
Twenty-five percent (25%) of standards and guidelines will be reviewed by the QA Committee to ensure that the standards fully support patient-centred care. New standards will be developed as identified by the Committee and/or Council.	4.1	The QAC reviewed and provided feedback on the CANRA draft MOU on Electronic inter-jurisdictional Services.	The QAC amended its program policies including an amendment to the review schedule for standards and guidelines.

6. Inquiries, Complaints and Reports	Intro		
The College will receive information and complaints about Members of the profession and fulfil its obligations to investigate the matters in accordance with the <i>Regulated Health Professions Act, 1991</i> through the Inquiries, Complaints and Reports Committee.	Intro 4.1	New complaints/reports: 8 4 – Registrar’s Investigations 4 – Complaints	Complaints/reports to date: 39 16 Registrar’s Investigations 23 complaints Ongoing complaints/reports: 26 2015 (BDDT-N) – 1³ 2016/17 – 3⁵ 2018/19 – 2 2019/20 – 20
		Concerns in new complaints/reports: - Inappropriate advertising – 6 - Failure to comply with an Undertaking – 1 - Practising while suspended – 1 - Failure to register IVIT premises – 2 - Recommending treatment that is unnecessary or ineffective – 1 - Providing services outside the scope – 1 - Requisitioning a test from a lab	

⁵ The 4 matters are related and were on hold pending a criminal investigation.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
		not licensed by LSCCLA – 1 • Failure to maintain fair billing practices – 1 • Sexual abuse – 1	
		Complaints/Reports disposed of: 6 • Letter of Counsel – 2 • SCERP – 1 • SCERP/Oral Caution – 2 • Referral to Discipline Committee – 1	Disposed of to date: 35 • Letter of Counsel: 17 • SCERP: 1 • SCERP/Oral Caution: 2 • Referral to Discipline Committee: 6 • Undertaking: 1 • No further action: 5 • Frivolous & Vexatious: 1
• 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.	4.1	Health Inquiries disposed of: 0	Health Inquiries disposed of: 1 • The Member signed an Undertaking with respect to appropriate treatment and practice limitations.
• Staff will develop a database of prior decisions and legal opinions to assist the ICRC.	3	A database of prior decisions and legal opinions to assist the ICRC is maintained by staff.	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 unauthorized practitioners and the Register will be managed in accordance with Council policy.	3	C&D letters issued to individuals holding out as naturopaths: 3 C&D letters issued to NDs providing IVIT at a premises not registered with the College: 2 C&D letters issued to Members posting inappropriate or unprofessional information re COVID-19: 5	As of April 1, 2019, the College has issued 17 Cease and Desist letters to individuals holding out as naturopaths. One injunction has been sought and granted. C&D letters issued to NDs providing IVIT at a premises not registered with the College: 3

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
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.	1	Applications submitted to HPARB: 1	Applications for review of the ICRC's decision submitted to HPARB since April 1, 2019: 4 Decisions not to proceed with the review issued by HPARB since April 1, 2019: 1

7. Discipline/Fitness to Practise	Intro		
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.	3, 4.1	The Discipline and Fitness to Practise Committees are supported by the Registrar, Deputy Registrar, Manager, and Administrative Assistant, Professional Conduct.	The Discipline and Fitness to Practise Committees are supported by the Registrar, Deputy Registrar, Manager, and Administrative Assistant, Professional Conduct.
Independent Legal Counsel will be retained by the College to provide ongoing 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.	4.1	Discipline committee meetings were fully supported by ILC during the reporting period.	Discipline committee meetings were fully supported by ILC during the reporting period. The DC declined to issue an RFP in this fiscal year.
The Registrar & CEO, with the support of the Deputy Registrar, 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.	4, 4.1	Pre-Hearing Conferences (PHC's) - Completed: 2 - Scheduled: 1 Hearings held: 0 Hearings scheduled: - Rodak DC18-01 – TBA - Ee – April 7, 2020 - Cohen (1) – TBA - Cohen (2) – TBA - Deshko – TBA - Rodak DC19-06 – TBA	Pre-Hearing Conferences (PHC's) - Completed: 2 Hearings held: 4 - Uncontested – 4 - Contested – 0 - Ali – April 30, 2019 - Yarish – July 25, 2019 - Yores – Aug 22, 2019 - Elizalde – Nov 6, 2019

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
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.	4, 4.1	New referrals: 1	Ongoing referrals: 6 - From 2018/19 – 2 - From 2019/20 – 4
Staff will monitor and enforce the members' compliance with orders of the Discipline/FTP panels.	4, 4.1	Staff continuously monitor and enforce Members' compliance with orders of the Discipline panels. Any deviations are promptly reported to the Registrar and CEO.	Currently, 6 Members of the College are working toward meeting the requirements set by the Discipline Panels.

8. Inspections	Intro, 4.1, 4.2		
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.		The College operates an Inspection Program under the guidance of the Inspection Committee (IC). Inspections: - New premises (Part I & II): 12 - Regular inspections: 0	The College operates an Inspection Program under the guidance of the Inspection Committee (IC). Inspections: - New premises (Part I & II): 49 - Regular inspections: 0
The Inspections Committee (IC) will be supported by the College.		The Inspection Committee (IC) is supported by the Manager of Professional Practice, the Deputy Registrar, and Legal Counsel. IC meetings: 2	The Inspection Committee (IC) is supported by the Manager of Professional Practice, the Deputy Registrar, and Legal Counsel. IC meetings: 7
Inspectors will be recruited and trained in support of the program as needed.		New inspectors have not been recruited. No inspector training has been conducted.	New inspectors have not been recruited. No inspector training has been conducted.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
New premises will be inspected within 180 days of becoming registered with the College.		New premises registered: 5 New premises inspected: - Part I: 7 - Part II: 5 All Part I inspections were completed within 180 days of being registered.	New premises registered: 25 New premises inspected: - Part I: 25 - Part II: 24 All Part I inspections were completed within 180 days of being registered.
The College will manage the IVIT Premises Register on its website.		The IVIT Premises Register was updated regularly. 12 Inspection Committee Reports were posted which included: 9 pass outcomes 3 pass with conditions outcomes	The IVIT Premises Register was updated regularly. 64 Inspection Committee Reports were posted which included: 49 pass outcomes 15 pass with conditions outcomes
A process for premises reporting both Type 1 and Type 2 occurrences data is in place and statistical data for Type 2 occurrence reports will be reported annually.		Type 1 Occurrence Reports: 1⁶ 1 – death of a patient within 5 days following an IVIT procedure 0 – referral of a patient to emergency services within 5 days of an IVIT procedure 0 – referral of a patient to emergency services within 5 days of an IVIT procedure and death of a patient that occurs within 5 days following the performance of an IVIT procedure 0 – procedure performed on the wrong patient at the premises; and 0 – administration of an	Type 1 Occurrence Reports: 13⁴ 1 – death of a patient within 5 days following an IVIT procedure 9 – referrals of a patient to emergency services within 5 days of an IVIT procedure 1 – referral of a patient to emergency services within 5 days of an IVIT procedures and death of a patient that occurs within 5 days following the performance of an IVIT procedure 1 – procedure performed on the wrong patient at the premises; and 1 – administration of an

⁶ All type 1 occurrence reports were reviewed by the Inspection Committee and no further action was required based on any of the reports received.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
		emergency drug to a patient immediately after a procedure was performed. Type 2 Occurrence Reports: 0 (annual submission due May 1/19)	emergency drug to a patient immediately after a procedure was performed. Type 2 Occurrence Reports: 146 (annual submission due May 1/19)

9. Scheduled Substances Review Committee		Intro, 4.1, 4.2	
The College will operate a process to review the tables to the General Regulation outlining the drugs and substances authorized for use by the profession and review the specimens and tests that can be taken, performed or ordered by the profession.		The Council tasked the SSRC with the process of clarifying the Scope of Practice of the profession. Staff have begun conducting research and collecting materials to support the Committee in this process. SSRC meetings – 0	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). SSRC meetings – 1 (a second meeting was cancelled as it was not needed).
The Scheduled Substances Review Committee will be supported by the College through the timely provision of information for meetings.		The SSRC is supported by the Deputy Registrar.	The SSRC is supported by the Deputy Registrar.
In 2019-2020, the SSRC will review and consider making recommendations to Council for additional considerations to the schedules of drugs, substances and lab tests.			The submission to government for the amended general regulation and recommendations for amendments to the <i>Laboratory Specimen Collection Centre Licensing Act</i> were finalised and submitted to the MOHLTC for consideration.
In 2019-2020, necessary research will be conducted in support of additional considerations as established by the Council.			The SSRC has submitted draft amendments to its Terms of Reference for consideration by the Council to support its review of the current processes.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
10. Regulatory Education	Intro, 4.3, 4.4		
The Regulatory Education Specialist will respond to Members' questions and provide information, whenever possible, and guide the profession to the resources available to it.		309 inquiries were responded to. Members are regularly guided to where they can find the relevant regulation, standard of practice or guideline on the College's website.	1,037 inquiries were responded to. Members are regularly guided to where they can find the relevant regulation, standard of practice or guideline on the College's website.
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.		Article published in the regulatory guidance section of <i>iNformeD</i> : 1 <i>Insights from Peer and Practice Assessments</i> (Spring 2020)	Articles published in the regulatory guidance section of <i>iNformeD</i> : 4 <i>What NDs Need to Know about Lab Tests</i> (Summer 2019) <i>The Accessibility of Ontarians with Disabilities Act and Naturopaths in Ontario</i> (Fall 2019) <i>10 Tips – Ownership and Transfer of Patient Files</i> (Winter 2019/20) <i>Insights from Peer and Practice Assessments</i> (Spring 2020).
The College will respond to inquiries from the public, Members and stakeholders by telephone or through written communication as required.		The Regulatory Education Specialist responded to 95 telephone inquiries and 203 e-mails. The most common inquiries related to: - COVID-19 and essential services (new in Q4) - Fees and billing (regarding telepractice services) - Inspection Program - Record keeping - Telepractice	The Regulatory Education Specialist responded to 449 telephone inquiries and 578 e-mails. The most common inquiries related to: - Advertising - COVID-19 & essential services - Discharging a patient - Fees and billing - Inspection Program - Laboratory testing - Patient visits - Prescribing - Record keeping

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			• Scope of practice • Telepractice
• All standards, guidelines and policies will be maintained on the College's website.		All standards, guidelines, policies are maintained on the College's website. All are now available in French and English.	All standards, guidelines, policies are maintained on the College's website. All are available in French and English.

II. 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.

1. Good Governance

1.1 Ensuring Council is Properly Constituted

• Council elections will be conducted annually as required by the by-laws.	1.2, 5.1	No activity this reporting period.	The Call for Nominations was issued in Q3 to Members in Districts 7 and 8. As only one nomination was received in each district, the parties were elected by acclamation. Dr. George Tardik, ND was elected by acclamation for District 7 (East) as well as Dr. Jordan Sokoloski, ND for District 8 (North).
• Executive Committee elections will be initiated immediately following the completion of the Council elections and will be held at the first meeting of the Council following the Council elections.		The Registrar & CEO issued a call for nominations to the positions of President, Vice President and Officers-at-Large on the Executive Committee on April 11, 2020.	Executive Committee elections were last completed at the April 2019 Council meeting. The upcoming elections will be in April 2020.
• The Registrar 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		The Registrar maintains regular communications with the Ministry on this topic.	Several discussions were held with the public appointments unit of the Ministry of Health to seek out new appointments and address other matters.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
appointments and re-appointment as necessary.		Dean Catherwood of Toronto was appointed effective January 31, 2020. Gail Goodman did not wish to be reappointed to the Council. As a result, the Order-in-Council for R. Gail Goodman expired on March 27, 2020. The Minister sent a letter thanking her for her service. Her appointment ended March 27, 2020.	Lisa Fenton was appointed on May 16, 2019. Scott Sawler resigned his position in June 2019. Dean Catherwood of Toronto was appointed effective January 31, 2020. Gail Goodman did not wish to be reappointed to the Council. As a result, the Order-in-Council for R. Gail Goodman expired on March 27, 2020. The Minister sent a letter thanking her for her service. Her appointment ended March 27, 2020.
The College will work with and respond to all external oversight agencies to ensure that it is meeting all of the legislative requirements.	1.1, 5.1	The Deputy Registrar attends daily update meetings with the Ministry's Emergency Operations Centre re COVID-19 & legislative updates have been provided to Members.	The Deputy Registrar attends daily update meetings with the Ministry's Emergency Operations Centre re COVID-19 & legislative updates have been provided to Members. 1 application to the Human Rights Tribunal of Ontario (HRT) was received by the College pertaining to an ICRC matter.
1.2 Council Orientation			
The Registrar will work with the Executive Committee, the President, and Legal Counsel to provide a program of annual orientation for existing and newly elected/appointed Councillors.	1.2, 5.1	Orientation of Dean Catherwood was scheduled for March 27, 2020 but was subsequently cancelled due to COVID-19.	Newly elected and appointed members were oriented on July 3, 2019.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
Members of the Council will be oriented to the governance model and their fiduciary responsibilities annually.		Development of an orientation of Council for April 2020 was underway; however, the session has been rescheduled tentatively to July 2020 due to COVID-19.	As a full education session was completed in April 2018, no session was needed in 2019. Council was advised of program to enable them to observe other Council meetings.
1.3 Reporting to Council			
The Registrar 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.	1.1, 5	The quarterly report covering Q3 of 2019-2020 was submitted at the Council's January meeting.	Four quarterly reports have been submitted.
The Registrar 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 Members.	1.2, 5	The trending data is included elsewhere in this report.	Quarterly reports include trending information about complaints and investigations, discipline and matters raised with the Regulatory Education Specialist.
The evidence-based approach for Council decision-making, which was developed in 2017-2018, will be implemented on a test basis.	Intro	No activity this reporting period.	In October 2017, the Council decided that the model would be used as a guideline.
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.	5.1	In January 2020, the Council was briefed on the following issues: - Draft Operating Plan 2020-2023 - Capital and Operating Budget 2020-2021 - Proposed amendments to the Scheduled Substances Review Committee Terms of Reference	Briefings to date: - Committee terms of reference - Clinical Sciences Examination - CPSO CAM policy - Patient rights document from Patient Relations - Proposed by-law changes - SSRC Regulation submission - Potential topics for stakeholder presentations - Reviewing quarterly variance reports - Proposed changes to IVIT policy.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
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.	5, 5.1	No activity this reporting period.	No activity this reporting period.
The Council will undertake a performance review of the Registrar on an annual basis in accordance with its policies.		The Portage Group has been engaged and has started work on the Registrar & CEO Performance Review process.	The Annual Organizational and Registrar Performance Review was finalised in July 2019. The Executive Committee passed a motion in December 2019 to support the Executive Committee and Council for the Registrar & CEO Performance Review process starting in Q4.
The Council will undertake a bi-annual (2018, 2020) assessment of its own performance over the course of the prior two years.		No activity this reporting period.	The Council's own performance review survey was conducted in April 2019. The results were discussed at the July Council meeting.
1.5 Identification and Mitigation of Risk			
The Registrar, on behalf of the Council, will maintain appropriate insurance policies to cover risks to the organisation, including directors and officers liability insurance, commercial general liability insurance and property insurance.	1.2, 5, 5.4	Insurance was renewed in March 2020 for one year.	Insurance was renewed in March 2020 for one year.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
- The College will undertake an organisation-wide risk assessment, including but not limited to: - 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.		First draft in progress.	First draft in progress.

2. Support to Committees

2.1 Composition, Recruitment and Appointment

Recruitment of non-Council Members for Committees and operational roles in the College will be undertaken annually and will include a robust screening process.	2.2, 3.2	- The annual recruitment push for examiners occurred in November 2019 and additional efforts continued this quarter to ensure all vacancies for the 2020 exam schedule are filled. - Four new public representative resumes were submitted and are under review.	- Launched a specific campaign seeking French-speaking Examinations volunteers: 6 new volunteers recruited. - Recruitment began for bilingual examiners & PLAR assessors, along with all other identified needs. - Volunteer recruitment was updated on the website, promoted in <i>News Bulletin</i> & <i>iNformeD</i>, in the CCNM alumni e-news, at the OAND convention and to the Citizen Advisory Group. - Volunteer framework under development to include volunteer recruitment and incentives.
The Council will be asked annually to appoint Members of Council and non-Council Members to the Committees.	5.1	No activity this reporting period.	The Council appointed College Committees for the 2019-2020 year at its April 2019 meeting.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
2.2 Committee Training and Guidance			
The College will provide training to the Committees on issues relating to conflict of interest, bias, and human rights, as well as on how committees operate within the College and the specific role of each Committee.	4.3, 4.4	No activity this reporting period.	A total of 107 staff/volunteers have been signed up to take the online unconscious bias training course since its inception. To date, 75 staff and volunteers in total have completed it. Reminder notices were sent to those who had not completed it.
- 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: - 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.	4.3, 4.4	No work has been conducted on this in this reporting period.	No work has been conducted on this in this reporting period.
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.	5.1, 5.2, 5.4	Council met once and 13 committee meetings were held, including: - Executive: 1 - ICRC: 3 (2 teleconf) - Inspection: 2 (teleconf) - PRC: 1 (teleconf) - QAC: 3 (2 by teleconf) - Registration: 3 (2 by teleconf)	Council met three times and 51 committee meetings were held, including: - Audit: 2 (by teleconf) - Executive: 6 - ICRC: 12 (4 by teleconf) - Inspection: 7 (6 by teleconf) - Nominations & Elections: 1 (by teleconf) - PRC: 2 (by teleconf) - QAC: 10 - Registration: 11 (10 by teleconf) - SSRC: 1 (teleconf)

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
The College will monitor Committee attendance to ensure that quorum requirements have been met.	5.2		Attendance numbers are provided in the minutes for each committee meeting. A new tracking system for Committee meetings was set up to monitor attendance and meeting materials presentation.
Committees will receive their information for meetings in a timely manner.	5.1	14 meetings of Council and committees were held: - Meeting materials were sent out 8 days in advance of the meeting compared to a benchmark of 7 days. - Minutes were circulated 7 days following the meeting on average. The benchmark is 14 days.	54 meetings of Council and committees were convened: - Meeting materials were sent out 9 days in advance of the meeting, on average. The benchmark is 7 days in advance. - Minutes were circulated 7.5 days following the meeting, on average. The benchmark is within 14 days.

3. Transparency

3.1 Reporting

The qualitative Annual Report format, initiated in 2017-18, will be continued and augmented to provide information to the public and stakeholders about Council processes and decisions.	1.1, 1.2	No activity this reporting period.	- Published 2018/19 Annual Report in French and English (231 website views) - Created new 1-page infographic of key facts & stats (414 website views) - Both were distributed November 5 and added to website
Audited financial statements and the Auditor's Report will be reviewed by Council, approved and publicly released.	1.1, 1.2	No activity this reporting period.	- Audited financial statements for fiscal year ending March 31, 2019 were presented to Council in July 2019. - The Audited Financial Statements were distributed & added to the website on Page 74 of 146

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			November 5, 2019 (33 views).
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.	1.1, 5.1	No activity this reporting period.	A decision-making tree is maintained for QA, ICRC, SSRC, RC and EAC. These were provided to the Council in July 2019 for information.
The Council adopts an “open by default” policy and directs that all activities that can be so legally, be made open.	3	No activity this reporting period.	The Council has not yet discussed this topic further.
Council meetings, agendas and materials will continue to be posted publicly.	3.5	Council meeting materials are posted to the website within one day on average of circulation to the Council. January materials were posted 5 business days before the meeting.	- April materials were posted 10 business days before the meeting. - July materials were posted 12 business days before the meeting. - October materials were posted 8 business days before the meeting. - January materials were posted 5 business days before the meeting.
3.3 Regulatory Processes and Public Interest			
The College will maintain a summary table of active and resolved complaints and inquiries.	3.5.2	Monthly updates were completed.	A summary table is available on the website and is updated monthly.
Previously, the College has publicly disclosed anonymized information about complaints in process and those that have had a determination made by the ICRC. The College will, in the coming year, begin releasing summary/anonymized decisions and reasons for each matter where there is an outcome.	3.5.2	Releasing summary/anonymized decisions and reasons in complaint matters may violate the RHPA. No further activity will be undertaken.	Releasing summary/anonymized decisions and reasons in complaint matters may violate the RHPA. No further activity will be undertaken.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
The College will develop and implement a process for alerting the public to discipline hearings and outcomes.	3.2	Discipline Hearing notices are posted online in NEWS and News & Announcements. 1 notice included: Leslie Yan Wan Ee.	Discipline Hearing notices are posted online in NEWS and News & Announcements. 4 notices included: Yarish, Yores, another which was cancelled, and Ee.

4. Governance Review

4.1 Undertaking a Review

- The Council will undertake a review of its governance structure, using available research and the work of the Ontario College of Teachers, the College of Nurses of Ontario and other regulatory bodies. - As part of the review, the Council will consider questions such as whether it can and should appoint members of the public not appointed by Order-in-Council to its Committees, whether Committees should include members of Council, the size and composition of Council and Committees, the election/appointment of Council members using a competency-based approach and other relevant considerations.	5, 5.1, 5.2	- A facilitated Governance Review meeting was held with Council members on January 28 and for a half-day on January 29. - Participants explored and confirmed governance-related practices and initiatives for the Council to adopt. - The Registrar was directed to prepare a Governance Review report and an implementation plan for review by the Executive Committee and Council, which will ultimately be shared with stakeholders once approved by the Council. - A draft Report and a draft Implementation Plan were drafted and presented to the Executive Committee on March 6, 2020.	- The Executive Committee launched a governance review. - A draft discussion paper was developed and approved by the Executive Committee. - CNO presented about its governance review to Council in April, OCT presented in July, and CPSO presented in October. - A consultation package was created for approval by the Executive Committee. - A facilitated meeting was held Nov. 18 with senior leadership from the CAND, CCNM and OAND to obtain their views on the topics discussed in <i>Regulatory Governance – Key Concepts & Questions</i> - An online consultation ran from Nov. 18–Dec. 6 and was promoted to stakeholders, Members and the public. 15 members of the CAG were
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Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			recruited to participate in the online consultation. • A summary consultation results was finalised. • <i>Regulatory Governance – Key Concepts & Questions</i> was updated to include the information about the BC Government's discussion paper and consultation about reforms to health profession regulation in that province.

III. Corporate Activities

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.	5, 5.2, 5.4	Recruitment underway to fill 1 new position vacancy.	• All internal positions were filled at the end of Q4 in the old organisational chart except for an Administrative Assistant that the Registration and Examinations department deferred. • A revised organisational chart was presented to Council in Q3.
1.1 Comparative Job Analysis			
• The comparative job analysis conducted by external consultants in 2018-2019 to better align current positions against benchmarked positions will be reviewed and adopted where appropriate.	5	No activity this reporting period.	The comparative job analysis has been incorporated and amendments made to the staff compensation ranges.
• The position descriptions within the College will be amended as needed based on recommendations.	5	No activity this reporting period.	New job descriptions created to support revised organisational chart in Q3: 3 • Administrative Assistant - Regulatory Programs

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			• Practice Advisor • Content Writer • Decision Writer

1.2 Compensation Review			
• The comparative analysis conducted by external consultants comparing compensation within the College and against other similar health regulatory Colleges will be reviewed and a plan developed for implementation, where necessary.	5	No activity this reporting period.	Work completed and wages of positions are aligned with proposed benchmarks.
• A revised set of salary ranges that reflect current market value will be established based on this analysis and updated annually based on cost of living.	5	No activity this reporting period.	Salary ranges were reviewed and updated effective April 1, 2019.
1.3 Performance Management and Compensation Process			
• A comprehensive policy for performance management and compensation changes will be developed and implemented.	5, 5.1, 5.4	Performance management framework is in first draft.	Performance management framework is in first draft.
• Performance reviews will be conducted on all staff annually by the College.		Probationary performance appraisals completed: 1	Probationary performance appraisals completed to date: 5
1.4 Meeting Staffing Requirements			
• The final three vacant positions on the College's Organizational Chart will be filled in the coming fiscal year. Those positions include the Director of Operations, Administrative Assistant – Registration and Examinations, and Administrative Assistant – Operations.	5	2 Examination Coordinators, 1 Practice Advisor and 1 Decision and Reasons Writer hired. Recruitment underway to fill 1 new position vacancy. The AA reg & exam position as per org chart presented in Q3 was shifted to be an examinations coordinator position, which was hired in Q4.	Director of Operations, AA Operations, AA Communications, AA Professional Practice, AA Professional Conduct, Entry-to-Practise Coordinator, Examination Coordinators (2), Practice Advisor, Decisions and Reasons Writer positions have been filled. AA, Registration and Examinations position was shifted to become an Examinations Coordinator position.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
Any staff vacancies that occur will be filled in a timely manner to ensure continuity of service to the public and the profession.		2 Examination Coordinator positions filled.	All College positions filled in accordance with new organisational chart with the exception of AA, Regulatory Programs in this fiscal year.
2. Financial Management			
2.1 Budget Development			
The Registrar, 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.		Capital and Operational budgets for 2020-2021 were presented and accepted by Council on January 29, 2020.	Capital and Operational budgets for 2020-2021 were presented and accepted by Council on January 29, 2020.
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.		Capital and Operational budget for 2020-2021 was presented and accepted by Council on January 29, 2020.	Capital and Operational budget for 2020-2021 was presented to Executive Committee in December for discussion and feedback.
2.2 Financial Reporting			
The Registrar, through the Director of Operations, will provide Council with Quarterly Unaudited Financial Statements and a variance report explaining expenditures against budgeted amounts.	3, 5, 5.4	Unaudited financial statements and a variance report for Q2 were distributed to the Council in February 2020 prior to the April 2020 meeting.	Unaudited financial statements and variance reports for Q1 and Q2 were presented to Council.
Quarterly unaudited Financial Statements will be presented to the Executive Committee for review and acceptance.	1, 3, 5	The Executive Committee accepted the unaudited financial statements and variance report for Q2.	Unaudited financial statements and variance report for Q1 and Q2 were approved by the Executive Committee.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
2.3 Annual Audit			
The Registrar, 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.	3, 5, 5.2	Consulted with the Auditor to establish a schedule for the 2019-2020 audit.	The auditor presented the Financial Statements for fiscal year 2018-2019 to Council at the July 2019 meeting, at which they were approved.
The Registrar 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.	3, 5, 5.2	No activity this reporting period.	No concerns were raised by the Council at its July 2019 meeting pending presentation of the Auditor's report.

3. French Language Services

3.1 Translation of materials

In each of the next two fiscal years, content material for key College programs, including but not limited to, discipline, complaints, patient relations, PLAR, examinations, applications for entry-to-practise, among others, will be systematically reviewed and translated into French and made available by the College.	3, 3.2, 4.4	The following documents were translated this period and added to the website where applicable: - PLAR webpage - Application for registration - Issuance of a Certificate of Registration - the Pre-registration application	The following documents have been translated and added to the website where applicable: - Patient Rights infosheet (1) - Revised Standards of Practice (6) - Revised Guideline (1) - Position posting (1) <i>Non-Medical (Recreational Cannabis) Guidelines</i> (1) - By-laws revisions (1) - Applicant documents (1) - Decision & Reasons (3) – Ali, Yarish, Yores, Elizalde - Other misc. documents (5) - Applicant documents (1) - Volunteer application form (1) - PLAR webpage (1) - Application for registration (1)
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Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			• Issuance of a certificate of Registration (1) • Pre-registration application (1)
• On a go forward basis, all materials developed by the College, including but not necessarily limited to the Annual Report, Standards of Practice and Practice Guidelines, will be translated once approved and posted to the website.	3, 3.2, 4.4	Ongoing (see above)	Ongoing
• The College will translate all Decisions and Reasons of the Discipline Committee into French.	3, 3.2, 4.4	No activity this reporting period.	Decisions and Reasons translated per above (Elvis Ali, Michael Yarish, Salfe Elizalde, Anthony Yores)
3.2 French speaking personnel			
• As the College will move to a complement of 17 full-time staff, a total of two staff must be fully bilingual. This will be maintained as a minimum through the ongoing recruitment process.	5	No French language speaking staff were recruited during this period.	Bilingual AA, Communications hired June 20. The College now has 3 bilingual staff.
• 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.	3, 3.2, 4.4	No training was undertaking during this period.	No training was undertaking during this period.
• The College will encourage existing French-speaking personnel and those learning to use French in the office environment.	3, 3.2, 4.4	No training was undertaking during this period.	No training was undertaking during this period.

4. Operating Policies & Procedures

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

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
4.1 Review of Existing Operating Policies			
A review will be undertaken of existing operating policies 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, in the following program areas: Complaints, Discipline, Prosecutions, Hearings, Membership, Volunteer Recruitment and Retention and Financial Reporting.	5,5.2	Review of Discipline, Volunteer Recruitment and Retention, and Financial Reporting is ongoing.	Review of Discipline, Volunteer Recruitment and Retention, and Financial Reporting was initiated and is ongoing.
4.2 Development of New Operating Policies			
New operating policies will be developed based on needs identified by the senior management team or based on Council directions.	5, 5.2	Review of Discipline, Volunteer Recruitment and Retention and Financial Reporting is ongoing. The following Administration policies have been developed: - Inclement Weather - Holiday Closure The following Finance policy has been developed: - Payroll	The following Human Resource policy has been developed: - Off-boarding Staff The following Finance policies have been developed: - Refund - Corporate Credit Card - Accounts Receivable - Financial Penalties - Budget Development - Collections - Insurance The following Registration operating policies have been approved: - Membership and Fees - Class Changes - Name Changes - Resignation of a Certificate of Registration - Notification of a Death of a Member

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			• Revocation of a Certificate of Registration • Accommodations for Members • Applicant File Access
4.3 Review of Existing Procedures			
• A review will be undertaken of existing operating 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, in the following program areas: Complaints, Discipline, Prosecutions, Hearings, Membership, Volunteer Recruitment and Retention and Financial Reporting	5, 5.2	Review of Discipline, Volunteer Recruitment and Retention, and Financial Reporting procedures is ongoing.	The following Administration procedures have been updated and approved: • Evacuation • Health and Safety Workplace Harassment and Violence
4.4 Development of New Operating Procedures			
• New operating procedures will be developed to support any new operating policies developed by the College.	5, 5.2	The following Administration procedures have been developed: • Inclement Weather • Holiday Closure The following Finance procedure has been developed: • Payroll	The following Human Resource procedure has been developed: • Off-Boarding Staff The following Finance procedures have been developed: • Refund • Corporate Credit Card • Accounts Receivable • Financial Penalties • Budget Development • Collections • Insurance

Activity	Ends Ref.	Results for this Period	Results to Date
5. Records Management and Retention			
5.1 Records Management Audit			
The College will conduct an audit of its records management and retention practices to ensure that practices are in keeping with the Records Management and Retention policies. The review will focus on the following program areas: R-Registration; P-Public Relations; H-Human Resources.	5, 5.2	Review of the Registration program area is ongoing.	Review of the Registration program area is ongoing.
Records will be adjusted in the identified areas to ensure that they are retained in accordance with the policy and protocols will be established for an ongoing review of the records system.	5, 5.2	No activity this reporting period.	No activity this reporting period.

6. Corporate Communications			
6.1 Communications Objectives			
Communications objectives will be developed to guide efforts and activities and to serve as one of the means against which communications effectiveness can be measured.	3, 3.1, 3.2	Completed.	Objectives have been developed.
6.2 Communications Return on Investment			
The College will monitor its communications vehicles (<i>iNformeD</i>, <i>News Bulletin</i>, website, blog) to determine overall utilization and a means of gauging its return on investment, as well as opportunities to solicit audience feedback.	3, 3.1, 3.2, 5, 5.2	Monitoring is ongoing based on the results from our quarterly Communications analytics dashboards. - Total unique website visits: 30,793 - The Unauthorized Practitioner website surpassed the Public Register as top page this quarter <i>iNformeD</i> readership increased by 4% since Q3 - The average open rate for the <i>News Bulletin</i> is 6 points higher than Q3	Monitoring is ongoing based on the results from our quarterly Communications analytics dashboards. - Total unique website visits to the Home Page range from 30,000 to 38,000 per quarter depending on the time of year. - The # of visits increases with the distribution of Communications items and deadlines such as exam registration and renewal. - The Public Register is the most frequently visited page overall.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
		Andrew's Corner had a total of 397 unique pageviews	- The readership of <i>informedD</i> has increased by 9% overall since reducing the total # of pages from 27–30 to 14–20 pages in Q2. <i>News Bulletin</i> rates continue to be on par with previous quarters with a 5-point decrease for the December issue, likely due to the time of year. - Blog posts continue to attract readers (1,232 unique views for Q1–Q4) but no engagement/comments. - The 2018/19 Annual Report saw double the readership from the previous year and the new infographic had high readership and received many positive comments.
6.3 Communications Planning and Management			
Continue with a proactive issues management program to ensure the College is as prepared as possible for media interest in upcoming Discipline hearings and other matters, including those that may solicit negative feedback from Members and other stakeholders.	3, 3.1, 3.2	- Posted Media Statement re unauthorized practitioner A. Vollmer and provided to Toronto Sun. - Posted Public Notice re ND statements about prevention and treatment of COVID-19 as being in violation of <i>Standard of Practice for Advertising</i>.	- Increased social media posts and journalist coverage of ND usage of unauthorized terms/titles resulted in an all-Member email from the Registrar on July 18 about what is allowed as well as alternatives to using words like 'medical' or 'physician'. It asked NDs to ensure their advertising & website are compliant. A summary was also published in the August <i>News Bulletin</i>. - Media materials about advertising and use of title were updated in light of increased social influencer coverage of these topics. An FAQ was also created.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			• Media Statement posted re A. Vollmer as unauthorized practitioner • Public Notice posted re false advertising and COVID-19
• Provide ongoing marketing communications counsel, planning and development of materials to all College departments as needed.	3, 3.1, 3.2	• Wrote, designed and distributed: ○ Spring <i>iNformed</i> (43% click rate) ○ 3 <i>News Bulletins</i> (Jan, Feb, Mar) 77% average open rate. • 4 new blog posts for 397 total unique pageviews • The Regulatory Guidance section of the website was amended to include a dedicated page related to COVID-19. • Supported operational leadership team re COVID-19 communications. • Supported volunteer recruitment efforts with articles and e-mail promotions • Conducted plain language edit of Sexual Abuse Information for the Public • Plain language re-write of committee descriptions for volunteer recruitment; wrote volunteer recruitment promotional flyer for the Health Quality Ontario Patient Network	Wrote, designed and distributed: • 4 <i>iNformed</i> issues (Summer, Fall, Winter, Spring) – 43% average click rate • 9 <i>News Bulletins</i> (Mar., Apr., May, Aug., Oct., Nov., Dec, Jan., Feb., Mar.) – 74% average open rate, consistent with previous issues • 13 blog topics written/edited & posted – 835 average unique pageviews for all posts • 7 All-member e-mails (6 re COVID-19 & 1 re Advertising – 82% average open rate) • The Regulatory Guidance section of the website was amended to include a dedicated page related to COVID-19. • Edited and posted COVID-19 FAQ • Conducted plain language edit of Sexual Abuse Information for the Public Supported operational leadership team re COVID-19 communications.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			Recruited, trained and on boarded new bilingual Admin Assistant Artwork created for “Public Interest” Council Chamber signs Organised Staff Workshop on Grammar & Spelling followed by 5 weekly grammar tips. Created 10 Tips for Grammar & Spelling infographic. Communications planning and support have been provided for the Governance Review, including consultant liaison and creating, managing & reporting on the consultative process with stakeholders, public and Members. Supported Membership with Registration Renewal Communications Plan, including development of messaging, e-mail distribution and website content. Provide ongoing support, including writing and promotion, for volunteer program.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
6.4 The College Website			
The College's current website will be essentially maintained; however, a review of the site to reduce or eliminate unnecessary duplication and improve user experience will be undertaken.	3, 3.1, 3.2	The first 2 of 5 phases (Discovery and Information Architecture) in the website redevelopment plan were completed.	- Website Redesign RFP process completed and 78 Digital chosen as winning firm. - Contract awarded Dec. 17. - Previous work completed by Communications on web enhancements provided foundational information.
Mission critical components of the site will be made available in French.		Added translations of: - PLAR webpage - Application for registration - Issuance of a Certificate of Registration - Pre-registration application	New/updated documents are added on an ongoing basis.

IV. Program Development

In addition to the continued delivery of its existing examinations, the College will focus on the development and launch of the 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.

1. Written Clinical Examination

1.1 Clinical Examination Implementation

The College's new written Clinical Sciences examination will be ready to be implemented in April 2019.	4, 4.2	One session of the CSE was administered February 20, 2020.	Three sessions of the new CSE have been administered since implementation in June 2019, with 162 candidates having sat the exam.
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1.2 Clinical Examination Maintenance

In each of these three fiscal years, the College will undertake activities with its Examination Development Committee and Yardstick, to maintain the new examination through the on-going development, review and implementation of new examination questions for the pool of questions and retirement of old questions.	4, 4.2	- Revisions to the Clinical Sciences Exam (CSE) blueprint were approved by the Registration Committee on January 15, 2020. - A 3-day item writer/reviewer meeting was conducted via Go-To Meeting on March 16–18, 2020 for the development of additional Clinical Sciences	In total, 90 new question items have been conditionally approved for use by the Committee, with performance of questions being reviewed on an ongoing basis following administration of each exam form, and 50 new experimental items have been
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Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
		exam pool of content. Fifty new experimental items were developed, to be reviewed by the Exam Committee (ETP) in May 2020.	developed [pending review and approval by the Exam Committee (ETP)].

2. Written Biomedical Examination

2.1 BME Development

- The College will continue the development of the written biomedical entry-to-practise examination. This means that: - sufficient examination questions will be prepared and reviewed by the Exam Development Committee; and - the exam blueprint will be refined; and beta testing of the examination will be conducted.	4, 4.2	- The standard setting for the Biomedical exam (BME) was conducted on January 13, 20 & 21, 2020 with the Exam Steering Committee (January 21, 2020 concluded the exam development project) for new examinations to replace the NPLEX series of exams in Ontario. - The final Biomedical exam blueprint was approved by the Registration Committee on February 19, 2020 along with the Biomedical exam policy.	- Pilot testing of Biomedical content was conducted on May 27, May 2, September 6, November 24, November 28 and December 20, 2019. - Standard setting of the first Biomedical exam form, to be implemented in 2020, was completed on January 21, 2020. - Exam Steering Committee work on the Exam Development project for the creation of new College examinations to replace the NPLEX series in Ontario was completed on January 21, 2020.
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3. Objectively Structured Clinical Examination (OSCE)

The OSCEs, which were originally to form part of the Prior Learning Assessment and Recognition (PLAR) program, will be diverted away from PLAR and into a demonstration-based entry-to-practise examination and will, once development is completed, replace the College's current clinical examinations.	4, 4.2, 5, 5.2	No work was undertaken during this reporting period.	This project has been deferred due to limited human resource capabilities, both staffing and volunteer.
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Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
3.1 OSCE Development			
The OSCEs, which were originally to form part of the Prior Learning Assessment and Recognition (PLAR) program, will be diverted away from PLAR and into a demonstration-based entry-to-practise examination. The OSCE's will, once completed, replace the College's current clinical examinations. Development work to move the current Clinical (practical) Examinations to an OSCE format will be undertaken post implementation of the new Clinical Sciences and Biomedical examinations to ensure resources are focused on the successful launch and maintenance of the new exams.	4, 4.2, 5, 5.2		
Three OSCE's cases will be developed and piloted for use as part of the PLAR program to ensure full program readiness.	4, 4.2, 5, 5.2	This activity remains ongoing. The College is presently in the process of finalising beta testing needs to launch the beta testing, which will include College participation on a working group to discuss the outcomes from the beta testing to make final amendments and revisions to the OSCE cases. Beta testing dates are TBD based on current state of emergency and associated closures.	This activity remains ongoing. The College is presently in the process of finalising beta testing needs to launch the beta testing which will include College participation on a working group to discuss the outcomes from the beta testing to make final amendments and revisions to the OSCE cases.

4. Prior Learning Assessment and Recognition Program (PLAR)			
4.1 PLAR Review Objectives			
Ensure that it is consistent with any new research and best practices in assessment;	4, 4.1, 4.2	This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
Eliminate any unnecessary steps in the process to streamline it as much as possible; and	4, 4.1, 4.2	This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
Evaluate the competencies being assessed at each step in the revised PLAR process to eliminate, where possible, any duplicate assessments and unnecessary barriers.	4, 4.1, 4.2	This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
4.2 PLAR Redevelopment and Operationalization			
The PLAR Program and related policies will be refined based on the findings of the review set out in 4.1.	4, 4.1, 4.2	This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the draft PLAR consultant report.
Assessment materials in support of the PLAR, such as refining the Document of Education and Experience (DEE) and case studies will be fully developed, tested and implemented.	4, 4.1, 4.2	Redevelopment work of the PLAR DEE and DEE content area descriptions was undertaken, operationalisation of which is pending the final PLAR consultant report. 16 new versions of interview questions (with answer keys) were created by College recruited SMEs to correlate to 8 new case studies.	- Draft revisions completed to the PLAR DEE and DEE content area descriptions 16 new sets of interview questions created related to new case studies 8 new case studies obtained.
- Training and reference materials (guidelines) will be developed for the PLAR components, including: - Additional information and materials are required to facilitate on-going training of DEE assessors, including recommendations from the OFC with respect to bias and related training - Demonstration-based assessors (assuming the case studies and interview questions remain a part of PLAR).	4, 4.1, 4.2	Training materials have been drafted and revised by consultants as part of review and redevelopment project (final report pending). The April 15, 2020 training for staff on the demonstration-based component (with the exception of the OSCE), as part of the “train the trainer” model for training. demonstration based assessors has been postponed due to the current state of emergency.	Training materials for PLAR assessors have been drafted and revised.
- The College will ensure that information for applicants regarding the criteria, policies and process for the PLAR is clear, accurate and complete and includes information on: - the criteria against which prior learning during the demonstration-based	4, 4.1, 4.2	This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
assessment components of the PLAR process is measured; - the linkage between the criteria used in the assessment and each of the requirements of the PLAR process; and - the procedures followed by the College to provide applicants in the PLAR process with special arrangements as needed.			
- The College will establish and provide timelines for each stage of the PLAR process in registration materials and information for applicants, including timelines for: - assessing qualifications; - communicating results to applicants; and - providing written reasons to applicants that were unsuccessful in the process.	4.4	This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
The College will develop procedures to follow and monitor adherence to timelines, and to inform applicants about potential delays and estimated decision dates when delays are unavoidable.	4.4	This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
- The College will develop and implement formal training plans for assessors and decision-makers that cover topics on the following, as they relate to assessment and registration practices: - anti-discrimination; - cultural diversity; - the objectives of the fair-access law; and objective and impartial decision-making and what it means in the context of the registration process.	4.4, 5.2	This activity remains ongoing based on the draft final consultant report.	This activity remains ongoing based on the draft final consultant report.

Activity	Ends Ref.	Results for this Period	Results to Date
5. Registration Practices			
5.1 Information for Applicants			
Align information on translation requirements for applicants whose supporting documentation is not in English or French in information for applicants and the related policy document	4, 4.1, 4.4, 5, 5.2	This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
Revise the flowchart for PLAR Stages to better align with the steps in the registration process as provided in web content and the application for registration handbook.		This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
- Provide information on an applicant's right to an internal review of an assessment decision in online information for applicants. Information should include content on: - applicants' rights to review assessment decisions; - applicants' rights to make submissions; - the format in which submissions must be made by an applicant; - the statutory grounds for referring their application for a review; and - the specific steps and sequence that an applicant needs to follow to complete the review.		This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
Provide information on an applicant's right to an appeal of a registration decision with the HPARB in online information for applicants. Information should specify whether there are any limitations to an applicant's right to an appeal.		Completed	This activity has been completed.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
Develop an application checklist to assist applicants applying for registration that undergo the PLAR process. Review the checklist for clarity, accuracy and completeness and provide access to this resource on the College's website.		This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
Include a statement on the website redirecting applicants to contact the College for more information about alternative documentation that may be acceptable if an applicant is unable to obtain required documents for reasons beyond their control.		This activity remains ongoing based on the final PLAR consultant report and new website development work.	This activity remains ongoing based on the final PLAR consultant report and new website development work.
Clearly state in information for applicants on the PLAR process any limitations or conditions on the availability of administrative reconsiderations and the reasons why they are necessary. Review these statements for clarity and plain language.		This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.
Implement a formal and structured process to seek feedback from applicants and Members on their experiences with the registration process. Incorporate feedback where appropriate in discussions about registration policy and practices.		A Survey Monkey survey for applicants, to collect feedback on the application process, will continue to be offered on an ongoing basis. During Q4, 13 new Members have been sent the survey, and 1 survey response was received. A survey link was provided to all Members as part of the 2020-21 renewal period.	A Survey Monkey survey for applicants, to collect feedback on the application process, will continue to be offered on an ongoing basis. Since implementation, 56 new Members have been sent the survey, and 6 survey responses have been received.
Organise information about fees for all registration steps in one section of information for applicants. Include costs associated with the PLAR stages and make reference to related costs, such as those for translations and third-party assessments, that an applicant may incur.		This activity remains ongoing based on the final PLAR consultant report.	This activity remains ongoing based on the final PLAR consultant report.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
Develop and implement a work plan to document formal guidelines explaining the decision-making steps and procedures to consistently and accurately apply registration requirement criteria.		No activity was undertaken in this reporting period.	No activity was undertaken in this reporting period.
5.2 Policies, Procedures & Guidelines			
- Document procedures for considering applicants' requests for access to their records and communicate the process in information for applicants. Procedures should include details on: - how records are made available to applicants; - what documents are included in an application record; - who may access the records; - how long records are kept; and - what limitations, if any, there are to access an application record.	4, 4.1, 4.4, 5, 5.2	This activity has been completed.	Research for 'best practices' via other regulatory Colleges who have implemented OFC-recommended policies for applicant access to their records was conducted during this reporting period. Creation and approval of the Applicant File Access policy and integration of this information in the <i>Application for Registration Handbook</i> was completed in this reporting period.
Develop formal procedures to inform decision-makers of any changes to registration criteria, policies and procedures to ensure that they are given information that is current and relevant in a timely manner.		No activity this reporting period.	No activity this reporting period.
Develop guidelines for making registration policy decisions that include steps to identify and address any internal and/or external factors that may improperly influence decisions.		No activity this reporting period.	No activity this reporting period.
Develop and implement procedures for a scheduled review of registration requirements to verify that these requirements remain relevant and necessary to practice in the profession.		No activity during this reporting period. Review of registration requirements will be undertaken following the Registration Committee's review of the Registration Regulation, scheduled	No activity this reporting period.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
		for this fiscal year.	
5.3 Registration Audit			
- Develop and implement an annual audit to monitor, verify and improve the consistency and accuracy of registration decisions. Develop an internal audit process that will: - identify registration decisions that are in compliance and non-compliance with established registration criteria, policies and - procedures; identify the potential causes of non-compliance; and - provide guidelines for implementing corrective actions, as needed.	4, 4.4, 4.2, 4.4	No registration audits were conducted during this reporting period.	No registration audits were conducted during this reporting period.
- Identify and implement measures to verify whether third-parties' assessment practices are transparent, impartial, objective and fair. The measures should include procedures to: - evaluate and monitor third-parties' assessment practices; and identify potential issues; and, - if any issues are identified, take actions to address them.		No audits of third-party assessment practices were conducted during this reporting period.	No activity undertaken during this reporting period.
Conduct a regular analysis of fees payable to the College for registration, including fees related to the PLAR process, to ensure that they remain reasonable for applicants. Once the analysis is complete, provide a rationale for the amount of the fees in information for applicants.		No activity undertaken during this reporting period.	No activity undertaken during this reporting period.

Activity	Ends Ref.	Results for this Period	Results to Date
6. Program Regulations and Policies			
Entering our 4 th year since proclamation, it is timely that all regulations and Program policies be reviewed and that an ongoing process be established for such reviews in the future. As such, the following operational activities will be undertaken.	4		
6.1 Committee Terms of Reference			
The College will receive recommendations from the Committees about changes to the Terms of Reference for all Committees and will make a recommendation to the Council in April 2019.	5, 5.1	No activity was required during this reporting period.	Amendments to the committee terms of reference were approved by Council in April 2019
6.2 Review of Regulations and Program Policies			
The College will review Regulations and Program Policies and recommend any required policy changes for the following programs: Patient Relations program, Quality Assurance (QA program, continuing education).	5, 5.1	- The Registration Committee reviewed and made amendments to the Registration Program Policy and the Ontario Clinical Sciences Exam Policy. - The Patient Relations Committee reviewed and discussed their program priorities.	The Quality Assurance Committee reviewed and made amendments to their Program Policies.

7. Patient Relations Program			
7.1 Clinic/Member Brochures			
- Program materials will be reviewed and updated to ensure consistency with the amendments made to the <i>Regulated Health Professions Act, 1991</i> through the <i>Protecting Patients Act, 2017</i>. - Downloadable documents for in office/clinic use will be developed and made available to Members.	4.4	During the reporting period the PRC reviewed and edited the Funding Program materials to ensure consistency with the RHPA.	Designed, ND tested, promoted and posted a Patient Rights handout that includes 3 different versions that can be downloaded and customized. (Also available in French.)

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
7.2 Boundaries Course			
An online boundaries course/module will be developed and made available to Members.	4, 4.1, 4.4	The College currently has access to a number of boundary courses/programs including both online and in-person options; as such no further action is to be taken on this item.	It was determined that the development of a College boundaries course is not necessary as it currently has access to a number of different boundary courses including both online and in-person programs.
Where the Patient Relations Committee has considered and determined that new regulations are necessary, these will be drafted by staff.	4, 4.1, 4.4		A Cessation of Funding Regulation proposed by the Patient Relations Committee has been approved and finalised.

8. Volunteer Program Redevelopment			
8.1 Program Development			
The College will develop a competency-based approach to the recruitment process for non-council Committee members and volunteers. 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.	5, 5.1, 5.2, 5.4	Senior staff have commenced discussions regarding core competencies with their relevant committees for input and feedback.	Overarching Volunteer Management Program written and approved by senior management team.
A new process for welcoming and training non-council Committee members and volunteers will be developed and implemented with consideration to the “boot-camp” approach being developed by other Colleges.		Framework for training and onboarding is under development. New policies and procedures under development for volunteer recruitment, onboarding and recognition.	New volunteer application form created and posted on website.

Activity	Ends Ref.	Results for this Period	Results to Date
9. Public Registry Redevelopment			
9.1 By-laws and Operating Policies			
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.	4.4, 5, 5.2	A draft of the policy has been created but remains to be finalised.	By-law changes were approved by Council at its July meeting.
9.2 Registry Programming and Launch			
The College's existing registry will be programmed to deliver new elements required due to legislative change, to Ontarians.	4.4, 5, 5.2	No activity was required during this reporting period.	This programming has been completed.

10. Inspection Program Review			
Activity	Ends Ref.	Results for this Period	Results to Date
10.1 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 2 years of launch to spread those over a longer period of time.	4, 4.2, 4.2, 5, 5.2	No activity this period.	No activity this period.
Recommendations will be presented to the Inspection Committee for consideration and in turn, the Committee may make recommendations to the Council.		No activity this period.	No activity this period.
10.1 Inspection Fees			
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.	4, 4.1, 4.2, 5, 5.2	No activity this period.	No activity this period.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
Recommendations will be presented to the Inspection Committee for consideration and, in turn, the Committee may make recommendations to the Council for an amendment to the by-laws with respect to the inspection fees set out in Schedule 3.		No activity this period.	No activity this period.

11. College Data Management System Redevelopment

Activity	Ends Ref.	Results for this Period	Results to Date
11.1 Request for Proposals			
- A Request for Proposals for a data management system will be developed and issued by the College, with the support of an external expert consultant retained in the prior fiscal year. - The RFP will set out the College's requirements for its data management system, as well as those features that would be seen as beneficial but not necessarily a requirement. - Responses to the RFP will be evaluated and demonstrations held to evaluate the proposals and a contract awarded.	4.4, 5, 5.2, 5.4	Total of 6 bids-RFP responses were analyzed by Consultant and 5 vendors conducted demonstrations. Senior management unanimously selected Softworks—known as Alinity. Contract signed. Project Plan with vendor under development.	- RFP was issued in Q3 with deadline for responses. - A vendor and platform were chosen and work is underway on this project.

VI. Communications

1. Public Education

The Communications department will continue to support the work of the FHRCO Communications Committee where appropriate and particularly with respect to campaigns that raise public awareness of Ontario health regulatory Colleges, such as ontariohealthregulators.ca and related ad and publicity activities.	4.4	No activity this period.	No activity to date.
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Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
2. Public and Stakeholder Engagement			
2.1 Public and Stakeholder Engagement Strategy			
A stakeholder engagement strategy will be developed with SMART objectives (specific, measurable, achievable, relevant and timely) that support the overarching communications goals of the College. This strategy will identify the most effective and efficient means for the College to engage stakeholders in its work, including strategies that will provide the greatest return on investment.	2.2, 3.1, 3.2	Completed.	Stakeholder strategy completed.
2.2 Regular Stakeholder Meetings			
The College President and Registrar will meet with the Ministry of Health and Long-Term Care and the Canadian Association of Naturopathic Doctors on an “as needed” basis.			The Deputy Registrar attended a Ministry consultation on proposed amendment to PHIPA.
The Registrar will participate in the Federation of Health Regulatory Colleges (FHRCO) and the Director of Communications will participate in the Communications Conference and in the broader Regulatory Communicators Network of all Ontario regulatory colleges. <i>(Note: FHRCO has officially changed its name to Health Profession Regulators of Ontario, or FHRCO.)</i>		The Director, Communications attended the March 2020 HPRO Board meeting on the Registrar’s behalf. The Director, Communications attended a March 30 Regulatory Communicators Network meeting focused on COVID-19.	The Registrar & CEO attended the July & October meetings but was unavailable to attend the April & December Board meetings of FHRCO. Director, Communications attended the March meeting. The Director, Communications attended the Regulatory Communicators Network quarterly meetings of all Ontario regulatory organisations.
The Deputy Registrar, Director of Registration and Examinations and Managers will participate in working groups of FHRCO as they are available.		The Deputy Registrar participates in the working groups of FHRCO.	Director of Operations participated in a FHRCO working group.

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
The College will continue to support the Canadian Alliance of Naturopathic Regulatory Authorities in its development through the hosting of teleconferences and one in-person meeting as well as through the provision of staff support as required.		An in-person meeting was held in Toronto on February 10 & 11, 2020, including a pre-planning teleconference.	College staff planned and delivered 3 CANRA meetings in Toronto (May, September & February)
The College President and Registrar will participate in CANRA meetings and provide leadership to the Alliance through facilitation of learning and issue management.		See row directly above.	College participants in CANRA meetings included May 10 (President & Deputy Registrar), Sept. 27 (President & Registrar) and February 10 & 11 (President & Registrar).
The College will participate in the Annual Convention of the Ontario Association of Naturopathic Doctors through a booth in the trade show.		No activity this period.	Participated in the 2019 Convention with about 60 visitors to the College booth. Multiple resource documents were handed out & volunteering with CONO was heavily promoted.
The College will participate in the Citizens Advisory Group (CAG) as a mechanism for public engagement on key consultations undertaken by the College.		Wrote volunteer recruitment article for CAG members' newsletter. Wrote <i>iNformeD</i> article (Spring 2020) featuring the public's perspective on advertising based on CAG research.	Submitted 2 articles for CAG members' newsletter. The Director of Communications participated in the annual CAG meeting of College partners to review results and program structure. Information updates provided regularly to CAG members via the secretariat, including how we act on CAG feedback, e.g., Patient Rights. Led & completed collaborative consultation with the CAG about advertising in partnership with CASLPO, CPSO and the College of Optometrists. Included an online

Activity	Ends Ref.	Results for this Period	Results to Date ITEM 5.02
			survey completed by CAG members and preparation for & attending the Nov. 2 in-person meeting to glean additional public input about regulated health professionals and advertising.
The Director of Registration and Examinations will meet at least once with CCNM students about the registration process and, as warranted, about the introduction of the new ETP exam(s).		No meetings/presentations to CCNM students were conducted during the reporting 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:

The COVID-19 pandemic has required the College to refocus a number of its resources and activities to provide support and guidance during the period of physical distancing.

In early March 2020, as the numbers of infections in Canada began to grow, the College began the process of implementing its emergency operations. By March 18, 2020, the College had transitioned to complete remote operations by sending College equipment (laptops, computers, screens) home with staff and having the computers set up for secure remote access to e-mail and the server. Staff have remained in constant contact through a variety of means, including e-mail, Microsoft Teams (instant messaging) and video conferencing. All operations of the College continue to operate fully due to the commitment and effort of every single member of staff. A small group of staff visit the office once each over a two-week period to collect mail and courier materials and to scan and send them to the appropriate departments.

After the Executive Committee meeting on March 4, 2020, all subsequent committee meetings have been held by teleconference and this will remain in place for some time to come.

The College has issued six updates to Members from March 16, 2020 to March 31, 2020 and updated the COVID-19 webpages for Members and the public numerous times. Most controversial among these was transmitting a Directive issued by the Chief Medical Officer of Health that all non-essential services by regulated health professions cease, regardless of whether those were delivered in person or by a virtual means. The College has supported initial registration by NDs with the Ministry of Health as part of the health human resource planning and the College continues to do so by encouraging Members to register with the Government to meet areas of need in various parts of the health care sector. In one of the College's early announcements, the Registrar & CEO deferred the deadline for payment of annual fees from the original March 31,

2020 deadline to May 31, 2020. The on-going nature of this crisis may require further consideration of this timeframe before the end of May 2020. Another important step taken by the College was to allow individuals whose CPR certificate was about to expire an extension of the time needed to obtain a new certificate.

The College has also dedicated a page for the public to update them on COVID-19 issues as they relate to naturopathic services. Specific cautions were made about any persons making claims about treating or preventing COVID-19. The public has been encouraged to obtain their information from official public health and Ministry of Health sources. This was done in part due to activities of a person who is not a Member of the College and who was spreading information about COVID-19 as being a hoax and also in part due to several Members to whom the College was required to issue Cease & Desist letters relating to their comments and social media posts about COVID-19.

The Deputy Registrar has attended the daily COVID-19 updates from the Chief Medical Officer of Health and the Ontario Ministry of Health since February of this year and has missed perhaps one or two due to conflicts. This commitment included attending these meetings during his vacation in Quebec. The Registrar has attended five teleconferences held by the Health Professions Regulators of Ontario (HPRO—formerly the Federation of Health Regulatory Colleges of Ontario) with the Ministry of Health, Health Human Resources Planning division.

I am pleased to also be able to tell you that despite some initial concerns, all of the staff have been and remain COVID-19 free. Three staff had travelled abroad and were quarantined upon their return to Canada. While at least one of these individuals did become ill, it is believed with confidence that the illness was seasonal flu as opposed to COVID-19. Other staff have experienced minor illnesses, stomach illness and a cold but again, there are no reports of COVID-19 at this time.

At the time of preparing this report, there is every indication that this crisis will last for many more months. The College is prepared to continue on a remote operation footing as long as it is necessary to do so.

Previous reporting period:

Communications provided an extended briefing to Media Profile and led the development of a marketing-communications strategy for a Patient Safety Campaign in response to a request by Council. The goal of the Campaign is to raise awareness of the College and the importance of working with a regulated naturopath, including the ways we protect the public and support patient safety,

REPORT ON EXECUTIVE LIMITATIONS COMPLIANCE

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

Policy No.	Name	Compliance	Explanation/ Notes
EL01.00	Global Executive Constraint		No. see note 1
EL02.00	Emergency Registrar 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 2
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 members	Yes	
EL14.00	Support to Council	Yes	
EL15.00	Program Administration	Yes	
EL16.00	Treatment of the public	Yes	

Note 1:

Council Meeting Materials EL01 – Global Executive Constraint – requires the Registrar & CEO to neither cause nor allow any decision, activity, practice April 29, 2020 Page 105 of 146

or organisational circumstance that is unlawful, imprudent, or in violation of the RHPA, the Act or the College's Regulations or by-laws.

On March 17, 2020, the Registrar & CEO informed Members that the deadline for payment of annual fees was being deferred to May 31, 2020 from March 31, 2020. Section 18.02 of the College's by-laws requires that annual registration fees are due on the last day of March of the preceding membership year, that is, March 31, 2020.

As a result of these actions, the Registrar & CEO has breached the College's by-laws, and while the action was likely prudent and in keeping with generally accepted legal principles of the Registrar having discretion over fees, it was technically an unlawful act.

In order to properly change this date, the Council should exercise its authority by approving an amendment to the by-laws, having engaged in appropriate consultation of the Members. Obviously, timing would not have permitted this to be done prior to the original deadline.

Note 2:

EL.08 #9: "Deposit monies in an insecured 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 accounts payable. Any amount greater than \$100,000 is not considered as insecured. 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
Registrar and CEO

BRIEFING NOTE

Ontario Biomedical Examination Blueprints

ISSUE: Council is asked to review and approve the Ontario Biomedical Examination Blueprints.

BACKGROUND:

The Registration Regulation establishes that the College's registration examinations are set or approved by Council. Examination blueprints are the foundational document which establishes the content for high stakes examinations and provides a means for the Council to set and/or approve the examinations without having to review individual questions or other content. Generally, blueprints establish the competencies to be tested in each content area, general weighting of different content areas, provide a guideline for exam candidates and transparency around the examination.

In 2015, the then transitional Council embarked on the exam development project for creating new entry-to-practise examinations to replace the Naturopathic Physicians Licensing Examinations (NPLEX), parts I and II, as a component of Council approved registration examinations in Ontario. At the outset, the Exam Steering Committee (the Committee), comprised of Subject Matter Experts from the profession, were charged with developing blueprints for both the Biomedical and Clinical Sciences exams, determine the assigned weight of each competency category and any other parameters for providing direction to item writers for developing question items.

In January 2020, following pilot testing of developed question items for the purposes of collecting necessary psychometric data to help inform the final exam build, the Committee finalized the Biomedical Examination blueprints.

DISCUSSION POINTS:

Blueprint Competencies

Development of the exam blueprints was a collaborative process which involved a thorough analysis of the foundational knowledge related to body systems and their interactions which every ND must know for the safe and competent practise of naturopathy.

Category competency areas which note "no competencies for this category" indicate those for which the Committee determined that a stand-alone competency was unnecessary. For example, while anatomy is not specifically noted as a competency for the integumentary system, a candidate's demonstrated knowledge of the other competency areas for this category, e.g., histology, physiology and pathology, still provides information on a candidate's understanding of integumentary system anatomy, but in a more fulsome way.

Based on this analysis, the Committee set out the competency framework for the exam, with a mind to its appropriateness for the profession, ensuring clear direction in competency statements, as well as its completeness and comprehensiveness. While the core-level competencies may appear somewhat junior to those of the Clinical Sciences examination, in replacing the NPLEX I, a need exists to ensure that candidate knowledge of the biomedical competencies is still being appropriately assessed.

As with College policies, we anticipate that the blueprints will undergo regular review and amendments, especially as exam buy-in occurs in other jurisdictions and wider, cross-jurisdictional participation in the development of new question items and review of current question items takes place.

Item Type

During the development stages of the examination, it was determined that most biomedical content is better assessed via stand-alone question rather than through a case-based format. As such, the weighing of independent question items for the Biomedical exam is higher than case-based content.

A copy of the blueprints is attached for review and consideration.

ANALYSIS

Risk Assessment – As with any change of requirement that impacts the profession, and provides an element of the 'unknown', the College faces the ongoing risk of criticism and anger from Members and future applicants.

In addition, as Council will sunset recognition of the current North American licensing exam, the College faces the ongoing risk of criticism from external parties regarding the validity and psychometric soundness of the College's new exam, as well as criticism regarding timing, both in terms of the exam transition date and the necessary administration of this examination post-graduation.

Privacy Considerations – There are no privacy considerations at issue on this matter

Transparency – As this briefing, as well as the Council's discussion, will be public, the College is fulfilling its transparency requirements.

Financial Impact – Should the Council decide not to approve the blueprints to enable exam implementation, the financial impact is the inability for the College to recoup the funds invested in the exam development project to date.

RECOMMENDATION:

The Registration Committee recommends that the Council approve the Ontario Biomedical Examination blueprints.

Danielle O'Connor
Chair, Registration Committee

Erica Laugalys
Director, Registration & Examinations

April 2020

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 menopause and andropause.	
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.	
<i>3.06 Genetics</i>	

Competencies	% of Exam
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>	
5.04.01 Processes involved in innate immunity.	

Competencies	% of Exam
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.	
5.05 Biochemistry	
5.05.01 Metabolic pathways related to the immune system.	
5.05.02 Biochemistry of synthesis and degradation of lymphatic fluid and its components.	
5.06 Genetics	
5.06.01 Gene expression and consequences of the genetic abnormalities that underlie immunological disease processes.	
5.07 Microbiology	
5.07.01 Classification of viruses, prions, bacteria, fungi, protozoa, and helminths based on structural and biological characteristics.	
5.08 Pathology	
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%
6.01 Embryology	
6.01.01 Embryological development of the ectoderm.	
6.02 Histology	
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.	
6.03 Anatomy	
--No competency for this category--	
6.04 Physiology	
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.	
6.05 Biochemistry	
6.05.01 Synthesis of vitamin D in dermal blood vessels.	
6.05.02 The role of essential and non-essential nutrients associated with the structure and function of the integumentary system.	

Competencies	% of Exam
<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 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 Location and structure of the different types of joints in the body.	
7.03.02 Origin, insertion, main action, and innervation of the muscles of the body regions: head and neck; upper and lower extremities; and back, thorax, abdomen, pelvis, and perineum.	
7.03.03 Location and structure of vertebrae, bones of the skull, vertebral column, pectoral girdle, upper extremity, pelvic girdle, and lower extremity.	
<i>7.04 Physiology</i>	
7.04.01 Classification and function of bones and joints.	
7.04.02 Mechanisms and factors affecting contraction of skeletal, smooth, and cardiac muscle.	
7.04.03 Function of connective tissues of the musculoskeletal system.	
7.04.04 Physiological adaptive changes to the musculoskeletal system in response to fasting and exercise.	
7.04.05 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 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 Biochemistry of 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.	
<i>8.08 Pathology</i>	
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 Infectious agents and transmission of 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	48-52%
Independent Scenario Based	28-32%
Case-Based	18-22%

Taxonomy (Cognitive Level)	% of Exam
Knowledge/Comprehension	48-52%
Application	23-27%
Critical Thinking	23-27%

BRIEFING NOTE

Clinical Sciences Examination Policy

ISSUE: Council is asked to review and approve the Clinical Sciences and Biomedical Examinations Policy

BACKGROUND:

In April 2019, Council approved the Clinical Sciences Examination Policy in preparation for the first administration of the Ontario Clinical Sciences examination, which occurred on June 27, 2019, and the sunsetting of recognition of the NPLEX II as a requisite registration examination for registration in Ontario.

In November 2020, the first administration of the College's new Ontario Biomedical Examination will occur, effectively replacing the NPLEX I. As both examinations have identical policy requirements, the Clinical Sciences Examination policy has been amended to include the Biomedical examination; a copy of the revised policy is attached for review and consideration.

DISCUSSION POINTS:

Exam Eligibility

The exam eligibility requirement for non-PLAR candidates remains as the successful completion of a CNME-accredited program in naturopathy. As both the Biomedical and Clinical Sciences examinations are imbedded in the PLAR program, as a means of assessing substantial equivalency of knowledge and skill to that of a CNME-program graduate, policy wording has been amended to note that a PLAR candidate is eligible to sit these exams once deemed eligible to move forward in the PLAR process.

Order of Exam Completion

In accordance with the Exam Transition Policy, approved by Council in October 2018, Council approved entry-to-practise examinations can be sat in any order. As such, CNME-accredited program graduates are not required to complete the Biomedical examination prior to the Clinical Sciences exam, allowing candidates the flexibility to choose the order of exam completion based on exam availability. Since both examinations are used as assessment tools in the PLAR program, entry-to-practise examinations sat by PLAR candidates, upon the successful completion of the PLAR program, are limited to the Ontario Clinical (Practical) Exams. Policy wording has therefore been added to note that the order in which PLAR candidates complete the Biomedical and Clinical Sciences examinations is managed in accordance with the PLAR Program Policy.

ANALYSIS

Risk Assessment – In not approving integration of the Biomedical examination into this policy, the College will be at risk for criticism regarding the fairness and transparency of the processes used to administer and manage this exam.

Privacy Considerations – There are no privacy considerations at issue on this matter.

Transparency – As this briefing, as well as the Council's discussion, will be public, the College is fulfilling its transparency requirements.

RECOMMENDATION:

The Registration Committee recommends that the Council approve the Clinical Sciences and Biomedical Examinations policy.

Dr. Danielle O'Connor, ND
Chair, Registration Committee

Erica Laugalys
Director, Registration & Examinations

April 2020

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	Title	Policy No. P06.07
	Clinical Sciences and Biomedical Examinations Policy	Page No. 1

Intent/Purpose	To establish a policy governing the Clinical Sciences and Biomedical examinations approved or administered by the College of Naturopaths of Ontario (the College).	
Definitions	Biomedical Examination	Means a Council approved entry-to-practise examination in the biomedical sciences which tests candidate knowledge of body systems and their interactions, body functions, dysfunctions and disease states, required to be eligible for registration with the College to practise naturopathy in the province of Ontario.
	Candidate	Means any person who has submitted an examination application or is engaged in any examination or appeal, which leads to the recording and/or issuing of a mark, grade or statement of result or performance by the College.
	Clinical Sciences Examination	Means a Council approved entry-to-practise examination in the clinical sciences which tests a candidate's knowledge of necessary naturopathic competencies for the treatment of patients, required to be eligible for registration with the College, to practise naturopathy in the province of Ontario.
	<u>CNME</u>	<u>Means the North American accrediting agency for naturopathic educational programs that is recognized by the College of Naturopaths of Ontario.</u>
	Deferral	Means a granted postponement of a Candidate's attempt at one or more examinations.
	Examination Accommodation	Means an adjustment to testing conditions, examination requirements or examination scheduling to address a Candidate's declared needs arising from a disability, physical limitation or religious requirement.
	Examination Violation	Means a contravention of the College's Examination Policy, or Examination Rules of Conduct.
	Modified Angoff Method	Means a criterion-referenced process that is used to set a pass score that accounts for the difficulty of the exam content, and the profile of what a Naturopathic Doctor can be expected to know and be able to do at an entry-to-practice level.
	NPLEX	Means the Naturopathic Physicians Licensing Examination as developed by NPLEX Inc., and delivered by the North American Board of Naturopathic Examiners. For the purposes of this policy, NPLEX includes two parts, NPLEX Stage 1 (Biomedical Examination) and the NPLEX Stage II (Clinical Sciences examination and clinical elective in Acupuncture examination).

DATE APPROVED	DATE LAST REVISED
April 24, 2019	

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.07
	Clinical Sciences and Biomedical Examinations Policy	Page No. 2

	Registrar	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 that position under the Act, the Code, the Naturopathy Act, 2007 and the regulations made thereunder.
	Raw Score	Means the number of questions a candidate answers correctly from a range of 0-200
	Registration Committee	Means the statutory committee of the College responsible for all registration matters referred to it by the Registrar, 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.
	Scaled Scores	Means the mathematical transformation of a candidate's raw score to a common scale which ranges from 200-800.
General	Guiding Legislation	All aspects of this policy will be managed in accordance with the Regulated Health Professions Act, 1991, the <i>Naturopathy Act, 2007</i> , the Registration Regulation, the Ontario Human Rights Code, the College's Examinations Policy, the College's Examination Rules of Conduct and the Examination Transition Policy.
	Entry-to-Practise Clinical Sciences and Biomedical Examinations	All Applicants for registration must successfully complete the Clinical Sciences examination and the Biomedical examination as set and approved by the Council of the College.
Clinical Sciences and Biomedical Examinations	Eligibility – General	A Candidate is eligible to sit both the College's Clinical Sciences examination and the Biomedical examination provided they have successfully completed a <u>CNME-accredited</u> program in naturopathy prior to exam registration, as required by the Registration Regulation or have been deemed eligible to sit the examinations as part of the Prior Learning Assessment and Recognition (PLAR) program.
	Order of Exam Completion	<u>Candidates sitting the Clinical Sciences exam and the Biomedical exam outside of the PLAR program may</u> sit these exams in an order of their choosing. <u>Order of exam completion for PLAR candidates will be managed in accordance with the PLAR Program Policy.</u>
	Accommodations	To ensure Candidates are provided with a fair opportunity to sit any Council approved examination, the College will consider all accommodation requests received from any Candidate. All requests for accommodation will be managed in accordance with the College's Examinations Policy and Examinations Rules of Conduct.

DATE APPROVED	DATE LAST REVISED
April 24, 2019	

 The College of Naturopaths of Ontario	Policy Type	PROGRAM POLICIES
	EXAMINATIONS	
	Title	Policy No. P06.07
	Clinical Sciences and Biomedical Examinations Policy	Page No. 3

Examination Attempts

Candidates are provided three attempts to successfully complete the examinations required by this policy.

A Candidate who has failed an examination for a second time will have their examination results referred to a panel of the Registration Committee (the Panel) and may be required to complete additional education or training, as determined by the Panel, in order to qualify to attempt the examination for a third and final time.

Deferrals

Any Candidate who is registered for an examination may seek a deferral. All deferral requests are managed in accordance with the College's Examinations Policy and Examinations Rules of Conduct.

Examination Violations

All Candidates are required to comply with the Examination Rules of Conduct as outlined in the Examinations Policy and Exam Rules of Conduct. Any allegation of an examinations violation will be handled in accordance with the College's Examinations Policy and Examinations Code of Conduct.

Passing Requirements-Scaled Score

To be deemed to have passed the Clinical Sciences exam and the Biomedical exam, candidates must achieve a minimum scaled score of 550 on each of the exams.

Recognition of the NPLEX taken by Candidates

Exam Transition Policy

Recognition of a Candidate's successful completion of the NPLEX, as fulfilling one or more of the entry-to-practise requirements under the College, will be managed in accordance with the College's Exam Transition policy.

DATE APPROVED	DATE LAST REVISED
April 24, 2019	

BRIEFING NOTE

Ontario Clinical Sciences Examination Blueprint Revisions

ISSUE: Council is asked to review and approve revisions to the Ontario Clinical Sciences Examination Blueprints

BACKGROUND:

The Registration Regulation establishes that the College's registration examinations are set or approved by Council. Examination blueprints are the foundational document which establishes the content for high stakes examinations and provides a means for the Council to set and/or approve the examinations without having to review individual questions or other content.

In October 2018, following completion of the Exam Steering Committee (the Committee) development work on the Ontario Clinical Sciences examination, Council approved the Ontario Clinical Sciences Examination blueprints, which sets out the core Clinical Sciences competencies that applicants seeking registration in Ontario are assessed on.

On April 15, 2019, the College sunset recognition of the Naturopathic Physicians Licensing Examination (NPLEX) Part II, as the requisite Clinical Sciences examination for registration in Ontario.

In November 2019, following two administrations of the Ontario Clinical Sciences examination, in July and August 2019, a subsequent review and draft edit of the blueprints was conducted by the Committee to provide additional clarity around the competencies being assessed, and to remove those competencies determined as non-essential for assessing knowledge and skill at entry to practise.

DISCUSSION POINTS:

Removed Blueprint Competencies

Parenteral Therapy

When the blueprints were initially drafted in 2015, it was determined that the Ontario Clinical Sciences examination should include some parenteral therapy [or intravenous infusion therapy (IVIT)] content. While candidates on average performed well in this competency area, it was further determined that as this therapy requires Members to complete additional training and examinations (IVIT and prescribing) post-registration, competencies related to parenteral therapy should not be assessed at entry-to-practise. Current exam content on this competency is minimal and its removal does not affect competency weighting in the blueprint.

Principles of Medical Disaster Preparedness

To ensure competencies loosely aligned with the North American exam that the Ontario Clinical Sciences examination would be replacing for registration in Ontario, a "principles of medical disaster preparedness" competency was added to the initial blueprint. Such content seeks to assess how a candidate would behave as a first responder during a large-scale disaster, such as a plane crash, train wreck or similar type of issue. Against the other competencies in this section, this one continued to stick out as being very random in nature and unrelated to those necessary critical care and public health competencies required of Ontario NDs.

As with the above, current exam content on this competency is minimal and its removal does not affect competency weighting in the blueprint. ITEM 7.03

Amended Blueprint Competencies

Minor amendments were also made to the wording of two competencies in the blueprints, competency 1.04.01 and 2.06.07, for additional clarity.

A copy of the revised blueprints is attached for review and consideration.

ANALYSIS

Risk Assessment – As tested competencies change and differ over time from the NPLEX series, the College will continue to face the ongoing risk of criticism from external parties regarding the validity and psychometric soundness of the College's Clinical Sciences exam.

Privacy Considerations – There are no privacy considerations at issue on this matter

Transparency – As this briefing, as well as the Council's discussion, will be public, the College is fulfilling its transparency requirements.

Financial Impact – There is no financial impact at issue on this matter.

RECOMMENDATION:

The Registration Committee recommends that the Council approve revisions to the Ontario Clinical Sciences Examination blueprints.

Danielle O'Connor
Chair, Registration Committee

Erica Laugalys
Director, Registration & Examinations

April 2020

CONO Clinical Examination Blueprint

Competencies	% of Exam
1. ASSESSMENT & DIAGNOSIS	30-34%
<i>1.01 Evaluate patients.</i>	
1.01.01 Apply ethical principles to doctor-patient interactions.	
1.01.02 Take a medical and psychosocial history.	
1.01.03 Perform a physical examination.	
1.01.04 Select lab tests*.	
1.01.05 Collect and prepare specimens for lab evaluation.	
1.01.06 Select imaging studies*.	
<i>1.02 Assess common conditions, both acute and chronic.</i>	
1.02.01 Identify risk factors.	
1.02.02 Recognize signs and symptoms.	
1.02.03 Identify comorbidities.	
1.02.04 Generate a differential diagnosis.	
1.02.05 Determine pathogenesis and etiologies.	
<i>1.03 Interpret findings.</i>	
1.03.01 Interpret findings of physical examination.	
1.03.02 Interpret results of lab tests.	
1.03.03 Identify factors that may interfere with lab results.	
1.03.04 Interpret results of imaging.	
1.03.05 Predict the complications and sequelae.	
1.03.06 Determine the prognosis.	
1.03.07 Monitor patient progress using lab tests and imaging studies.	
<i>1.04 Apply evidence informed practice to patient management.</i>	
1.04.01 Interpret and critique the results of research studies.	
1.04.02 Apply the results of research studies to patient management	
2. MODALITIES	55-59%
<i>2.01 Manage patient care by applying principles of botanical prescribing.</i>	
2.01.01 Evaluate the safety of botanical medicine prescriptions, including side effects, contraindications, interactions, and toxicity.	
2.01.02 Prescribe botanical medicines* based on pharmacognosy, therapeutic effects, indications, mechanisms of action, and route of administration.	
2.01.03 Determine the posology, including documentation of prescribing abbreviations.	
<i>2.02 Manage patient care by applying principles of homeopathic prescribing.</i>	
2.02.01 Demonstrate knowledge of the critical aspects of case taking (e.g., timing, sidedness, intensity, aggravating and ameliorating factors).	
2.02.02 Prescribe homeopathic preparations* for acute conditions based on keynotes.	
2.02.03 Determine the posology, including use of prescribing abbreviations based on classical Hahnemannian homeopathy.	

Competencies	% of Exam
<i>2.03 Manage patient care by applying principles of clinical nutrition, including nutraceuticals*.</i>	
2.03.01 Assess diet and nutritional status (intake, absorption, utilization, loss).	
2.03.02 Evaluate the safety of nutritional interventions, including side effects, contraindications, interactions, and toxicity.	
2.03.03 Prescribe nutritional interventions based on indications, bioavailability, food sources, route of administration, and requirements for macronutrients and micronutrients.	
2.03.04 Prescribe therapeutic diets* (e.g., elimination, low glycemic, anti-inflammatory, vegetarian/vegan, candida, etc.) based on indications and contraindications.	
2.03.05 Counsel patients about general nutrition and food sources of nutrients.	
<i>2.04 Manage patient care by applying principles of physical medicine.</i>	
2.04.01 Evaluate the safety of physical medicine interventions, including side effects, contraindications and interactions.	
2.04.02 Perform specialized orthopedic tests*.	
2.04.03 Perform osseous manipulation.	
2.04.04 Perform soft tissue manipulation.	
2.04.05 Treat patients using therapeutic devices (diathermy, sine wave and TENS, galvanism, interferential and micro-current, traction and compression, light therapy, and therapeutic ultrasound).	
2.04.06 Prescribe and administer hydrotherapy treatments.	
2.04.07 Prescribe therapeutic exercise.	
2.04.08 Counsel patients regarding prevention of musculoskeletal conditions.	
<i>2.05 Manage patient care by applying principles of counseling and health psychology.</i>	
2.05.01 Apply basic counseling principles, and use counseling techniques to provide patient care.	
2.05.02 Counsel patients regarding lifestyle choices, health promotion, and the prevention of chronic disease.	
2.05.03 Use and prescribe mind-body techniques.	
2.05.04 Identify and address lifespan/developmental issues.	
2.05.05 Use evidence-based psychological assessment tools*.	
<i>2.06 Manage patient care by applying principles of Traditional Chinese Medicine.</i>	
2.06.01 Demonstrate knowledge of the critical aspects of case taking (e.g., ten questions, pulse and tongue).	
2.06.02 Recognize signs and symptoms according to Traditional Chinese Medicine patterns (eight principles, vital substances, organs, meridians, five elements).	
2.06.03 Diagnose Zang-Fu pathologies*.	
2.06.04 Evaluate the safety of Chinese patent herbal formulas*, including side effects, contraindications, interactions, and toxicity.	
2.06.05 Prescribe Chinese patent herbal formulas based on Zang-Fu diagnosis.	
2.06.06 Determine acupuncture* prescription.	

Competencies	% of Exam
2.06.07 Administer acupuncture including point location, angulation, depth, and clean needling technique.	
2.06.08 Evaluate the safety of acupuncture including side effects, contraindications, interactions, and cautions.	
2.06.09 Prescribe adjunct therapies (moxibustion, cupping, electro-acupuncture, and laser).	
<i>2.07 Manage patient care by applying principles of pharmacotherapy.</i>	
2.07.01 Evaluate the safety of pharmaceuticals, including side effects, contraindications, interactions, and toxicity.	
2.07.02 Prescribe pharmaceuticals* based on therapeutic effects, indications, mechanisms of action, and route of administration.	
2.07.03 Monitor and assess for therapeutic drug levels.	
3. CRITICAL CARE AND PUBLIC HEALTH	9-13%
<i>3.01 Manage high-risk patients and critical conditions.</i>	
3.01.01 Identify high-risk patients and critical conditions.	
3.01.02 Manage high-risk patients and critical conditions, including referral as appropriate.	
3.01.03 Perform Cardiopulmonary Resuscitation.	
3.01.04 Administer oxygen.	
<i>3.02 Implement occupational and public health policies.</i>	
3.02.01 Apply principles of sterilization, disinfection, and universal precautions.	
3.02.02 Manage bio-hazardous substances and materials.	
3.02.03 Counsel patients regarding communicable diseases.	
3.02.04 Report communicable diseases to local public health authorities.	
3.02.05 Report adverse reactions to therapeutic substances to Health Canada.	

Other Blueprint Parameters

Condition	% of Exam
1. Vascular	9-11%
2. Infectious	9-11%
3. Neoplastic	4-6%
4. Degenerative	9-11%
5. Inflammatory/Immunologic	9-11%
6. Congenital/Developmental	6-8%
7. Autoimmune	8-10%
8. Toxic/Environmental	6-8%
9. Traumatic	4-6%
10. Endocrine	9-11%
11. Metabolic	6-8%
12. Psychosomatic/Psychiatric	9-11%

Patient Population	% of Exam
Pediatric (0-14)	15-25%
Adult (15-49)	25-35%
Older Adult (50-65)	25-35%
Geriatric (over 65)	15-25%

Item Type	% of Exam
Independent	28-32%
Case-Based	68-72%

Taxonomy (Cognitive Level)	% of Exam
Knowledge/Comprehension	15-25%
Application	45-55%
Critical Thinking	20-30%

BRIEFING NOTE

Committee Appointments

ISSUE: The Council is asked to consider the Committee appointments for the 2020-2021 cycle as being proposed by the Executive Committee.

BACKGROUND:

Annually, in April, the Council is required to make the necessary appointments to the Statutory and Council Committees of the College.

The Executive Committee is charged with the responsibility of reviewing Committee Preference Forms submitted by Council members and volunteers for consideration of appointments.

The management team of the College receives and reviews any preference forms submitted and makes recommendations for the consideration of the Executive Committee.

On April 28, 2020, the Executive Committee considered appointment recommendations provided by the Registrar & CEO.

DISCUSSION POINTS

Only eight of the 13 Council members submitted a Committee Preference Form. Of those that did submit forms, each has been assigned to at least one of their three preferences.

A total of 14 non-Council NDs have agreed to continue their roles on various Committees, with one individual stepping away as she has been contracted to work with the College. One new Member has joined the Committees and one former Member has returned.

A total of 4 new public representatives have made application to join Council Committees. Three of these are persons known to the College from various roles in the regulatory environment.

The Executive Committee of the Council, in making its recommendations for Committee appointments is focusing on the following priorities:

- As part of the prioritization of activities in October 2019, feedback was received that many Council members may be on too many committees creating a workload that is too large.
- As part of its Governance Review process, although not yet approved, the Council expressed a desire to move towards a structure where there was very little overlap between Council and the Committees. Ideally, each Committee would have one Council member sitting on it.
- The changes to the Terms of Reference of the Committees, completed in April 2019, set minimums for representation of professional Members of Council, Public Members on Council, Members of the profession and public representation.
- Based on volume of work, the busiest committees are ICRC, QAC, RC. As a result, a priority is made to prevent overlap between these committees.
- Based on conflicts, there can be no overlap between DC/FTP and ICRC.
- The Inspection Committee, which oversees the IVIT Inspection Program, must have Member (ND) of Council appointed who has met the Standard of Practice for IVIT. As a

result, only Tara Gignac, Jordan Sokoloski and George Tardik are available for this Committee.

The following is a summary of the proposed changes to Committee appointments being recommended to the Executive Committee:

- Statutory Committees:
 - Discipline/Fitness to Practice Committees
 - Dean Catherwood, a new Public member on Council is added;
 - Vaishnavi Sathiamoorthy, ND is added at her request;
 - Hanno Weinberger, a new public representative is added.
 - ICRC:
 - Glenda Clark, ND (retired) is removed as she is now contracted to write Decisions and Reasons for two College Committees.
 - Patient Relations Committee:
 - Shelley Burns is removed as a means of reducing workload;
 - Same Laldin is proposed as the Chair;
 - Andrea Szametz, a new public representative is added.
 - Registration Committee:
 - Brenda Lessard-Rhead is removed to reduce workload;
 - Dean Catherwood is added as a second Public member;
 - Brenda Brown, a new public representative is added.
 - QAC:
 - Shawn Bausch, a new public representative is added.
- Non-Statutory Committees:
 - Audit Committee
 - No changes.
 - Exam Appeals Committee:
 - No changes.
 - Inspection Committee:
 - Pearl Arjomand, ND, is added.
 - Nominations and Elections Committee:
 - No changes.
 - Scheduled Substances Review Committee:
 - Dean Catherwood, Public Member, is added.

The following table sets out the Committee appointments for Council members:

Council Member	IVIT	Officers	Assignments	#
Kim Bretz, ND	N	President	EC, ICRC, SSRC	3
Shelley Burns, ND	N	Officer-at-Large (cand.)	DC/FTP, RC, EC?	2/3
Dean Catherwood	N/A		DC/FTP, RC, SSRC	3
Dianne Delany	N/A		DC/FTP, EAC, NEC	3
Lisa Fenton	N/A		DC/FTP, RC, Audit	3
Tara Gignac, ND	Y	Officer-at-Large (cand.)	DC/FTP, QAC, IC, EC?	3/4
Sam Laldin	N/A	Officer-at-Large	DC/FTP, EC, PRC, IC	4
Brenda Lessard-Rhead, ND (IN)	N	Officer-at-Large (cand.)	ICRC, NEC, EC	2/3
Danielle O'Connor, ND	N		DC/FTP, PRC, RC	3
Jacob Scheer, ND	N		DC/FTP, RC	2
Jordan Sokoloski, ND	Y		DC/FTP, QAC, Audit	3
Barry Sullivan	N/A	Vice President	EC, ICRC, QAC,	3
George Tardik, ND	Y		DC/FTP, EAC, SSRC	3

In addition to the proposed Committee assignments as set out in the attached summary, the Executive Committee is also recommending the following amendments to the assignments based on the following contingencies flowing out of the Executive Committee elections:

1. In the event that Shelley Burns **is not** successful in election to the EC, a contingency plan should be contemplated that would appoint her to the PRC;
2. In the event that Brenda Lessard-Rhead **is not** successful in election to the EC, a contingency plan should be contemplated that would appoint her to the PRC;
3. In the event that Tara Gignac **is** successful, a contingency plan should be contemplated that would remove her appointment to the QAC.

ANALYSIS

Risk Assessment – As this is the first move of the College into appointing public representatives not appointed by Order-in-Council, there is a risk that these individuals may not be able to perform well as they are not all well known to the College. An orientation program will be necessary for these individuals.

Privacy Considerations – There are no privacy considerations involved in this issue.

Transparency – Committee appointments are made in open Council although generally no rationale is provided. The Executive Committee may want to contemplate provide a version of this briefing to the Council and making it publicly available.

Financial Impact – All financial aspects of Committee appointments and volunteers have been accounted for in the College's budget for 2020-21.

On behalf of the Executive Committee,

Andrew Parr
Registrar & CEO
April 28, 2020

Proposed Committee Appointments

The following are the Committee Assignments for 2020-2021 as proposed by the Executive Committee.

1. Statutory Committees

1.1 Discipline Committee/Fitness To Practice Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Shelley Burns	Dean Catherwood	Madeleine Elton	Hanno Weinberger
Tara Gignac	Dianne Delany	Rick Olazabal	
Danielle O'Connor	Lisa Fenton	Vaishnavi Sathiamoorthy	
Jacob Scheer	Sam Laldin	Laure Sbeit	
Jordan Sokoloski (C)			
George Tardik			

1.2 Inquiries, Complaints and Reports Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Kim Bretz	Barry Sullivan	Faisal Allie	
Brenda Lessard-Rhead		Sylvi Martin	
		Erin Psota (C)	

1.3 Patient Relations Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Danielle O'Connor	Sam Laldin	Anthony Moscar	Andrea Szametz

1.4 Registration Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Shelley Burns	Dean Catherwood	Laure Sbeit	Brenda Brown
Danielle O'Connor (C)	Lisa Fenton		
Jacob Scheer			

1.5 Quality Assurance Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Tara Gignac	Barry Sullivan (C)	Elena Rossi	Shawn Bausch
Jordan Sokoloski		Dielle Raymond	

2. Non-Statutory Committees

2.1 Audit Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Jordan Sokoloski	Lisa Fenton	Elena Rossi (C)	

2.2 Examination Appeals Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
George Tardik	Dianne Delany (C)	Erin Psota	

2.3 Inspection Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Tara Gignac	Sam Laldin	Pearl Arjomand	
		Sean Armstrong (C)	
		Rosemary Hnatiuk	

2.4 Nominations and Elections Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Brenda Lessard-Rhead	Dianne Delany	Gudrun Welder (C)	

2.5 Scheduled Substances Review Committee

Members from Council	Public Members	Non-Council Members	Public Representatives
Kim Bretz	Dean Catherwood	J.J. Dugoua	
George Tardik (C)		Madeleine Elton	
		Rick Olazabal	

On behalf of the Executive Committee,

Andrew Parr
Registrar & CEO
April 28, 2020

BRIEFING NOTE
Pandemic Impact and Response

ISSUE: The Registrar & CEO is seeking the approval of the Council to implement several important changes with respect to Members in response to and based on the COVID-19 impact on the profession.

BACKGROUND:

On March 25, 2020, a Directive from the Ontario Chief Medical Officer of Health (CMOH) came into effect that required all regulated health professionals to stop the provision of non-essential services. After several clarifications, it was noted that this applied to all non-essential services, including those offered by telehealth or virtual means.

At the time of preparing this briefing, the Directive remains in place, as are a series of orders made under the Emergency Management and Civil Protection Act (EMCP), including stay at home orders for all but designated essential businesses.

While the period of time for which these orders will remain in place is unknown, the orders under the EMCP have presently been extended until at least May 12, 2020.

There is considerable speculation and scholarly articles that are suggesting that decisions to lift these orders will be made carefully, only after the peak of the pandemic has passed and there is clear evidence of declining cases, and widely available testing and contact tracing to prevent a second and potentially a third wave of the virus.

The Prime Minister of Canada has made it clear that in his opinion, based on the science-based advice he is receiving from the Public Health Agency of Canada, life will only return fully to normal once there is broad-based immunity and/or a widely available vaccination.

Since the start of the pandemic, social distancing and stay at home orders, the Government of Canada has released a number of programs to assist Canadians who have become unemployed or unable to work because of the impact of COVID-19. These programs continue to be modified by the federal government to broaden their reach.

The naturopathic profession in Ontario has been demonstrably hard hit by the pandemic and much of the funding available is not accessible by our Members. The CMOH Directive will result in Members being unable to earn a meaningful income for at least two months, perhaps longer depending on other factors.

In response to the immediate impact of the pandemic, the Registrar & CEO extended the deadline for payment of registration fees, which was set as March 31, 2020 in accordance with the by-laws, to May 31, 2020.

The Executive Committee, at the request of the Registrar & CEO, extended the timeframe for Members to renew their CPR certifications also to May 31, 2020, as all in-person courses had been cancelled.

As a result, and for reasons that will be discussed below, the Registrar & CEO is seeking the approval of the Council to implement a number of initiatives broadly across the College's program.

DISCUSSION POINTS:

1. College Access to Federal and Provincial Programs

Staff of the College are examining whether the College may be able to access any of the federal funding programs established by the federal and provincial governments. Several of these programs include not-for-profit organizations and our preliminary review indicates the following funding is likely available to the College (subject to application and approval):

- Canada Emergency Wage Subsidy (CEWS), which provides for a 75% wage subsidy for employers for up to 12 weeks retroactive to March 15, 2020, is available to the College and based on the eligibility criteria, we estimate an amount of \$135,000 will be available.
- 10% Temporary Wage Subsidy for Employers, which allows eligible employers to reduce the amount of payroll deductions required to be remitted to Canada Revenue Agency, may provide the College with up to \$26,700.
- We can confirm that the changes made to the Employer Health Tax by the Ontario Government will result in savings to the College of just under \$10,000. We continue to explore whether the College qualifies for the 75% offset of salaries available from the federal government.

In total, the College estimates receiving approximately \$170,000 in federal and provincial funding.

2. Member Access to Federal & Provincial Programs

Anecdotally, the College has heard from reliable sources that few Members of the profession have qualified for any of the federal programs. This changed somewhat on April 16, 2020, when the federal government amended the criteria for accessing the Canadian Emergency Response Benefit (CERB) to allow individuals who continue to earn up to \$1,000 a month to continue to be eligible.

Preliminary data obtained through the professional associations seems to back up the anecdotal information collected to date:

- Well over 90% of Members will not qualify for Employment Insurance;
- Well over 80% of Members will not qualify for Wage Subsidies;
- Over 80% of Members will not qualify for CERB.

3. Economic Impact of COVID-19 on Members

Preliminary data obtained through the professional associations provides an idea of the serious impact of the pandemic on the profession. Nearly 40% of the profession are reporting a drop in income of 90% or more. That number increases to 81% who reported a drop in income of 60% or more.

4. The Role of the Regulator in these Times

There is no debate that the role of the College is to regulate the profession in the public interest. There are, however, some general assumptions that accompany this statement that become highly relevant at this time.

In order to fulfill our role, there must be a profession to be regulated. Based on the economic impact of the pandemic, the profession is clearly in crisis and the longer the pandemic and related closures continue, the worse the situation will become.

Regulation is not intended to cause the profession undue harm or hardship. It is commonly understood that the profession is responsible for paying the costs of regulation; however, the College has an obligation to ensure that the costs are reasonable and at levels that the profession on a whole can tolerate.

In economic times that are, by all accounts, similar to or worse than the great depression, continuing to regulate per our norm runs the risk of driving individuals outside of the regulated environment. When NDs cannot afford to pay their rent, registration fees, insurance costs and association fees, they will not remain a part of the regulatory regime. In essence, the potential for a “black market” offering naturopathic services exists placing the public in the potential for harm. No Member would want to do this but the economic times may all but force many into this situation.

The College has been clear that part of its public interest mandate is to ensure its own long-term viability. By not reacting to the economic reality facing the naturopathic profession in Ontario, the College may fail to meet this aspect of its mandate. If the profession no longer exists, there is no need for regulation. If the profession moves into unregulated territory, there is no ability for the College to properly regulate.

5. The Purpose of Financial Reserves

Since the inception of the College on July 1, 2015, the Registrar & CEO and College staff have been briefing the Council on the need for an adequate reserve fund. The purpose of the reserves has been to allow the College to sustain itself in the event of unanticipated and extraordinary expenses or the sudden and unanticipated loss of significant revenues.

There has been and will continue to be healthy debate about what the level of those reserves should be; however, given the circumstances facing the profession and by extension, the College, now is the time that the College should contemplate accessing that reserve fund.

6. The Timing

It may be argued that the College taking action at this time is premature as we do not know the extent of the economic damage from the pandemic on the profession or society. While this is true, and while future changes may indeed become warranted, there is no doubt that the profession is looking for leadership from its Regulator, among others. There is good reason to believe that the profession is in a dire situation and that making these decisions now, even if they need to be augmented in the future, is an important signal to the profession.

7. The Initiatives Being Proposed

The following initiatives are being proposed. For ease of reference, they have been grouped by program areas.

7.1 Member Program Initiatives

Three initiatives are being proposed to provide relief to Members of the profession as a result of the COVID-19 pandemic. They include:

- 7.1.1 **Extension of Fee Deadline** – the deadline would be moved from May 31, 2020, to September 30, 2020;
- 7.1.2 **Extension of CPR Re-certification** – Members whose CPR certification was to expire in March of 2020 have been given until May 31, 2020 to renew the certification. As courses are still not available, the deadline would also be extended to September 30, 2020
- 7.1.3 **Registration Fee Reduction** – given the economic impact of COVID-19 on the profession, it is proposed that the College's registration fees be reduced by between 30% and 50% in the

current fiscal year. The precise amount should be set by the Council based on the information found in this briefing note and the financial information found in Appendix 3.

It is important to note that at the time of preparing this briefing, 813 Members have already paid their 2020-21 registration fees in full. Processes will be in place to enable the College to refund the amount by which the Council reduces those fees.

7.2 Examination Program Initiatives

Several operational changes are being made to the examination program as a result of COVID-19. While Council approval is not required, it is important that the Council be aware of them as they will have an economic impact on the College and will result in discussions among the exam candidates. They include limiting the number of exam candidates to allow for social distancing, full PPE for exam candidates during the clinical practical exams, and COVID-19 health screening initiatives.

7.2.1 Change of NPLEX 1/BME transition timing – The Council considered some time ago the timeframe to no longer accept NPEX 1 as part of the application process. The date of November 15, 2020 was established; however, as a result of COVID-19, exams are potentially being delayed or cancelled and rescheduled. It is being recommended that as of November 15, 2020, the College accepts both the College's Biomedical Examination and NPLEX 1 and that the date on which NPLEX 1 would no longer be accepted be extended to May 15, 2021.

7.2.2 Waive of examination deferral fees due to illness – All examination fees are set out in Schedule 3 of the by-laws. A deferral fee of \$50 is charged to someone who registers for an exam and then decides to defer sitting the examination for any reason. While not an onerous amount, without a doubt it causes exam candidates to think twice before deferring. This poses a risk if they are ill and could potentially have COVID-19. We would therefore propose that the deferral fee can be waived, at the discretion of the Director of Registration and Examinations, where the reason for the deferral is due to potential COVID-19 illness symptoms.

7.3 Entry-to-Practice Program Initiatives

Applicants to the College are also going to be impacted by COVID-19 as there is no ability to obtain their CPR certification and their criminal records check. Even when both of these become available again, backlogs in the system will result in delays. This will be severely restricting access to the profession which is not seen as being in the public interest. The following initiatives are being proposed:

7.3.1 Conduct Declaration in place of Criminal Records Check (CRC) – A Conduct Declaration, embedded in an Undertaking with the College, would replace the immediate need for applicants to provide a CRC, this would be subject to several conditions including:

- A CRC would be required to be submitted to the College within six months of issuance of the certificate of registration, unless that timing is extended by the Registrar;
- Failure to provide the CRC within the stipulated timing would result in an immediate suspension of the certificate of registration;
- Should the CRC provide information that contradicts the declaration, at the discretion of the Registrar, the certificate of registration would be revoked pursuant to section 2(2) of the Registration Regulation¹.

7.3.2 Deferral of the CPR Certification – The requirement for the presentation of a valid CPR certification would be deferred subject to the following conditions:

¹ Section 2(2) states " (2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant makes a false or misleading statement or representation on or in connection with his or her application, and any certificate of registration issued to such an applicant may be revoked by the Registrar."

- A CPR certification must be obtained and provided to the College within six months of the issuance of the certificate of registration, unless the timing is extended by the Registrar;
- Failure to provide the certification within the stipulated amount of time will result in an immediate suspension of the certificate of registration;
- A Member who is registered without the CPR certification must, at all times until the CPR certification is completed and filed with the College, practice in a location where another Member or another regulated health professional who has a valid CPR certification also provides services and one such person is present on site at all times that this Member is practising.

7.3.3 Initial Registration Fee Reduction – New applicants pay the registration fee for the year that they are becoming registered, at an amount that is prorated, based on the full year fees. The base fee from which the proration is calculated would be lowered to the same amount as in 1.3 above.

7.3.4 Digital Photos for the Register – The College presently requires that photos be taken by a photographer and be signed by a guarantor. Due to most of these shops not being essential services, applicants may have difficulty obtaining these. As a temporary measure, the College would accept digital photographs with conditions applied.

7.4 Inspection Program Initiatives

The Inspection Program presently addresses new clinics which are seeking to be registered as a Premises under the Inspection Program and therefore be permitted to compound for the purpose of or to provide Intravenous Infusion Therapy (IVIT). Just prior to the COVID-19 pandemic, the College was aware of at least two new clinics working towards becoming registered. Once a Part 1 of the initial inspection is completed, these premises could begin providing services; however, as new clinics they may not be in a position to pay the inspection fees. We are therefore proposing the following initiative.

7.4.1 Change to Timing of Inspection Fee payment – Presently, the IVIT Inspection Program Policy mandates that inspection fees must be paid within 30 days of the date of the invoice being issued. Invoices are issued in advance of the inspection. It is proposed to modify this to allow that the fees be paid on a timeframe established by the Registrar or their delegate to introduce some flexibility. Proposed wording can be found in Appendix 1.

8. Other College Programs and Activities

Many other College programs and activities are being altered or impacted by COVID-19. While none of these require any specific action at this time, a summary of relevant changes is attached as Appendix 2.

9. Economic Impact on the College

Gauging the economic impact on the College is challenging as the impact is greater than merely calculating the loss of revenue from Member fees. Several other factors, most of which we do not presently have answers for, will come into play. These include:

- How long will the present lock down continue, which impacts:
 - Members from returning to their practices
 - The ability of the College to offer examinations
 - The levels of staffing required as things begin to shut down completely.
- Will there be the “second wave” and:
 - Will that result in another emergency order?
 - Will it last as long as the first wave?
- Will the College have to consider additional measures in a second fiscal year?

- How much can other College expenses be reduced, in particular as the emergency order goes on or returns for a second wave?

Appendix 3 attempts to quantify some of these scenarios as best as possible. The first part of this Appendix speaks only to changes in revenue. The second only to changes in expenses. Unfortunately, the two cannot be compared. Revenue changes are based on whether there is a reduction in fees by 30%, 40% or 50%. Expense changes are based on how long the pandemic carries on, for example is it nearly over, will there be a second wave or will the lock down carry right through to 2021?

9.1 Changes in Revenue

Section 3.1 provides a summary of potential changes in revenue. The table includes the College's current budget, added revenue from new funding, the loss of revenue based on the percentage of fee reduction, the net results of the current budget year, and the current reserves (excluded 2019-2020 which are projected at line 9).

The following is an explanation of each line of the table in section 3.1.

Line	Explanation
1	This line is the total revenue in the College's 2020-2021 budget.
2	New funding represents anticipated revenues from current federal and provincial COVID-19 relief programs.
3	Projected revenue loss if the anticipated amount of registration fees lost by a reduction in the fee base as a means of providing relief to the profession.
4	New Projected Revenue is the new revenue projection after the fees are removed from the budget.
5	Budgeted Expenses are the total expenses as they appear in the current budget. This does not include any offsets described in the next section.
6	Projected Net result is the total deficit anticipated when the budgeted expenses are deducted from the new projected revenue.
7	Current reserves is the total amount of reserves the College has, excluding the Patient Relations Fund.
8	Net Reserves represents the total amount of reserves for future use, after the projected deficit is incorporated.

The bottom line is that the Council can anticipate that a 30% reduction in fees will reduce the Colleges reserves by 50% while a 50% reduction in fees will reduce reserves by just under 70%. These numbers do not anticipate any changes in expenses, which will occur regardless.

9.2 Changes in Expenses

Section 3.2 provides a summary of potential changes in expenses. This table contemplates the nature of the pandemic related to social distancing and health services reduction. Three scenarios are contemplated.

Short term assumes the measures begin to be lifted in June and does not return in as a significant manner. Medium term assumes the current measures begin to be lifted in June and returns in the fall for a shorter duration. Long term assumes the current measures are not lifted and remains in place until the late fall.

For ease of reference, they have been grouped by program area of the College and each line numbered for reference. For clarity, the following brief descriptions are provided as to what these expense savings entail.

Counter intuitively, the longer the emergency order continues, the more the College can reduce its expenses as programming changes will result in savings. Nonetheless, it must be clearly stated that it is not the desire of the College that it continue; however, the budget impact is important.

The following is an explanation of each line of the table in section 3.2.

Line	Explanation
9	Expense reductions for Council and Committees is a combination of per diem, travel, meals and accommodations which are reduced because fewer and shorter meetings are being held virtually reducing expenses. The longer the pandemic continues, the higher these savings will likely be.
11	Hearings expense reductions are based on the inability to run a full contested hearing virtually. Therefore, matters will likely be delayed.
11	Complaint expense reductions are based on an inability during the pandemic to undertaken in-person investigations. Therefore, the longer the pandemic continues, the fewer the number of investigations; however, this will result in an increase in the following year.
12	Operations expenses are primarily a reduction of travel, accommodation, meal and registration expenses for conferences, as well as elimination of training. These savings increase as the lock down continues.
13	Salaries expense savings are calculated assuming that all staff receive only a cost of living increase (2%) but not the pay-for-performance increase (up to 4%) with the exception of the senior management team each of whom have agreed to no cost of living or pay-for-performance increases.
14	No expense reductions are anticipated in the Patient Relations Program.
15	Quality Assurance expense reductions are based on the increasing inability of the QA program to conduct Peer & Practice Assessments as the lock down continues.
16	No expense reductions are anticipated in the Registration (Entry-to-Practice) area. Membership revenues have been addressed elsewhere.
17	Inspection program expense reductions are based on cost savings of undertaking inspections, which cannot occur during a lock down; however, the longer the lock down carries on, the greater the impact on revenue as new premises do not exist to pay the inspection fees. The amount indicated represents the reduced expenses after offsetting the loss in revenue.
18	No expense reductions are anticipated in the professional corporations area.
19	Examination reductions are the result of the cancellation of examinations, the longer the social distancing measures are in place, due to loss of expenses (room rental, per diems, travels for examiners etc.). The associated reduction in revenue has been calculated within the identified savings.
20	Public education expense reductions are the reduction of the degree of external service providers.
21	No expense reductions are anticipated in the Drugs and Substances Review Program.
22	This line represents the estimated savings available to the College for each scenario. All savings have included offsets for loss of revenue. For example, if a program would be saving \$150,000 in expenses but also would lose \$50,000 in revenue, the savings are set out as the net difference (\$150,000-\$50,000=\$100,000).

Difficult and unprecedented are the two most common words to describe the COVID-19 situation. To be clear, the proposed changes will result in a significantly larger deficit than originally projected, and this will result in a lowering of the reserves of the College. Nonetheless, every effort will be made to find additional opportunities to reduce the deficit.

9.3 Changes in Net Results

Section 3.3 of Appendix 3 provides the estimated net results for each scenario of how long the pandemic social distances and shut down of services might continue and contemplates each of the 30%, 40% and 50% fee reductions.

Based on the calculations in Appendix 3, the estimated deficits resulting from a fee reduction are as follows:

Items	LENGTH OF COVID-19 REDUCTIONS		
	Short	Medium	Long
Estimated deficit with 30% reduction	(\$1,067,985)	(\$953,185)	(\$686,280)
Estimated deficit with 40% reduction	(\$1,317,690)	(\$1,202,890)	(\$935,985)
Estimated deficit with 50% reduction	(\$1,597,395)	(\$1,452,595)	(\$1,185,690)

10. Budget Restatement

It is clear that once the threat has passed or is sufficiently over, the College will be required to take stock of the actual situation. The numbers provided above and in Appendix 3 are estimates. For example, we have not considered how many Members may no longer be able to practice and will give up their registration with the College. It is impossible to know at this time and it is hoped that some of the efforts of the College will reduce that number.

Once there is some clarity, a budget restatement will be needed in order to allow the College to properly contemplate what it is able to do and what activities that are not regulatory in nature have to be put aside for a time.

ANALYSIS

Risk Assessment – The risks to the College are described in the briefing itself and can be summarized as a risk to the financial viability and sustainability of both the profession and the College.

Privacy Considerations – This briefing contains information with respect to salary increases of staff; however, the release of the information is not individualized with respect to the individual salary of staff.

Transparency – This briefing will be released on the College's website at the same time as it is sent to the Council and the matter will be discussed in an open meeting.

Financial Impact – The financial impact of this matter is significant and set out extensively in the briefing itself.

RECOMMENDATION:

The specific recommendations are set out in section 7 of this briefing.

Andrew Parr, CAE
Registrar & CEO

Appendix 1 Corresponding Policy Amendments

Examination Transition Policy Amendment

Section	Current Wording	Proposed New Wording
NPLEX Recognition	The College shall cease to recognize the NPLEX 2 (Clinical Sciences as of April 1, 2019 and the NPLEX 1 (Biomedical) as of November 15, 2020. After April 1, 2019, applicants will have to have completed NPLEX 1 and the College Clinical Sciences examinations, in addition to the Clinical examinations in to qualify for registration with the College. After November 15, 2020, Applicants will have to have completed both the College's Biomedical and Clinical Sciences examinations, in addition to the Clinical examinations to qualify for registration with the College.	The College shall cease to recognize the NPLEX 2 (Clinical Sciences as of April 1, 2019 and the NPLEX 1 (Biomedical) as of November 15, 2020 May 15, 2021. After April 1, 2019, applicants will have to have completed NPLEX 1 and the College Clinical Sciences examinations, in addition to the Clinical examinations in to qualify for registration with the College. After November 15, 2020, in order to qualify for registration with the College, Applicants will have to have completed either: a) NPLEX 1 on a date that is before November 15, 2020, or the College's Biomedical Examination; and b) Both the College's Clinical Sciences Examination and the Clinical examinations. After November 15, 2020 May 15, 2021, Applicants will have to have completed both the College's Biomedical and Clinical Sciences examinations, in addition to the Clinical examinations to qualify for registration with the College.

IVIT Inspection Program Policy Amendment

Section	Current Wording	Proposed New Wording
Inspection fees	All premises that are subject to an inspection must pay a fee of \$2,500 to the College as per Schedule 3 of the by-laws.	All premises that are subject to an inspection must pay a fee of \$2,500 to the College as per Schedule 3 of the by-laws.

	The inspection fee will be invoiced to the designated Member who must pay the required amount within 30 days of the date of the invoice.	The inspection fee will be invoiced to the designated Member who must pay the required amount within 30 days of the date of the invoice. the timeframe set out by the Registrar or their delegate.
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Appendix 2 Other Program Changes

The following is a brief overview of the impact of COVID-19 on other programs of the College and decisions made by Committees.

Quality Assurance:

- Reviewing the Core Competencies has been deferred.
- Will be reprioritizing review of standards to focus on those COVID-19 related (e.g. telepractice, infection control etc.).
- Self-Assessment completion is being extended to align with the renewal timing.
- Peer & Practice Assessments have been put on hold.

Complaints & Discipline:

- Due to pausing of statutory timelines, investigations that require in-person collection of records or drop ins etc., are being put on hold until such time that they can be conducted in person.
- Responses are being requested, but there are no penalties being applied should they fail to respond.
- A number of current investigations are on hold as in-person visits/under cover visits cannot be conducted.
- Certain outcome requirements, such as the completion of PROBE courses, is being extended for the amount of time that the statutory pausing of timelines is in place.

SSRC:

- The review of the Scope of Practice is currently on hold until such time that an initial in-person working meeting can be scheduled. However, other virtual means of effectively holding the meeting are being explored.

Appendix 3 Budgetary Implications Summary

3.1 Changes to Revenue Only

	Items	30% Reduction	40% Reduction	50% Reduction
1	Budgeted Revenue	\$3,147,310	\$3,147,310	\$3,147,310
2	New Funding	\$170,000	\$170,000	\$170,000
3	Projected Reg. Los	-\$767,300	-\$1,017,005	-\$1,266,710
4	New Proj. Rev.	\$2,550,010	\$2,300,305	\$2,050,600
5	Budgeted Exp.	\$3,789,065	\$3,789,065	\$3,789,065
6	Proj. Net Result	-\$1,239,055	-\$1,488,760	\$1,738,465
7	Current Reserves ^{2, 3}	\$2,274,889	\$2,274,889	\$2,274,889
8	Net Reserves	\$1,035,834	\$786,129	\$536,424

This assumes no other changes to revenue, receipt of the government funding and no changes to expenses.

3.2 Changes to Expenses Only

		LENGHT OF COVID-19 REDUCTIONS		
	Items	Short ⁴	Medium⁵	Long⁶
9	Council & Committees	\$49,500	\$66,000	\$90,750
10	Hearings	\$0	\$12,000	27,725
11	Complaints	\$10,000	\$35,000	\$70,000
12	Operations	\$14,970	\$15,520	\$23,720
13	Salaries	\$57,000	\$57,000	\$187,000
14	Patient Relations Program	\$0	\$0	\$0
15	Quality Assurance Program	\$27,600	\$76,350	\$116,580
16	Registration	\$0	\$0	\$0 ⁷
17	Inspection Program	\$0	\$12,000 ⁸	\$20,000 ⁹
18	Professional Corporations	\$0	\$0	\$0
19	Examinations	\$30,933 ¹⁰	\$62,788 ¹¹	\$103,710 ¹²
20	Public Education	\$12,000	\$24,000	\$37,000
21	Drugs and Substances	\$0	\$0	\$0
22		\$171,070	\$285,870	\$552,775

² Does not include the net financial results from 2019-2020 which are projected to be a surplus.

³ Calculation includes Retained Earnings (reserves) and Strategic Initiatives Fund.

⁴ Assumes the lock down begins to be lifted in June and does not return in as significant a manner.

⁵ Assumes the lock down begins to be lifted in June and returns in the fall for a shorter duration.

⁶ Assumes the lock down is not lifted and remains in place until the late fall.

⁷ Also includes a reduction in revenue of \$27,500 (ETP application fees).

⁸ Also includes a reduction in revenue of \$25,000.

⁹ Also includes a reduction in revenue of \$40,000.

¹⁰ Also includes a reduction in revenue of \$51,000 (cancellation of 2 exams in Q1).

¹¹ Also includes a reduction in revenue of \$100,500.

¹² Also includes a reduction in revenue of \$240,500.

3.3 Net Results

For ease of reference, the following table sets out the estimated net results of the current fiscal year for each scenario of fee reduction.

3.3.1 Reduction of 30%

Items	LENGHT OF COVID-19 REDUCTIONS		
	Short	Medium	Long
Estimated Revenue	\$2,550,010	\$2,550,010	\$2,550,010
Estimated Expenses	\$3,617,995	\$3,503,195	\$3,236,290
Estimated Net Results	(\$1,067,985)	(\$953,185)	(\$686,280)

3.3.2 Reduction of 40%

Items	LENGHT OF COVID-19 REDUCTIONS		
	Short	Medium	Long
Estimated Revenue	\$2,300,305	\$2,300,305	\$2,300,305
Estimated Expenses	\$3,617,995	\$3,503,195	\$3,236,290
Estimated Net Results	(\$1,317,690)	(\$1,202,890)	(\$935,985)

3.3.3 Reduction of 50%

Items	LENGHT OF COVID-19 REDUCTIONS		
	Short	Medium	Long
Estimated Revenue	\$2,050,600	\$2,050,600	\$2,050,600
Estimated Expenses	\$3,617,995	\$3,503,195	\$3,236,290
Estimated Net Results	(\$1,597,395)	(\$1,452,595)	(\$1,185,690)



The College of Naturopaths of Ontario

**Council Meeting April 29,
2020**

**Teleconference
APPROVED MINUTES**

Council		
Present		Regrets
Dr. Kim Bretz, ND (1:1)		
Dr. Shelley Burns, ND (1:1)		
Mr. Dean Catherwood (1:1)		
Ms. Dianne Delany (1:1)		
Ms. Lisa Fenton (1:1)		
Dr. Tara Gignac, ND (1:1)		
Mr. Samuel Laldin (1:1)		
Dr. Brenda Lessard-Rhead, ND (Inactive) (1:1)		
Dr. Danielle O'Connor, ND (1:1)		
Dr. Jacob Scheer, ND (1:1)		
Dr. Jordan Sokoloski, ND (1:1)		
Mr. Barry Sullivan (1:1)		
Dr. George Tardik, ND (1:1)		
Council Advisor		
Ms. Rebecca Durcan, General Counsel		
Staff Support		
Mr. Andrew Parr, CAE, Registrar & CEO		
Ms. Agnes Kupny, Director of Operations		
Ms. Erica Laugalys, Director, Registration & Examinations		
Mr. Jeremy Quesnelle, Deputy Registrar		
Ms. Margot White, Director of Communications		

Ms. Monika Zingaro, Administrative Assistant Operations		
Guests		Observers
		Mr. John Wellner, OAND

1. Call to Order and Welcome

The President, Dr. Kim Bretz, ND, called the meeting to order at 9:49 a.m. She welcomed everyone to the meeting.

2. Election of Officers and Executive Committee

Mr. Parr welcomed everyone to the meeting and provided the Council with a brief overview of the process that would be followed for the election of Officers, in accordance with the by-laws of the College and GP23 – Process for Election of Officers.

MOTION:	To appoint Rebecca Durcan, Jeremy Quesnelle and Agnes Kupny as scrutineers to assist in the tabulating and announcing of the votes.
MOVED:	George Tardik
SECOND:	Jordon Sokoloski
CARRIED.	

2.01 Position of President

Upon the submission deadline for nominations, only one nomination was received, Dr. Kim Bretz, ND. Therefore, by acclamation she has been elected to the position of President.

2.02 Position of Vice-President

Upon the submission deadline for nominations, only one nomination was received, Mr. Barry Sullivan. Therefore, by acclamation he has been elected to the position of Vice-President.

2.03 Officer-at-Large – Public member

Upon the submission deadline for nominations, two nominations were received, Mr. Barry Sullivan and Mr. Samuel Laldin. Under the by-laws, a Council member can only hold one position on the Executive at any time and because Mr. Sullivan has been elected to the position of Vice-President, he is not eligible to hold a second position. As a result, his nomination for the Officer-at-Large position was declared invalid; therefore, there is only one valid nomination for this position and thus, Mr. Laldin becomes the elected Officer-at-Large – Public member.

2.04 Officers-at-Large – Professional member

Upon the submission deadline for nominations, three nominations were received for two positions, Dr. Shelley Burns, ND, Dr. Brenda Lessard-Rhead, ND (Inactive), and Dr. Tara Gignac, ND. After reviewing the process for the election, each candidate was given the opportunity to speak to all members of Council for three minutes each prior to casting their vote.

After the first ballot was completed, no nominee had received a majority of votes and a second ballot was required. The second ballot was completed with Dr. Burns, ND being elected to the first position of Officer-at-Large – Professional member.

The second position for Office-at-Large Professional Member was then open for election. Both candidates declined to make any further remarks and the balloting was held. At the conclusion of the balloting, it was reported that Dr. Lessard-Rhead, ND (Inactive) had been elected to the second position of Office-at-Large Professional Member.

Mr. Parr congratulated the elected members of the Executive Committee and asked for a motion to destroy the ballots.

MOTION:	To destroy the ballots from the Executive Committee election.
MOVED:	Danielle O'Connor
SECOND:	Brenda Lessard- Rhead
CARRIED.	

Mr. Parr thanked the Council and turned the responsibility for chairing the meeting over to the President.

3. Consent Agenda

3.01 Review of Consent Agenda

The Consent Agenda was circulated to members of Council in advance of the meeting. The President 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:	Barry Sullivan
SECOND:	Brenda Lessard-Rhead
CARRIED.	

4. Main Agenda

4.01 Review of the Main Agenda

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

MOTION:	To approve the Main Agenda as presented.
MOVED:	Barry Sullivan
SECOND:	Brenda Lessard-Rhead
CARRIED.	

4.02 Declarations of Conflicts of Interest

The President asked the Council members if there were any conflicts to declare. No conflicts were declared.

5. Monitoring Reports

5.01 President's Report

The President's Report was circulated in advance of the meeting. The President reviewed the report briefly with Council. She responded to questions from the Council that arose.

MOTION:	To accept the President's Report as presented.
MOVED:	George Tardik
SECOND:	Dianne Delany
CARRIED.	

5.02 Registrar's Report

The Registrar's Report was circulated in advance of the meeting. Mr. Parr highlighted several activities underway and responded to questions that arose during the discussion that followed.

MOTION:	To accept the Registrar's Report as presented.
MOVED:	Barry Sullivan
SECOND:	Brenda Lessard-Rhead
CARRIED.	

6. Council Governance Policy Confirmation

6.01 Review/Issues Arising

6.01(i) Executive Limitations Policies

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

6.01(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.

6.01(iii) Review – Ends Policies

Council members were asked if there were any Council members who wished to discuss the Ends Policies. No issues were noted at this time.

6.02 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.

7. Business

7.01 Biomedical Examination (BME) Blueprint

The draft BME Blueprint was circulated in advance of the meeting. Dr. Danielle O'Connor, ND and Erica Laugalys, Director of Registration & Examinations, reviewed the report briefly with Council. They responded to questions from the Council that arose during the discussion that followed.

MOTION:	To approve the Biomedical Examination (BME) Blueprint as presented.
MOVED:	Jacob Scheer
SECOND:	George Tardik
CARRIED.	

7.02 Clinical Sciences and Biomedical Examinations Policy (P06.07)

The draft Policy was circulated in advance of the meeting. Dr. Danielle O'Connor, ND and Erica Laugalys, Director of Registration & Examinations, highlighted the changes to the policy with the Council members. They responded to questions from the Council that arose during the discussion that followed.

MOTION:	To approve the Clinical Sciences and Biomedical Examinations Policy as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	Shelley Burns
CARRIED.	

7.03 Clinical Science Exam (CSE) Blueprint Amendments

The revised CSE Blueprint was circulated in advance of the meeting. Dr. Danielle O'Connor, ND and Erica Laugalys, Director of Registration & Examinations, reviewed the amendments with the Council members. They responded to questions that arose during the discussion that followed.

MOTION:	To approve the amendments made to the Clinical Science Exam (CSE) Blueprint as presented.
MOVED:	Brenda Lessard-Rhead
SECOND:	George Tardik
CARRIED.	

7.04 Committee Appointments

A Briefing Note with the proposed Committee Appointments was circulated in advance of the meeting. The President reviewed the changes to Committees and revised the document to indicate Mr. Laldin as the Chair of the Patient Relations Committee.

MOTION:	To approve the Committee Appointments with the amendment to include Samuel Laldin as the Chair of the Patient Relations Committee.
MOVED:	Jordan Sokoloski
SECOND:	George Tardik

CARRIED.	
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7.05 Pandemic Response

A Briefing Note with the College's proposed initiatives as a result of the impact of COVID-19 has had on the profession was circulated in advance of the meeting. Mr. Parr highlighted several of the initiatives for implementation and responded to questions that arose during the discussion that followed.

MOTION:	To approve the proposed COVID-19 response initiatives as presented and reduce the Registration Fee for 2020-21 by 40% with a payment deadline extension to September 30, 2020.
MOVED:	Dianne Delany
SECOND:	George Tardik
CARRIED.	

8. Other Business

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

9. Next Meeting

The President noted for the Council that the next regularly scheduled meeting is set for July 28, 2020, as the orientation if the meeting is held in person and July 29, 2020, as the business matters meeting.

10. Adjournment

10.01 Motion to Adjourn

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

MOTION:	To adjourn the meeting.
MOVED:	George Tardik
SECOND:	Shelley Burns

Recorded by: Monika Zingaro
Administrative Assistant, Operations
April 29, 2020

Approved: July 29, 2020